Second Call-Out for Land-Based Capital Outdoor Early Learning Play Spaces at FNHA Head Start Sites

**ASHOR Application Form**

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# Introduction

Aboriginal Head Start On-Reserve (AHSOR) programs across the province are increasingly incorporating land-based and outdoor programming. Land-based cultural programming is recognized as being significant in maintaining the health and cultural identity of Indigenous communities. The AHS Land Based Capital Project will help provide funding to create, enhance or refurbish outdoor early learning and play spaces at AHSOR sites. This project fosters greater opportunities for physical activity and outdoor land-based early learning and recreation at Aboriginal Head Start On-Reserve (AHSOR) sites.

Ministry of Children and Family Development (MCFD) has an established history of partnership with FNHA Head Start Department. MCFD is funding FNHA $9.1 million to administer this Capital project to a maximum of $100,000 per eligible community. On December 16, 2020 we announced the First Round of this Capital Funding opportunity. Since then we now have the opportunity to provide a Second Call Out for this Capital short-term, one-time only funding opportunity which is aimed at boosting local economies. Head Start programs have the ability to adapt and shift their delivery models based on community needs. We know there are many benefits to our being outdoors rather than indoors. These projects will be undertaken and completed during a pandemic. Communities applying for this funding must be willing and able to complete these projects under these conditions.

Timeline of Activities: Application due Friday April 9, 2021 at 4:00pm. Late applications will not be accepted. Applications reviewed and internally processed April and May and approved by Senior Executive. Funding and new community agreements in place June 2021. Communities will be required to submit quarterly status reports. All projects must be completed by March 31, 2022 under the current pandemic conditions.

Communities must agree to provide quarterly project updates and reporting as requested by FNHA in order to be eligible for this Capital project funding. All communities need to be in good standing with FNHA AHSOR reporting and accountability to be eligible to qualify to receive this funding.

All current AHSOR-funded or AHSOR Collaborative communities are able to apply to the AHS Land Based Project through FNHA if they meet the eligibility criteria. To be eligible to apply, you must hold a current Health Funding Arrangement which provides funding to support the AHSOR Program **OR** be an AHSOR Collaborative community with another First Nations community that provides AHSOR services to your community. Collaborative communities can apply separate from their partnering First Nation community. FNHA will not reimburse projects that were previously funded or have started prior to May 1, 2021.

A User Guide with project examples and helpful tips can be found on the [AHSOR webpage](https://www.fnha.ca/what-we-do/maternal-child-and-family-health/aboriginal-head-start-on-reserve).

To increase the success of your application, we highly recommended that you watch the FNHA webinar “[Exploring Your Program – Connections to Land-based Learning](https://www.youtube.com/watch?v=k_7xNgkCxdo&feature=youtu.be)” prior to completing this application.

Please note this funding is for Capital use only. Please refer to the Capital Eligible and Inelible List

Submit your application to HCYD@FNHA.ca or via fax to 604-666-3867 before Friday April 9, **2021 at 4pm.** **Applications submitted after the deadline will not be accepted.**

# Section 1: Community Information

|  |
| --- |
| 1. Community Name: Click here to enter Community Name.
 |
| 1. Program Name: Click here to enter Program Name.
 |
| 1. Are you a Treaty Community: YES [ ]  NO [ ]
 |
| 1. Band Number: Click here to enter Community Name.
 |
| 1. FNHA AHSOR Contribution Agreement Number: Click here to enter CA Number.
 |
| 1. Do you have a Service Agreement with another First Nation community to provide Head Start On-Reserve services? YES [ ]  NO [ ]

Name of First Nation community collaboration: Click here to enter Name. |
| 1. Do you currently operate a licensed or unlicensed Head Start program? Licensed [ ]  Unlicensed [ ]
 |
| 1. Mailing Address: Click here to enter mailing address.
 |
| 1. Is this your first time applying for this Land-based Capital Project Funding? Yes [ ]  No [ ]
 |
| 1. Primary Contact[[1]](#footnote-1): Click here to enter Name.Title: Click here to enter Title.

Email: Click here to enter Email address.Phone/Extension: Click here to enter Work Phone Number.Cell Phone: Click here to enter Cell Phone Number. |
| 1. Alternate Contact 1: Click here to enter Name.Title: Click here to enter Name.

