



**National Association of Friendship Centres  
Aboriginal Friendship Centre Program  
Program Delivery Funding Application**

**For Fiscal Year: 2010/2011**

<b>PART 1 GENERAL INFORMATION</b>		
Legal Name of Friendship Centre:		
Incorporation:	9 Federal	9 Provincial
		9 Territorial
Incorporation Date:	Incorporation Number:	
Possess a Charitable Registration Number:	9 Yes	9 No
Telephone: (    )	Facsimile: (    )	
E-mail:	Website:	
Current Executive Director (ED):	Current President:	
ED email:	President email:	

<b>PART 2 GOVERNANCE</b>	
Date of last AGM/AGA:	Estimated month/year of Next AGM/AGA:
Date Constitution/By-laws last up-dated and approved:	
Date of last Annual Report/Forms to maintain non-profit status:	
Number of Members:	Number of Members at last AGM:
Number of positions on Board:	

<b>PART 3 CURRENT BOARD OF DIRECTORS</b>				
<b>Executive Committee Members</b>		<i>Please check all that apply</i>		
<b>Name and Position</b> **If a position is vacant, please specify.	Aboriginal	Non Aboriginal	Female	Youth aged 18-24
<b>Other Board Members</b> **If a position is vacant, please specify.				


**PART 4 CURRENT STAFF AND CENTRE OPERATIONAL SCHEDULES**

Name	Position Title	Full Time Equivalent (35 hours)	Part-Time (24 hrs or less)	Casual (16 hrs or less)	Aboriginal	Non Aboriginal
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						

29.						
30.						

<b>Friendship Centre Accessibility/Availability</b>		<b>Fill in hours where applicable</b>	
Monday - Friday	Hours		
Evenings	Hours		
Weekends	Hours		

**PART 5 FRIENDSHIP CENTRE FACILITIES**

Number of Buildings/locations the Friendship Centre operates within:

9 Owned and Mortgage Discharge	9 Owned and Mortgage Not Discharged	9 Rented
Specify Number:	Specify Number:	Specify Number:

Owned/Mortgaged (O/M) - Insurance coverage building and contents 9 Yes 9 No

**O/M Building 1 Location:** Year Built:

Date of last Renovation: Year Mortgage Discharged:

Condition of Building: 9 MINT 9 Requires minor upgrades  
 \*\*Pick One 9 Requires major upgrades 9 Parts of building unsafe

**O/M Building 2 Location:** Year Built:

Date of last Renovation: Year Mortgage Discharged:

Condition of Building: 9 MINT 9 Requires minor upgrades  
 \*\*Pick One 9 Requires major upgrades 9 Parts of building unsafe

Total Amount of annual property tax: \$

Tax paid through: 9 mortgage payment OR 9 through a pre-authorized plan  
 9 semi-annual payments

Property tax arrears: 9 Yes 9 No

Property tax arrears: Amount:\$ Months in arrears:

Property tax abatement: 9 Yes 9 No Duration:

**Rented** - Insurance coverage building and contents 9 Yes 9 No

**PART 6 FRIENDSHIP CENTRE ORGANIZATIONAL PLAN**

What are the 4 Priorities of the Friendship Centre for the fiscal year 2010/2011?

**A. Priority One:**

Activities:

Expected Outcomes/Results:

<b>B. Priority Two:</b>
Activities:
Expected Outcomes/Results:
<b>C. Priority Three:</b>
Activities:
Expected Outcomes/Results:
<b>D. Priority Four:</b>
Activities:
Expected Outcomes/Results:

<b>PART 7 FRIENDSHIP CENTRE OPERATIONAL PLAN</b>				
<b><i>Programs Funded by Other Funding Sources (other than AFCP Program Delivery)</i></b>				
Program Name	Funding Source(s) (FS)	Type of FS Fed/Prov/ Mun/Other	Amount	Forecasted # of Clients or # of Participants
<b>A.</b>	1. 2. 3. 4.		\$ \$ \$ \$	
Program Type:	9 Health	9 Cultural	9 Employment	9 Economic Development
<b>**Select one only</b>	9 Family	9 Justice	9 Youth	9 Sports and Recreation
	9 Education	9 Language	9 Other:	
Program Objective:				

