

Combined CAP-CIP Funding Application



NISICHAWAYASIHK
TRUST
TASKINIGAHP
TRUST

NISICHAWAYASIHK TRUST *Community Approval Process (CAP)*

and

TASKINIGAHP TRUST *Community Involvement Process (CIP)*

*Applications must be received the Nisichawayasihk Trust Office
no later than 3:00 p.m. on July 30, 2009*

Nisichawayasihk Trust Office
Office
Nelson House, MB
R0B 1A0
484-2604
Fax 484-2588

NCN Wuskwatim Implementation
Nelson House, MB
R0B 1A0
484-2414
Fax 484-2980

*A digital template of this application is available on the Nisichawayasihk Cree Nation Website @ ncncree.com
If you need assistance to complete this application form, please contact Joyce Yetman, Trust Office Director,
at 484-2604; or Alvin Yetman, Implementation Office, direct line 484-2453.*

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1. Introduction

- The Nisichawayasihk Trust was created in 1996 in connection with the 1996 NFA Implementation Agreement. This Trust includes provisions for Community Approval Process (CAP) to decide how Funds Available from this Trust will be spent every year.
- The Taskinigahp Trust (the Trust created in conjunction with the Wuskwatim Project) provides for a Community Involvement Process (CIP) to decide how Funds Available will be spent.
- NCN Members may submit Individual Proposals on behalf of NCN agencies and corporations for programs and projects to be funded by revenue from either or both Trusts. For the convenience of Members, this combined application form has been created. Members may fill out this application and turn it in before the deadline to the NCN Trust Office. A combined CAP-CIP committee will consider all applications, and make recommendations to Chief and Council about spending Funds Available from both Trusts.
- Both trusts allocate funds to support a variety of community projects and programs. Funding applications are reviewed and discussed at one or more public information meetings to determine their merit and consistency with the criteria of the Trusts, and NCN's long-term priorities.
- Consideration will be given to projects that create, sustain and improve community infrastructure and or address the community's social, economic and physical needs. Projects must have the maximum impact on job creation within the community.
- It is not intended that the Trusts be the sole source of funding for large or multi-year projects. The Trusts can supplement funding from the federal government or other sources.
- Applications for funding can be made up to July 30, 2009.
- A combined CAP-CIP committee appointed by Council will screen and review all qualifying applications by October 15, 2009.
- Council shall meet with the committee to review and approve the committee's recommendations by November 15, 2009.
- Final allocations will be discussed at a Meeting of Members in the 3rd week of November 2009, prior to formal adoption by Chief and Council.
- Funding decisions are expected to be made by December 2009 and allocated to successful applicants starting in January 2009.
- The Trusts normally disburse funds on a quarterly basis, once the Trust Office receives the required quarterly financial statements and written narrative reports from the applicant; however depending on monies available to the Trust Office funding can be provided on a different basis if there is a clear indication that the project requires funding for a specific time or purpose. (i.e. summer program)
- All approved applicants must provide quarterly reports and a year-end narrative report.
- The first quarter payment for approved projects or programs can be made in advance, providing an annual budget and work plan have been submitted.

This is a summary of the funding process. Please see the 1996 NFA Implementation Agreement and the Taskinigahp Trust Indenture (a schedule to the Wuskwatim Project Development Agreement) for full details.

2. Filing Requirements

- Only applications from a representative of a recognized NCN organization or corporation will be accepted. (Applications on behalf of an organization or company must be supported by a letter from the director, assistant director or senior manager of the organization or company.)
- Applications for personal gain will not be considered.
- A financial or budget statement indicating expenses and anticipated sources of revenue must accompany the application.
- Applications must demonstrate that project or program can be ably managed and administered, or they will be rejected.
- List and attach the policies that will govern your program or project.
- Only completed application forms will be considered for funding. To be considered complete, the application must be signed, all questions must be answered and all required documentation must be attached
- Subsequent applications for funding will only be considered once the required written reports, which contain both narrative and financial information, have been received by the Trust Office.