Email: Click here to enter Name.Phone/Extension: Click here to enter Name.Cell Phone: Click here to enter Name. |
| 1. Alternate Contact 2: Click here to enter Name.Title: Click here to enter Name.

Email: Click here to enter Name.Phone/Extension: Click here to enter Name.Cell Phone: Click here to enter Name.  |

# Section 2: Community Need

1. How many children will benefit from this funding directly and indirectly?

|  |  |
| --- | --- |
| Number of children from age 0 – 6 years old | Click here to enter # of children. |
| Number of children from age 7 – 12 years old | Click here to enter # of children. |

1. Describe your current community outdoor early learning/ play space needs and how your community will benefit directly from this funding. Please attach pictures and measurements of your current play spaces and areas for development.

|  |
| --- |
| Click here to enter description. |
|  |  |  |

# Section 3 – Community Readiness

1. Describe your strategy on who will be responsible for all of the operations and administration of this project. Example, managing contractors, adhering to deadlines, purchasing, submitting quarterly reports on time. **All projects must be completed by March 31, 2022.**

|  |
| --- |
| Click here to enter description. |

1. Describe your community collaborative partnerships that may be involved in this project. Example, Other Departments, Youth Groups, Summer Camps, Band Schools, Language Programs, Knowledge & Language Keepers, Youth, Skilled trades, Families, Land & Resources, etc.

|  |
| --- |
| Name of Partnership 1 |
| Enter Name of Partnership |
| Describe the Relationship within this project. |

|  |
| --- |
| Name of Partnership 2 |
| Enter Name of Partnership |
| Describe the Relationship within this project. |

|  |
| --- |
| Name of Partnership 3  |
| Enter Name of Partnership |
| Describe the Relationship within this project. |

|  |
| --- |
| Name of Partnership 4  |
| Enter Name of Partnership |
| Describe the Relationship within this project. |

|  |
| --- |
| Name of Partnership 5 |
| Enter Name of Partnership |
| Describe the Relationship within this project. |

1. Please note: As part of your application, we require a Band and Council Resolution (BCR) in support of this project. If you have another governance model, please submit your equivanance to demonstrate the governance’s awareness and support of this application (E.g. Board Resolution). ***BCR’s must be submitted prior to the end of the business day, FridayApril 9, 2021.***

Please describe how the Band and Council will support this project to make it successful.

|  |
| --- |
| Click here to enter description. |

# Section 4 – Community Project Plan

1. Describe your community project plan[[2]](#footnote-2). Describe how each project item will create, enhance and/or rehabilitate outdoor early learning and play space at your Head Start site. Your community plan must demonstrate how you will ensure that:
* all aspects of the design, construction, and maintenance of projects are subcontracted to qualified professionals (persons possessing the professional standing, knowledge, training or experience necessary to complete the task such as carpenters, electricians, plumbers, etc.), **AND**
* all structures meet or exceed provincial standards for safety and quality.

|  |
| --- |
|  |

|  |
| --- |
| **Project Item 1 Name: Enter project item name here.** |
| Timeline for Project Item 1 completion: Click here to select a date. |
| Description: Describe project item. |
| This item is a: Choose an answer. |
| Equipment and/or Materials needed to complete this project item:List all equipment and material needed for this project item. |
| Surfacing/Site preparations needed to complete this project item:List all surfacing and site preparations needed for this project item. |
| I have attached my minimum 2 quotes for this project item: [ ] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentE.g.: AlexanderFirstNation.Question18.ProjectItem1.XYZCarpenterQuote |
| I have attached additional documentation, budget and/or pictures for this project item: [ ] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentE.g.: AlexanderFirstNation.Question18.ProjectItem1.PictureOfSiteGrounds |