Expected Results of Program:				
Program Status: <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Ended - date _____				
<b>B.</b>	1. 2. 3. 4.		\$ \$ \$ \$	
Program Type: <input type="checkbox"/> Health <input type="checkbox"/> Cultural <input type="checkbox"/> Employment <input type="checkbox"/> Economic Development **Select one only <input type="checkbox"/> Family <input type="checkbox"/> Justice <input type="checkbox"/> Youth <input type="checkbox"/> Sports and Recreation <input type="checkbox"/> Education <input type="checkbox"/> Language <input type="checkbox"/> Other:				
Program Objective:				
Expected Results of Program:				
Program Status: <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Ended - date _____				
<b>C.</b>	1. 2. 3. 4.		\$ \$ \$ \$	
Program Type: <input type="checkbox"/> Health <input type="checkbox"/> Cultural <input type="checkbox"/> Employment <input type="checkbox"/> Economic Development **Select one only <input type="checkbox"/> Family <input type="checkbox"/> Justice <input type="checkbox"/> Youth <input type="checkbox"/> Sports and Recreation <input type="checkbox"/> Education <input type="checkbox"/> Language <input type="checkbox"/> Other:				
Program Objective:				
Expected Results of Program:				
Program Status: <input type="checkbox"/> Ongoing <input type="checkbox"/> New <input type="checkbox"/> Ended - date _____				
<b>D.</b>	1. 2. 3. 4.		\$ \$ \$ \$	
Program Type: <input type="checkbox"/> Health <input type="checkbox"/> Cultural <input type="checkbox"/> Employment <input type="checkbox"/> Economic Development **Select one only <input type="checkbox"/> Family <input type="checkbox"/> Justice <input type="checkbox"/> Youth <input type="checkbox"/> Sports and Recreation <input type="checkbox"/> Education <input type="checkbox"/> Language <input type="checkbox"/> Other:				

Program Objective:

Expected Results of Program:

Program Status:     Ongoing                    New                    Ended - date \_\_\_\_\_

<b>E.</b>	1.			\$	
	2.			\$	
	3.			\$	
	4.			\$	

Program Type:     Health            Cultural    Employment            Economic Development  
**\*\*Select one only**    Family            Justice    Youth                    Sports and Recreation  
 Education    Language    Other:

Program Objective:

Expected Results of Program:

Program Status:     Ongoing                    New                    Ended - date \_\_\_\_\_

<b>F.</b>	1.			\$	
	2.			\$	
	3.			\$	
	4.			\$	

Program Type:     Health            Cultural    Employment            Economic Development  
**\*\*Select one only**    Family            Justice    Youth                    Sports and Recreation  
 Education    Language    Other:

Program Objective:

Expected Results of Program:

Program Status:     Ongoing                    New                    Ended - date \_\_\_\_\_

<b>G.</b>	1. 2. 3. 4.		\$ \$ \$ \$
Program Type:      9 Health          9 Cultural          9 Employment          9 Economic Development <b>**Select one only</b> 9 Family          9 Justice          9 Youth                  9 Sports and Recreation 9 Education      9 Language      9 Other:			
Program Objective:			
Expected Results of Program:			
Program Status:    9 Ongoing                  9 New                  9 Ended - date _____			
<b>H.</b>	1. 2. 3. 4.		\$ \$ \$ \$
Program Type:      9 Health          9 Cultural          9 Employment          9 Economic Development <b>**Select one only</b> 9 Family          9 Justice          9 Youth                  9 Sports and Recreation 9 Education      9 Language      9 Other:			
Program Objective:			
Expected Results of Program:			
Program Status:    9 Ongoing                  9 New                  9 Ended - date _____			
<b>I.</b>	1. 2. 3. 4.		\$ \$ \$ \$
Program Type:      9 Health          9 Cultural          9 Employment          9 Economic Development <b>**Select one only</b> 9 Family          9 Justice          9 Youth                  9 Sports and Recreation 9 Education      9 Language      9 Other:			
Program Objective:			