Deadline and Delivery of Proposals

- Applications must be received at the Trust Office by 3:00 p.m. on July 30, 2009. Late applications will not be considered.
- The Trust Office is not responsible for any delays caused by the late deliveries of couriers, Canada Post or others.
- Applications sent by C.O.D., fax or email will be rejected.
- Applications rejected for whatever reason, won't qualify for reconsideration and must be resubmitted as a new application.

To ensure fairness in the CAP-CIP process, the Trust Office will not make any exceptions to these filing requirements. There may be more applications than funds available. If your proposal is not accepted, please apply again next year.

3. Information About You

Please note you will need a letter of support from your organization's senior manager to complete this application. If you need more space, please attach extra sheets of paper to the end of the application form.

Your name: **Raymond Sandberg** Position: **I/Director of Counselling Services**

Organization: Family and Community Wellness Centre

Telephone: **484-2341** Fax: **484-2351** Email: **rsandberg@nh.ncnwellness.ca**

Address: **Box 451** Postal Code: **R0B 1A0**

Contact Person (if other than applicant): **Felix Walker**

Telephone: **204-484-2341** Fax: (if applicable): **204-484-2351**

Email (if applicable): felix@nh.ncnwellness.ca

4. Information About Your Project or Program

A. BASIC INFORMATION

1. Title of your proposal: **Kanithim Waskikan**
2. What is the total amount of funding you are applying for? **\$152,970.60**
3. What does the funding application support? (Select one) Capital Project Program X
4. Where will the project or program be based? **Nelson House, Manitoba**
5. What is the duration of your project or program?

	LENGTH	START DATE	END DATE
CAPITAL PROJECT			
PROGRAM	1 year	January 15, 2010	December 15, 2010

(Programs typically run an entire year, please simply indicate length as 12 months; however if your program is time specific indicate a start and completion date.)

B. OBJECTIVES & OUTCOMES

1. What are the objectives of the project or program? How do these fit in with NCN's long-term priorities? Please identify in the chart below.

OBJECTIVES	IMPACT (Contributions To NCN's Infrastructure Or Meeting NCN's Socio Economic, Physical And Cultural Needs)
1. 24 Hour supervision and care	A safe and secure home environment
2. Mentoring Support	Opportunities to learn life and independent living skills
3. Improve coordination of services	access to health-related services

2. Please state specific outcomes or deliverables from the program;

OUTCOMES/ DELIVERABLES	
SPECIFIC	OUTCOMES
1. How many people will benefit directly from this project or program?	4 to 5 women with disabilities.
2. How many jobs will be created during the project or program?	Full-time <u> 4 </u> Part-time <u> </u>
3. How many jobs will be created after completion of the project program?	Full-time <u> 4 </u> Part-time <u> </u>
OTHER	

3. Who will your project or program primarily serve? (Check as many as applicable)

- | | |
|--|--|
| <input type="checkbox"/> Resource Users | <input type="checkbox"/> Elders |
| <input checked="" type="checkbox"/> Women | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Men | <input type="checkbox"/> Children |
| <input checked="" type="checkbox"/> Special Needs Population (specify) | <input type="checkbox"/> Other (specify) |

C. PROJECT/PROGRAM MANAGEMENT

1. a) Which department or agency has supervisor responsibility for this program or project?

The program will be managed by the Counselling Services Program staff; however, the program will fall under the auspice of the Family and Community Wellness Centre Inc.,

b) Who is the manager or director: **Felix Walker, Chief Executive Officer;**

c) Have you included a letter of support from your senior manager? Yes No

2. a) Who is the program manager for this program or project? **Raymond Sandberg**

b) How many years or relevant management experience does the program or project manager have? **2 Years**

c) Please describe previous management experience.