|  |
| --- |
| **Project Item 2 Name: Enter project item name here.** |
| Timeline for Project Item 2 completion: Click here to select a date. |
| Description: Describe project item. |
| This item is a: Choose an answer. |
| Equipment and/or Materials needed to complete this project item:List all equipment and material needed for this project item. |
| Surfacing/Site preparations needed to complete this project item:List all surfacing and site preparations needed for this project item. |
| I have attached my minimum 2 quotes for this project item: [ ] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentE.g.: AlexanderFirstNation.Question18.ProjectItem1.XYZCarpenterQuote |
| I have attached additional documentation, budget and/or pictures for this project item: [ ] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentE.g.: AlexanderFirstNation.Question18.ProjectItem1.PictureOfSiteGrounds |

|  |
| --- |
| **Project Item 3 Name: Enter project item name here.** |
| Timeline for Project Item 3 completion: Click here to select a date. |
| Description: Describe project item. |
| This item is a: Choose an answer. |
| Equipment and/or Materials needed to complete this project item:List all equipment and material needed for this project item. |
| Surfacing/Site preparations needed to complete this project item:List all surfacing and site preparations needed for this project item. |
| I have attached my minimum 2 quotes for this project item: [ ] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentE.g.: AlexanderFirstNation.Question18.ProjectItem1.XYZCarpenterQuote |
| I have attached additional documentation, budget and/or pictures for this project item: [ ] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentE.g.: AlexanderFirstNation.Question18.ProjectItem1.PictureOfSiteGrounds |

|  |
| --- |
| **Project Item 4 Name: Enter project item name here.** |
| Timeline for Project Item 4 completion: Click here to select a date. |
| Description: Describe project item. |
| This item is a: Choose an answer. |
| Equipment and/or Materials needed to complete this project item:List all equipment and material needed for this project item. |
| Surfacing/Site preparations needed to complete this project item:List all surfacing and site preparations needed for this project item. |
| I have attached my minimum 2 quotes for this project item: [ ] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentE.g.: AlexanderFirstNation.Question18.ProjectItem1.XYZCarpenterQuote |
| I have attached additional documentation, budget and/or pictures for this project item: [ ] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentE.g.: AlexanderFirstNation.Question18.ProjectItem1.PictureOfSiteGrounds |

# Section 5 - Community Acknowledgement

1. Are you in good standing with FNHA AHSOR reporting and accountability? YES [ ]  NO [ ]
2. Acknowledgement Statement:

On behalf of Click here to enter Band/Nation/Treaty Name., I Click here to enter Name., acknowledge that I have consulted and collaborated with all necessary decision makers and involved parties and we are able to meet all of the funding requirements. We will complete all projects on time and our Nation/Band/Treaty are responsible for any overrun costs. We agree that we will not exceed allocation funding and will meet project deadlines.

Printed Name: Click here to enter Name.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to select a date.

Submit application to HCYD@FNHA.ca or via fax to 604-666-3867 before Friday April 9, **2021 at 4pm.** **Applications submitted after the deadline will not be accepted.**

# Appendix 1: Application Checklist

* Review Exploring Your Program – Connections to Land-based Learning Webinar
* Review AHSOR – “Second Call-Out for Land-Based Capital Outdoor Early Learning Play Spaces at FNHA Head Start Sites” Webinar
* Completed application. All questions must be answered. Incomplete application will not be considered.
* Attached community plan, budget and quotes using proper file names. Please see Budget template below.
* Submit signed BCR (or equivalence, E.g. Board Resolution, etc.) before Friday April 9, 2021 ***at 4pm.***
* Projects consulted and approved for licensed programs are approved by provincial licensing officers.

# Appendix 2: Definitions

* **AHSOR –** Aboriginal Head Start On-Reserve
* **AHSOR Collaborative Communities** – when there are two or more First Nation –to First Nation's community partnership
* **BCR** – Band Council Resolution a written resolution or authorizing document of Chief and Council adopted at a duly convened meeting of the elected council for the First Nation. If you have another governance model, please submit your equivanance to demonstrate the governance’s awareness and support of this application (E.g. Board Resolution).
* **Health Funding Arrangement – FNHA-** is the agreement between the First Nations Health Authority and the recipient regarding the delivery of Health programs and Services that includes all schedules, the program plan where applicable and funding adjustments letters, and any amendments made in accordance with the terms and conditions
* **Provincial Licensing Officers** – provincial licensing officers governs the provision of care and supervision in licensed care facilities governed under the Community Care and Assisted Living Act. Example, licensed child care or licensed after-school care. Unlicensed care – those who provide Outreach programs where the parents are responsible for their own children or unlicensed child care facilities may only care for 2 children not related to the provider and are not monitored or inspected by the government of BC.
* **Service Agreement or (SA)** – a formal agreement between a service provider and a client that articulates the terms and conditions of a particular service relationship. The Service Agreement helps outline the expectation of both parties before the work actually begins.

