

Dr. Sidney Garrioch
Grand Chief
Manitoba Keewatinook Ininew Okimowin
200 – 701 Thompson Drive
Thompson, Manitoba R8N 0L4

April 25, 2007

Re: Grand Opening of Kan•thim Waskikan (Caring House)

Dear Dr. Garrioch:

You are cordially invited to a Grand Opening of the Nischawayasihk Cree Nation Kanithim Waskikan (Caring House) on Wednesday, May 9, 2007 @ 1:00 pm in Nelson House, Manitoba. We would be honored if you would speak at this event. To better assist you, we have provided background information on the Kanithim Waskikan Project.

Kanithim Waskikan is the first of its kind on any First Nation reserve in Canada and is a community-based funded project. It resulted from the recognition that many of our members with mental and/or cognitive delays were left homeless or without support, while others moved away from the community so that they may be eligible for institutional services. In November 2004, the Family and Community Wellness Centre submitted a briefing note to Chief and Council, which identified gaps in services for community members affected by the inability for local resources to meet their needs. Fortunately, Chief and Council supported the community-based solution and passed a motion to support the development of Kanithim Waskikan (Caring House).

Kanithim Waskikan will provide a safe place for young women with mental and/or cognitive delays to live independently. The Caring House is a 3-bedroom trailer that is staffed by 4 Support Workers. The Support Workers will assist the residents with the life skills needed to live independently. Residents will receive 24-hour supervision, mentoring support, and improved access to health-related services.

An agenda of events will be sent out to delegates upon confirmation. Thank you for time and consideration in this request. We look forward to a favorable response. For further information, you can reach me or Marilyn Linklater @ (204) 484 – 2341 Ext. 292. Ekosani.

Sincerely,

Jacqueline Walker, Director of Counselling Services

3. Information About You

Please note you will need a letter of support from your organization's senior manager to complete this application.

Your name: Jacqueline Walker Position: Director of Counselling Program

Organization: Family and Community Wellness Centre

Telephone: 204-484-2341

Fax: 204-484-2351

Email: jaquew@ncnwellness.ca

4. Information About Your Project or Program

1. Title of your proposal: Kanithim Waskikan (Caring House)
2. What is the total amount of funding you are applying for? \$123,820.80
3. What does the funding application support? (select one) Project
4. What is the duration of your project or program?

b. The project will run from January 3, 2007 to December 30, 2007

5. What are the objectives of the project or program?

The Kanithim Waskikan is designed to provide an independent living project for the most vulnerable members of our community with:

- ✓ **A safe and secure home environment:**
- ✓ **24 Hour supervision and care:**
- ✓ **Mentoring Support:**
- ✓ **Opportunities to learn life and independent living skills;**
- ✓ **Improve access to health-related services: and**
- ✓ **Improve coordination of services.**

6. Where will the project or program be based? In Nisichawayasihk Cree Nation
7. Who will your project primarily serve?

The Kanithim Waskikan is equipped to provide a direct service to Adult female girls who have a life long mental illness and/or cognitive delays.

8. Is your proposed project directed toward a special needs population?

Yes, the project is specifically designed for people with special needs who are affected by fetal alcohol spectrum disorder, mental retardation and mental disabilities.

9. What social needs will this project address? (Describe up to three as per Appendix D)

The project will address a number of social needs including but not limited to homelessness, young adolescent girls are more susceptible to alcohol and drug addiction and sexual abuse. Therefore, the project will ensure a safe and secure environment with 24 hour supervision and care.

10. How many persons will benefit directly from this project?

Kanithim Waskikan can accommodate up to three adult girls, as the trailer is equipped with 3 bedrooms, kitchen, living and laundry facility.

11. How many positions will be created by the project or program?

The project will provide employment for four (4) community members.

12. Term of employment: Months: **Four (4) Two full-time and two (2) part-time employment.**

Average Monthly Wage:

Support Worker I	\$3,600.00
Support Worker II	\$3,600.00
Support Worker III	\$1,800.00
Support Worker IV	\$1,800.00

13. How many full-time jobs will be created after completion of the project or program?

The project is not intended to complete, it is anticipated that the project will be on-going and will apply to year to year funding in order that the project continues and four (4) full time jobs will be continued.

14. Provide a list all suppliers and contractors to be used during the project.

Not applicable to this project

15. Will you be complying with the NCN Procurement Policy? (See Appendix E) **Yes**

16. Who will be managing this project? **Organization**

The Family and Community Wellness Centre, Inc. has been identified by Chief & Council, as the organization in the best position to administer and deliver services to this population group.

Name of Manager: **Jacqueline Walker** Years of Relevant Experience: **6 years**

17. Are you designated agent of Chief & Council? **Yes**

18. Are you requesting the CAP funding be transferred from the Trust Office to your own finance department? **Yes**

- a. **If yes**, is your finance department or financial reporting system certified by an auditor and complies with Generally Accepted Accounting Principals: **Yes**
- b. **If yes**, please attach a copy of the certification

19. Will you receive funding from other sources? **Yes**

20. Does this application include a funding request for cost associated with operations and maintenance? **No**

21. Does this application include funding for the purchase of Land? **No**

22. Does this application include funding for capital construction? **No**
\$30,955.20

5. Program or Project Budget

Please refer to Appendix A to complete the following table.