PROJECT	LENGTH	PROJECT OUTCOME
1. NCN Counselling Service Project	One year	Oversee 4 staff and 5 projects that fall under the CSP.
2. Medicine Lodge Treatment Centre	One year	Provided alcohol and drug treatment services at a regional level;
3.		

d) If you lack management experience, who will provide back-up support? **Jacqueline Walker will provide back-up support and will serve as a consultant to this project.**

D. FUNDING PROVISIONS

1. Status of the Funding Request
- a) First time request for funding Yes No
 - b) Request for renewed funding Yes No
 - c) Have received funding for other projects Yes No

If yes, please specify the most recent project: **Rediscovery of Families' Project, Zummer Adventure Camp and Building Character & Capacity**

2. Are you requesting the CAP-CIP funding be transferred to your own Finance department? Yes No
- a) *If yes*, is your finance department or financial reporting system certified by an auditor and complies with Generally Accepted Accounting Principles Yes No
 - b) *If yes*, please attach a copy of the certification and the last audited financial statement.

3. Co-funding will enhance your chances of getting funding from the Trusts. Consider accessing other federal/provincial and local sources of finances and support. (i.e., HRD, Social Assistance) If you are receiving financial support from other sources, please complete the Co-funding Chart below:

CO-FUNDING WORKSHEET						
Organization Name	Type of Support (Check one)		Value of Contribution	*Purpose of contribution	Contribution start date	Contribution end date
	Funds	In-Kind				
FCWC		x	\$10,000	Consultation, proposal writing, negation and soliciting support Coordinating	January 2010	December 2010
FCWC		x	\$ 5,000	Training & Professional Development	January 2010	December 2010
FCWC		x	\$ 5,000	Audit and Evaluation	January 2010	December 2010
**Total Value			\$ 20,000			

**For example purpose of contribution: (equipment lease or purchase; or in-kind contribution such as free office space).*

***Total Value of Co-funding to be inserted into Budget Revenue Worksheet*

4. Does this application include a funding request for costs associated with operations and maintenance? Yes No

a) *If yes, please complete the Operation & Maintenance Worksheet (Appendix B).*

5. Does this application include funding for capital construction? Yes No

a) *If yes, please provide information required in Appendix C.*

E. PROGRAM OR PROJECT BUDGET

Applicants are required to submit a budget for their Project or program in accordance with the budget worksheet contained in Appendix A. The summary data from the budget worksheet should be provided in the form below;

Budget	1st Quarter Jan to Mar	2nd Quarter Apr to Jun	3rd Quarter Jul to Sept	4th Quarter Oct to Dec
REVENUE	\$38,232.64	\$38,232.64	\$38,232.64	\$38,232.64
EXPENSES	\$38,232.64	\$38,232.64	\$38,232.64	\$38,232.64

Applicants are required to submit quarterly reports on budget expenditures, before an advance for the next quarter is provided. Unless there are very special circumstances funds will not be advanced until the forms are received.

F. PROGRAM OR PROJECT PLANS

Please complete the standardized work plan as outlined in Appendix D. The activities in each quarter should be clearly specified because you will be requested access progress made on each of the activities in the quarterly report.

G. EVALUATION PROCEDURES

Please review Appendix E for additional information about the evaluated procedures noted below.

1. Specify how you intend to evaluate the program or project in terms of:
 - a) **Self Evaluation** – Input from the program or project manager and staff.
The project Manager will always be looking at ways to improve and enhance project-Project;
 - b) **User Evaluation** – Feedback from those involved in the program or project.
Clients involved in the project are evaluated based on assessment and therapeutic procedures and processes:
 - c) **External Assessment** – Feedback from individuals who have knowledge of such programs or projects and can provide an independent assessment; **At this time, we do not have a process to conduct an external assessment.**
 - c) **Outcomes Analysis or Deliverables** – Be prepared to report on outcomes or deliverables which were promised in the original proposal. **Yes, CSP staff members are more than**

willing to be available to deliver outcomes on the project.