# Appendix 3: Web Links and Supporting Documents

Website link to Maternal Child and Family Health resources including the Exploring Your Program – Connecting to Land-Based Learning in both You Tube and PowerPoint presentation links.

<https://www.fnha.ca/what-we-do/maternal-child-and-family-health/aboriginal-head-start-on-reserve>

See the website for:

* a sample application form

You will note in the sample application form that the more details you can provide, the easier your application can be assessed.

Please make sure to list your project items separately as demonstrated in the sample document. E.g.: Building the fencing is listed as a separate item from building the garden boxes even though both items go together towards completing the whole garden project.

You may use the sample budget template (Appendix 6) if you wish. You are also able to use your own excel spreadsheet. Either are acceptable formats. Your budget must be attached with your application.

# Appendix 4: FAQs

**Can we apply twice if we have multiple program sites?**

If a community has multiple sites and they did not apply for the first Land-Based Capital Outdoor Project, they can apply for each site location but the total application cannot exceed $100,000. Please indicate clearly which projects belong to each site.

**Can we re-apply for the Second Call-Out for Land-Based Capital Outdoor Project?**

The first priority will focus on funding communities applying for the Land-Based Capital Outdoor Project for the first time. If funds remain, the second priority will be successful completed applications from the second call-out who also applied for the first call-out. Maximum funding for any community (single or multiple sites) is $100,000 for both first and second call-out.

**What is the difference between the first call and the second call for Land-Based Capital Outdoor Project funding?**

We’ve applied the lessons learned from the first call to this second call and clarified what’s eligible for Capital funding and what qualifies as Operational funding. See Appendix 5: Eligible and Ineligible Capital Items List. The criteria for both funding opportunities are the same.

**Can I still apply if my Head Start reports are incomplete?**

Head Start reporting must be up-to-date for your community application to be eligble. If you are not in good standing with your reports, please submit your outstanding reports prior to the closing application date.

**I’m having problems filling out my application, who can help me?**

We encourage all communities to first watch the Webinar on “Exploring Your Program – Connections to **Land-Based Learning” from October 28th. Your Regional Head Start Advisor can assist you.**

**Where do I submit my completion application?**

Your completed application form and accompanying documents should be sent to HCYD@fnha.ca or if you don’t have access to internet you can fax your application to 604-666-3867. All applications must be received before 4:00pm on Friday April 9, 2021. Late applications cannot be accepted.

**Can I attach additional partnership details and/or project items on a separate page if I run out of room** **on the application form?**

Yes definitely! Add as much detail as you like to give FNHA the best information possible to assess your request. When you attach additional documents to your application form make sure to label your documents correctly. The quotes, additional documents and/or pictures should be labelled as: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachment

For example, in the sample application it looks like: AlexanderFirstNation.Question18.ProjectItem1.XYZCarpenterQuote

**I’m having a problem sending all the attachments required for my application to be complete. How can I make this easier?**

You can send multiple emails to the HCYD email address with your properly labelled attachments. Make sure to clearly identify in each of the email’s subject lines your Community Name and Part 1, Community Name and Part 2, Community Name and Part 3, and so on.
There is also a free online service called “We Transfer”. It allows you to email multiple documents, up to 2GB in total size, all at once. You can choose to create a free account or send your documents as a one-time guest. [www.wetransfer.com](http://www.wetransfer.com)

**I’m not sure what kinds of Capital Project items I can choose from?**

You are free to choose Capital items that you think would enhance your outdoor learning spaces. Some examples could be: fencing for a cultural yard, a covered, lit outdoor area, a smoke house, Kekulis, outer storage shed, a handwashing station, structure for raised beds for a medicine garden, greenhouse, creating shade spaces in a natural learning space. This funding is for Land-Based, Outdoor Capital Projects only. **See Appendix 5 for Eligible and Ineligible Capital Items**.