Expected Results of Program:

Program Status:     9 Ongoing                   9 New                   9 Ended - date \_\_\_\_\_

**PART 8        TRAINING PLAN**

***Training Plan for the Board of Directors, Staff and Other Volunteers***

Participant Name	Course/Workshop Title	Cost	Aboriginal	Non Aboriginal	<b>B</b> = Board <b>S</b> = Staff <b>O</b> = Other Volunteer
1.		\$			
2.		\$			
3.		\$			
4.		\$			
5.		\$			
6.		\$			
7.		\$			
8.		\$			
9.		\$			
10.		\$			
11.		\$			
12.		\$			

***Anticipated Sources of Training Funds for the Training Plan***

From AFCP (Core) funding - budgeted training expense is \$ \_\_\_\_\_

From Other Funding Sources:	1.	Total: \$
	2.	Total: \$
	3.	Total: \$
	4.	Total: \$
	5.	Total: \$

**PART 9        SELF-EVALUATION OF OPERATIONAL PLAN ACHIEVEMENTS**

The Annual Activity Report pertaining to this fiscal year's funding application, will subsequently report in the following fiscal year, the results achieved with respect to the operational plans and anticipated activities contained in this fiscal year's funding application and it will be submitted with the related annual audited financial statements.

Confirmation with above statement:           9 Yes           9 No

If no, it will be a stand-alone report separate from the Annual Activity Report.

**PART 10 ANNUAL ADMINISTRATION BUDGET**

The following budget should overview the administration budget, otherwise known as core or operations.

**REVENUE**

<i>AFCP Core Funding</i>	\$
<i>Administration Fees</i>	\$
<i>Fundraising</i>	\$
<i>Membership Fees</i>	\$
	\$
	\$
	\$
<b>TOTAL ADMINISTRATION REVENUE</b>	\$

**EXPENSES**

<b>Planned Core Expenses</b>	<b>Total Amount</b>	<b>Amount Requested from AFCP</b>	<b>Expenses Covered by Other Sources of Revenue</b>
<i>Core Salaries</i>	\$	\$	\$
Executive Director	\$	\$	\$
Assistant Director	\$	\$	\$
Accountant/Bookkeeper	\$	\$	\$
Receptionist/Secretary	\$	\$	\$
Maintenance Person	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<i>Employee Benefits</i>	\$	\$	\$
<i>Travel</i>	\$	\$	\$
<i>Insurance</i>	\$	\$	\$
<i>Training</i>	\$	\$	\$
<i>Communication</i>	\$	\$	\$
<i>Utilities</i>	\$	\$	\$
<i>Mortgage/Rent</i>	\$	\$	\$
<i>Property Taxes</i>	\$	\$	\$
<i>Office Costs</i>	\$	\$	\$
<i>Furniture &amp; Equipment</i>	\$	\$	\$
<i>Professional Fees</i>	\$	\$	\$
<i>Meetings</i>	\$	\$	\$
<i>Promotion - Newsletters, publicity</i>	\$	\$	\$
<i>Other</i>	\$	\$	\$



**PART 12 CERTIFICATION AND AUTHENTICATION OF AFCP PROGRAM DELIVERY FUNDING APPLICATION**

***AFCP FUNDING APPLICATION CERTIFICATION***

I certify that the contents of PARTS 1 to 11 of this application are true, accurate and complete.

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

***AFCP FUNDING APPLICATION APPROVAL***

I certify that this funding application has been reviewed and approved by the Board of Directors at their regular/special meeting on (insert date) \_\_\_\_\_ and it is recorded in the minutes of the said meeting under the carried motion # \_\_\_\_\_.

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)