- e) **Quantitative Data** – Would include information such as the number of participants involved in a program, the number jobs created, or specific documents or materials which are produced. **Yes, this can be made available upon request.**

1. Are you willing to attend a workshop on program or project evaluation sponsored by the Trust Office? Yes No

5. Signature

I certify the information contained in this application is true to the best of my knowledge and I agree to allow the 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. Yes No

6. Application Checklist

I understand that the CAP- CIP Committee will not accept this application unless the following prerequisites are completed.

- Answered all the questions
- Financial Certification [See Section 4 D - Question 2 (b)]
- Completed Appendix A — Budget Worksheets
- Completed Appendix B — Operations & Maintenance Worksheet
- Completed Appendix C — Architectural Plans for Capital Projects
- Completed Appendix D — Proposed program or project work plan report
- Completed Appendix E — Evaluation Procedures
- Letter of support from your senior manager

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

Appendix A: Budget Worksheet

BUDGET REVENUE WORKSHEET				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Trust Funds applied for	\$38,232.64	\$38,232.64	\$38,232.64	\$38,232.64
Other Revenue from Co-funding Worksheet	\$5,000.00	\$ 5,000.00	\$5,000.00	\$5,000.00
*Other Revenue				
**Total Revenue	\$43,232.64	\$43,232.64	\$43,232.64	\$43,232.64

* Please specify the source of other Revenue.

** Transfer these amounts to the table in Section 4E.

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				
Estimated Expenses	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Salaries	\$36,864.00	\$36,864.00	\$36,864.00	\$36,864.00
Benefits	\$368.64	\$368.64	\$368.64	\$368.64
Travel				
Human resources & consultant fees				
Honoraria				
Training & Professional Development				
Meeting room & office rental				
Administrative costs				
Audit & Evaluation				
Program Supplies & Resource Materials				
Equipment Rental				
Transportation Costs				
Production Costs				
Distribution Costs				
Other Costs (repair costs & hydro)	\$1000.00	\$1000.00	\$1000.00	\$1000.00
	\$ 38,232.64	\$ 38,232.64	\$ 38,232.64	\$ 38,232.64
*Total Expenses				

* Transfer totals to the table in Section 4E.

EXPLANATION OF EXPENSE ITEMS

Salaries and Benefits

Provide a list of employee positions and whether the job is full- or part-time. If it is part-time, please show the approximate number of hours the employee will work per week. This category is for employees and doesn't apply to consultants and contractors.

Benefits

This applies to the costs of the employer's contribution, both statutory and benefit plans as prescribed by the federal and provincial governments and/or employer. The percentage of benefits applied against gross salaries may include the employers costs in relation to Canada Pension Plan, Employment Insurance and mandatory holiday pay in lieu of leave (especially for part-time or casual employment positions), severance pay, termination benefits and other benefits by the employer such as RRSPs and life insurance.

Travel

This applies to all work-related travel by employees.

Human Resources and Consultant Fees

Provide a list of contract positions and whether the work is full-time or part-time. If part-time, please show the approximate number of hours worked per week and include the hourly or per diem rate.

Honoraria

This is a gift of money to thank Elders, helpers, speakers or others who are not consultants.

Training and Professional Development

Please list the type of training and say who benefits.

Meeting Room and Office Rental

This refers to rent and utilities.

Administrative Costs

This includes bookkeeping fees, postage, stationary, clerical expenses, such as faxes, phone calls, photocopies etc.

Audit & Evaluation

This includes the costs associated with the production of audit and evaluation materials.

Program Supplies and Resource Materials

This includes such items as flip charts, visual aids, books etc.

Equipment Rental

This includes phones, faxes, photocopiers, computers, printers etc.

Transportation Costs

This includes the costs of participants' travel.

Production Costs

If the funding is to be used to produce materials, specify what you will be producing, such as a pamphlet, brochure etc.