**We have a partially completed project but need more funds, can we still apply?**

This must be a new project. FNHA will not reimburse projects that were previously funded or have started prior to May 1, 2021.

**What does “being in good standing” with FNHA AHSOR mean?**

Being in good standing means your community is up-to-date with your narrative and financial reporting and submitted to FNHA. Please connect with your Director and the Regional Funding Agreement Advisor to confirm your status.

**Are additional costs such as barge transportation or heavy equipment covered?**

Yes, all related costs to your Capital project should be listed in your budget.

**Does the outdoor space have to be attached to the Head Start facility?**

No, however; the space needs to be easily accessible for all children. Please communicate the transportation plan if the new outdoor space is away from the Head Start facility.

**What is the difference between Capital and Operation Funding?**

See Appendix 5 for the list of Eligible and Ineligible Capital items list.

# Appendix 5: Eligible and Ineligible Capital Items List

|  |  |
| --- | --- |
| Eligible Capital Items  | Ineligible Capital Items |
| * Permanent structures
* Mini Long Houses, Smokehouses, Pit Houses Teepees, Clan Houses,
* Mini totems, House Posts or carvings
* Wages or Honorarium for installation of structures built. For example: Contractors or Community support
* Hire of Electricians, Plumbers. For example: to install lighting outdoors for longer days outdoors
* Shade or ground coverages such as Sun/Shade Sails or Tarps
* Garden Boxes
* Green houses
* Chain link or Wooden Fences
* Horticultural items such as soil, mulch, trees, plants, seeds
* Sprinkler system or irrigation system
* Outdoor Kitchen set
* Fire pits, Cooking pits
* Wheel barrows or wagons for transporting items
* Secured Boot racks
* Outside water table
* Secured large soccer nets
* Gazebos
* Handwashing stations
* Outdoor toilets
* Tables, Chairs, picnic tables
* Canoes, Fish or Hunting tables
 | Operational items, non-permanent structures, replacement items, program supplies and maintenance equipment. For example: portable items such as an art table* Outwear such as boots, raincoats, snowgear, gloves
* Small portable soccer nets
* Sleeping bags
* Propane tanks
* Yoga mats
* Bikes
* Toys such as Ride on equipment
* Shovels
* Rakes
* Watering cans
* Chalkboard (unsecured)
 |

# Appendix 6: Sample Capital Budget Template

|  |
| --- |
| **Budget for AHS Land-Based Capital Project** |
|  |  |
| **Project 1 -**  |  |
| **Items** | **Budget** |
| Materials –  |  |
| Labour |  |
| ***Sub-Total*** |  |
|  |  |
| **Project 2 -**  |  |
| **Items** | **Budget** |
| Materials -  |  |
| Labour  |  |
| ***Sub-Total*** |  |
|  |  |
| **Project 3 -**  |  |
| **Items** | **Budget** |
| Materials  |  |
| Labour -  |  |
| Other -  |  |
| ***Sub-Total*** |  |
|  |  |
| **Project 4 -** |
| **Items** | **Budget** |
| Materials |  |
| Labour  |  |
| Other -  |  |
| ***Sub-Total*** |  |
| **Grand Total**  | **Sum of all projects** |

# Appendix 7: Sample Completed Application Form

# Section 1: Community Information

|  |
| --- |
| 1. Community Name: Alexander First Nations
 |
| 1. Program Name: Little Hands Reaching For A Brighter Future
 |
| 1. Are you a Treaty Community: YES [ ]  NO [x]
 |
| 1. Band Number: 111
 |
| 1. FNHA AHSOR Contribution Agreement Number: S-2021-55555
 |
| 1. Do you have a Service Agreement with another First Nation community to provide Head Start On-Reserve services? YES [ ]  NO [x]

Name of First Nation community: Click here to enter Name. |
| 1. Do you currently operate a licensed or unlicensed Head Start program? Licensed [x]  Unlicensed [ ]
 |
| 1. Mailing Address: Box 1212, Fort William, BC V0V 2D3
 |
| 1. Is this your first time applying for this Land-based Capital Project Funding? YES [ ]  NO [x]
 |
| 1. Primary Contact: Laura WilliamsTitle: Health Director