Budget	1st Quarter Jan to Mar	2nd Quarter Apr to Jun	3rd Quarter Jul to Sept	4th Quarter Oct to Dec
Revenue	\$30,955.20	\$30,955.20	\$30,955.20	\$30,955.20
Expenses	\$30,955.20	\$30,955.20	\$30,955.20	\$30,955.20

6. Program or Project Plans, Evaluations & Policies

Project and program or evaluations and policies must accompany this application to be considered completed submission (see Appendix D to assist you in completing this section).

- 1. Are you requesting first time funding for this project or program? **Yes**
- 2. Are you requesting renewal funding for this project or program? **NO**

a. If yes, please confirm the following:

I have attached my existing program or project's plan. **Yes**

I have attached copies of my program or project's policies that outline procedures that govern all aspects the implementation. **Yes**

I have attached the most recent program or project evaluations related to the program. (For example NFA programs, previous submissions, supporting documents, such as a Band Council Resolution, etc.) **Yes**

3. Have you previously received funding from Nisichawayasihk Trust for other projects or programs? **Yes**

a) **If yes**, please confirm the following:

I have attached the completed final or interim report and evaluation. **Yes**

7. Disclosures

I certify the information contained in this application is true to the best of my knowledge and agree to allow the Nisichawayasihk Trust Office to verify the information in this application.

Signature: _____ Date: _____

Please Print Name: _____ Position: _____

I have attached a letter of support from my senior manager.

8. Application Checklist

Please review the application form to ensure you have completed the application.

- Answered all the questions;
- Financial Certification (see Section 4-Question 8b)
- Architectural Plans, Drawings etc. (See Section 4 –Question 22a)
- Completed Appendix A-Budget Worksheet (co-funding, Revenue, Expenses)
- Completed Appendix B- Operations & Maintenance Worksheet
- Completed Appendix C- Land Purchase Worksheet
- Completed Appendix D- Proposed program or project work plan report
- Completed Appendix D-Program or project policies that outline procedures that govern all aspects of the implementation
- Completed Appendix D- Evaluations and reports related to past or ongoing projects or programs
- Letter of support from your manager

Please remember to sign and date the application form and ensure the Nisichawayasihk Trust Office receives it before the deadline.

Appendix A: Budget Worksheet

CO-FUNDING FOR THIS PROGRAM OR PROJECT

Co-funding will enhance your chances of getting funding from the CAP Fund. Please describe how you will work with other groups, organizations or communities in achieving the objectives of your programs or project.

Organization Name	Type of Support Funds	In Kind	Value of Contribution	Purpose of Contribution	Contribution Start Date	Contribution Date
Pe-Ta-Pun Trust		X	\$100,000.00	Purchase Trailer; Move; Plumbing & Electrical hook-up	June 2005	January 2006 final hook-up
FCWC		X	\$45,000.00	Consultation, proposal writing, negation and soliciting support Coordinating Services and administration.	September 2004	On-going
Muchiripathin		X	\$5,000.00	Furniture	January 2006	
**Total Value			\$150,000.00			

CO-FUNDING Worksheet

Specify the purpose of the monetary contribution (for example: equipment lease or purchase; or in-kind contribution such as free office space).

BUDGET REVENUE WORKSHEET				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Trust Funds applied for	\$30,955.20	\$30,955.20	\$30,955.20	\$30,955.20
Other Revenue from Co-funding Worksheet	\$37,500.00	\$ 37,500.00	\$37,500.00	\$37,500.00
* Other Revenue				
** Total Revenue	\$68,455.20	\$68,455.20	\$68,455.20	\$68,455.20

**Please specify the source of other Revenue.*

*** Transfer these amounts to the table in Section 5.*

EXPENSES

Please refer to "Explanation of Expense Items" on the following page to assist you in the completion of the expense worksheet.

BUDGET EXPENSES WORKSHEET				
Expenses	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Salaries	\$24,960.00	\$24,960.00	\$24,960.00	\$24,960.00
Benefits	\$2,995.20	\$2,995.20	\$2,995.20	\$2,995.20
Travel				
Human resources & consultant fees				
Honoraria				
Training & Professional Development	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
Non-Violence Intervention Training				
First Aide Training				
Conflict Resolution Training				
Suicide Intervention				
Meeting room & office rental				
Administrative costs				
Audit & Evaluation				
Program Supplies & Resource Material				
Equipment Rental				
Transportation Costs				
Other Costs(equipment repairs)				
Specify				
Production Costs				
Distribution Costs				
Other Costs				
*Total Expenses	\$30,955.20	\$30,955.20	\$30,955.20	\$30,955.20

**Transfer totals to the table in Section 5.*

Appendix B: Kanithim Waskikan