Distribution Costs

Specify who you will distribute the materials to and how you intend to distribute them.

Other Costs

Cost associated with hydro electricity, repairs & maintenance to the trailer, insurance and detectable for the trailer;

Appendix B: Operations and Maintenance

1. Will there be additional funding for O & M from sources other than the Trusts? Yes No

2. What are the sources? (Please provide as much detail as possible and complete Appendix A - Co-funding Worksheet.)

3. Has an application for additional funding for O&M funding been made to other funding sources? Yes No
 - a. *If yes, has the application for O&M been approved?* Yes No
 - b. *If yes, I have attached commitment letter(s) from the funding sources* Yes No

4. Has O&M been provided from the Nisichawayasihk and/or Taskinigahp Trust previously for this project? Yes No
 - a. *If yes, how much was provided each year* Year _____ Amount \$ _____
Year _____ Amount \$ _____

5. How long will O&M funding be required from the Trusts? _____

6. Is your application for O&M funding over \$100,000? Yes No
 - a. *If yes, please complete a detailed O&M budget, with supporting documents, such as invoices, receipts or a report or letter from a qualified person, such as a accountant, auditor or professional engineer to support the justification for the expenditure.*

Appendix C: CAPITAL PROJECTS

1. LAND Please provide a description of the land? (Please also provide supporting documentation, such as a copy of title, opinion of land, value etc.)

2. Where is the land located?

3. What will the land be used for?

4. How will the land be financed? _____

5. Have you received a commitment of financing from a lending institution? Yes No

If yes, provide copies of all letters of commitment from any financial institution.

Appendix D: Program or Project Work Plan

GUIDELINES TO HELP YOU PREPARE A PLAN FOR YOUR PROGRAM OR PROJECT

Your plan should be able to answer the following questions:

- **What is the title of your project?** Your title should be descriptive of your program or project.
- **What is the overall goal of the initiative?** This is the purpose and aim of the program or project and should fit in with the overall vision of the organization making the application.
- **What are the objectives?** These are the steps the initiative takes towards the goal. There will probably be more than one objective.
- **What is the strategy?** Each objective has a strategy to achieve it. Describe the methods and activities being carried out to achieve each of the objectives.
- **What are the deliverables of the objectives?** There should be a deliverable for each objective, which produces some outcomes that offer socioeconomic benefits. This could include such things as an estimate of how many people will take part or benefit directly from the activity. How will the program-project help meet NCN's long-term priorities?
- **What is the duration or timeframe of the program or project?** If it is a project, specify how long it will take to complete. If it is a program, specify its duration (which may be ongoing).
- **How much will it cost?** After you have completed your budgets and other supporting cost materials, please specify how much the overall project or program will cost and include it in your plan.
- **Who will manage the project?** Give the name and qualifications of the person who will be managing the project to demonstrate they have the necessary background to meet the objectives.

If you have any questions regarding the development of your plan, please contact Joyce Yetman, Trust Office at 484-2604; or Alvin Yetman, Implementation Office at 484-2453

You can use this table to organize your operational plan:

Please find attached work-plan for 2009/2010

If you have any questions regarding the development of your plan, please contact Joyce Yetman, Trust Office at 484-2604; or Alvin Yetman, Implementation Office at 484-2453

EVALUATION WILL BE REQUIRED

You will be required to provide written quarterly reports, should your application succeed. Your plan will need to include information about how you plan to evaluate and report your progress.

Your quarterly report should answer the following questions:

- Are we on track with our project plan? If not, why not and what can we do to stay on schedule?
- Did we do what we said we would do in our proposal?
- What did we learn about what worked and what didn't work in this program or project?
- What impact did our project make in addressing the needs of our community?
- What can we do differently to improve the outcomes?

POLICIES TO GOVERN YOUR PROJECT

Please detail what NCN policies and other organizational policies your organization has in place that will govern the implementation of your program and project, such as the NCN Procurement Policy (Appendix E).