Email: Laura.Williams@AFN.netPhone/Extension: 250-555-1212 ext.001Cell Phone: 250-927-4321 |
| 1. Alternate Contact 1: George FredTitle: Head Start Manager

Email: George.Fred@AFN.netPhone/Extension: 250-555-1212 ext 002Cell Phone: 250-927-5678 |
| 1. Alternate Contact 2: Lorraine PeterTitle: Chief

Email: Lorraine.Peter@AFN.netPhone/Extension: 250-555-1212 ext. 003Cell Phone: 250-927-2345  |

*\*We may need to be in touch with you to follow up on your application. If and when the primary contact is not available we ask that you list up to two other contacts who are knowledgeable about this application that we could contact for further information.*

# Section 2: Community Need

SAMPLE

1. How many children will benefit from this funding directly and indirectly?

|  |  |
| --- | --- |
| Number of children from age 0 – 6 years old | 12 |
| Number of children from age 7 – 12 years old | 15 |

1. Describe your current community outdoor early learning/ play space needs and how your community will benefit directly from this funding. Please attach pictures and measurements of your current play spaces and areas for development.

SAMPLE

|  |
| --- |
| We would like to expand our land-based space and have a culture yard for our children. The area we would like to develop is an open space with no fencing. We would like to fence an area around our proposed expanded medicine and cultural community garden to keep the deer away. The yard we want to fence is 100ftx120ft.All of our 20 community families with young children will benefit directly from this funding. We plan to have Knowledge Holders (Culture/Language/Medicine) attend our programs weekly to enrich the children, families and staff’s knowledge about our culture, land and protocols. All of our community members are welcome to use this space. This new land-based space will include and enhance all of the Head Start six components.We will require a new storage unit 8x8ft to store our new outdoor equipment.We will add 5 newly built garden beds (4ftx10ft) Handwashing Station for proper health and hygiene.  |
|  |
|  |  | C:\Users\denise.lacerte\Pictures\deer (2).jpg |

# Section 3 – Community Readiness

1. Describe your strategy on who will be responsible for all of the operations and administration of this project. Example, managing contractors, adhering to deadlines, purchasing, submitting quarterly reports on time. **All projects must be completed by March 31st, 2022.**

|  |
| --- |
| The Band Facilities Manager will be responsible for overseeing the construction of the new fence and recommending which storage unit to purchase from Costco. The Facilities Manager will purchase the supplies needed to build 5 addition raised garden beds. |

1. Describe your community collaborative partnerships that may be involved in this project. Example, Other Departments, Youth Groups, Summer Camps, Band Schools, Language Programs, Knowledge & Language Keepers, Youth, Skilled trades, Families, Land & Resources, etc.

SAMPLE

|  |
| --- |
| Although we are under the Health dept we have a great partnership with the Band School. We have discussed how we can partner together with their K4 class to explore the land-based learning within our community. For example: the two groups would connect, explore and experience land -based teachings with the Language Speakers along with the opportunity to learn what to expect as they transition to their program in the Fall.  |
| Building relationships and Kindergarten readiness |
| Little Sparrows Language Nest  |

|  |
| --- |
| Our community has a maintenance dept whom oversees the land on our reserve. We have a Facilities Manager whom is in full support of assisting us with this project. We have designed space that he is ready to assist us with.  |
| Facilities Department |
| Facilities Manager |

|  |
| --- |
| We have a strong parent and family advisory circle whom gathers each month. Our program has several Knowledge Keepers who not only come into our program they also participate in events such as our family nights to share their gifts and talents with us. In our last meeting we discussed this project and how we are planning to enhance this space. They are beyond excited and willing to partner with us so we can involve their teachings. Some of these Knowledge Keepers are grandparents in our program and two of them are fathers. We have two elders that would like to also be included in this so we can ensure we bring in our traditional teachings and protocols and they will guide us on the medicine and plants in our cultural community garden.  |
| Knowledge Keepers, Elders and Families |
| Community  |

|  |
| --- |
| Summer Cultural Family Camps  |
| Every summer we offer a summer cultural camp to include all of our community’s families. This time together brings children of all ages together to experience our traditions, culture and language. Most importantly this is a time when our Nation also harvests fish, berries, plant, medicines and learn protocols with our sacred teachings. It is a time for our youth to explore their leadership skills and mentor others whom are learning this path. It is also a time when we may invite guests to share their gifts and talent’s with our community  |
| Elders, Knowledge keepers, Families, Community members  |

|  |
| --- |
| We have consulted with our child care licensing officer to ensure we are in alignment with the regulations of this project. They are excited to work with us and have been informing/approving our steps to succeed in the project. We have had several team meetings and planning sessions to gather and inform this project plan. We have had time to consider our program curriculum such as how we will weave in our existing seasonal /cultural calendar. We are also excited about how we can expand our existing curriculum as we see this as an ongoing learning opportunity. We have already begun our staffing Daily Schedule such as our routines, transitions and activities. For example we have had to adjust transitions such as: Handwashing, Toileting/Diapering, Mealtimes, Pick up/Drop off etc.  |
| Our Head Start Team and our Child Care Licensing Officer |
| Delivering this project  |

SAMPLE

1. Please note: As part of your application, we require Band and Council Resolution (BCR) in support of this project. If you have another governance model, please submit your equivalence, to demonstrate the governance’s awareness and support of this application. (E.g. Board Resolution). ***BCR’s must be submitted prior to the end of the business day, Friday April 9, 2021.***

Please describe how the Band and Council will support this project to make it successful.

|  |
| --- |
|  The Chief and Council of Alexander First Nation. Is aware and are in full support of Head Start On -Reserves Little Hands Reaching For A Brighter Future. We hereby acknowledge and fully support the 2021 AHS Land-based Project Application for $17,400. We are aware of the funding requirements and we acknowledge are Nation is responsible for any overrun costs associated with this project, we agree we will meet the project and report deadlines. We also approve the physical space in which this new cultural yard will be positioned.  |

# Section 4 – Community Project Plan

1. Describe your community project plan. Describe how each project item will create, enhance and/or rehabilitate outdoor early learning and play space at your Head Start site. Your community plan must demonstrate how you will ensure that:
* all aspects of the design, construction, and maintenance of projects are subcontracted to qualified professionals (persons possessing the professional standing, knowledge, training or experience necessary to complete the task such as carpenters, electricians, plumbers, etc), **AND**
* all structures meet or exceed provincial standards for safety and quality.

SAMPLE

|  |
| --- |
| Our community Facilities Manager is going to oversee the hiring, delivery and installation of the Fencing, Garden Boxes, Hand washing Station and Storage Unit. Our Childcare Licensing Officer is collaborating and supporting the Fencing and our program plan. Our Chief and Council has approved the space that our new cultural yard and where it will be positioned. We would like to expand our land-based space and have a culture yard for our children. The area we would like to develop is an open space with no fencing. We would like to fence an area around our proposed expanded medicine and cultural community garden to keep the deer away. The yard we want to fence is 100ftx120ft.All of our 20 community families with young children will benefit directly from this funding. We plan to have Knowledge Holders (Culture/Language/Medicine) attend our programs weekly to enrich the children, families and staff’s knowledge about our culture, land and protocols. All of our community members are welcome to use this space. This new land-based space will include and enhance all of the Head Start six components.We will require a new storage unit 8x8ft to store our new outdoor equipment.We will add 5 newly built garden beds (4ftx10ft) Handwashing Station for proper health and hygiene.  |

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| Project Item 1 Name: Chain-linked Fence 100 x 120ft and 6 feet in height |
| Timeline for Project Item 1 completion: June 30, 2021 |
| Description: New Chain -linked Fence |
| This item is a: New Build |
| Equipment and/or Materials needed to complete this project item:Fencing, posts, surveying etc.  |
| Surfacing/Site preparations needed to complete this project item:Fence Post Pounder, Concrete delivery,  |
| Does this project item has any special considerations? Eg: cultural, environmental, community safety, etcWe will hire a Fencing Contractor to survey and install the fencing. They will work with our Facilities Manager to ensure that the fence is surveyed and installed appropriately. They will work together to ensure the timelines of this install work together.  |
| I have attached my minimum 2 quotes for this project item: [x] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentEg: AlexanderFirstNation.Question18.ProjectItem1.XYZCarpenterQuote |
| I have attached additional documentation, budget and/or pictures for this project item: [x] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentEg: AlexanderFirstNation.Question18.ProjectItem1.PictureOfSiteGrounds |

SAMPLE

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| Project Item 2 Name: Garden Boxes |
| Timeline for Project Item 1 completion: June 30, 2021 |
| Description: Cultural Community Garden  |
| This item is a: New Build |
| Equipment and/or Materials needed to complete this project item:Soil, untreated wood, screws, plastic, shovels, hoses, small garden tools |
| Surfacing/Site preparations needed to complete this project item:We will hire a Contractor to survey and install the garden beds. They will work with our Facilities Manager to ensure that the garden boxes are surveyed and installed appropriately. They will work together to ensure the timelines of this install work together.  |
| Does this project item has any special considerations? Eg: cultural, environmental, community safety, etcN/A |
| I have attached my minimum 2 quotes for this project item: [x] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentEg: AlexanderFirstNation.Question18.ProjectItem1.XYZCarpenterQuote |
| I have attached additional documentation, budget and/or pictures for this project item: [x] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentEg: AlexanderFirstNation.Question18.ProjectItem1.PictureOfSiteGrounds |

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| Project Item 3 Name: Storage Unit |
| Timeline for Project Item 1 completion: July 31, 2021 |
| Description: Storage Unit -8 x 8 foot  |
| This item is a: New Build |
| Equipment and/or Materials needed to complete this project item:Storage unit, Concrete slabs, shipping of the unit |
| Surfacing/Site preparations needed to complete this project item:The Facilities Manager will oversee, purchase arrange for the storage unit to be delivered and installed. We will work together to ensure the timelines of this work with our centre.  |
| Does this project item has any special considerations? Eg: cultural, environmental, community safety, etcN/A |
| I have attached my minimum 2 quotes for this project item: [x] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentEg: AlexanderFirstNation.Question18.ProjectItem1.XYZCarpenterQuote |
| I have attached additional documentation, budget and/or pictures for this project item: [x] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentEg: AlexanderFirstNation.Question18.ProjectItem1.PictureOfSiteGrounds |

SAMPLE

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| Project Item 4 Name: Handwashing Station  |
| Timeline for Project Item 1 completion: July 28, 2021 |
| Description: Handwashing Station  |
| This item is a: New Build |
| Equipment and/or Materials needed to complete this project item:Concrete slab, delivery  |
| Surfacing/Site preparations needed to complete this project item:Order, prepare site and install. The Facilities Manager will oversee, purchase arrange for the Hand washing Station to be delivered and installed. We will work together to ensure the timelines of this work with our centre.  |
| Does this project item has any special considerations? Eg: cultural, environmental, community safety, etcN/A |
| I have attached my minimum 2 quotes for this project item: [x] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentEg: AlexanderFirstNation.Question18.ProjectItem1.XYZCarpenterQuote |
| I have attached additional documentation, budget and/or pictures for this project item: [x] Remember to label your attachments correctly. They should be labelled as follows: YourCommunityName.QuestionNumber.ProjectItemNumber.DescriptionOfAttachmentEg: AlexanderFirstNation.Question18.ProjectItem1.PictureOfSiteGrounds |

\*Selected projects for licensed programs are approved by provincial licensing officers. Please include any documentation with your plan.

SAMPLE

\*\*Selected projects for non-licensed programs are approved by FNHA. Consulting with Regional HS Advisor is required.

# Section 5 - Community Acknowledgement

1. Are you in good standing with FNHA AHSOR reporting and accountability? YES [x]  NO [ ]
2. Acknowledgement Statement:

On behalf of Alexander First Nation, I George Fred, acknowledge that I have consulted and collaborated with all necessary decision makers and involved parties and we are able to meet all of the funding requirements. We will complete all projects on time and our Nation/Band/Treaty are responsible for any overrun costs. We agree that we will not exceed allocation funding and will meet project deadlines.

Printed Name: George Fred

Signed: George Fred

Date: April 7, 2021

Submit application to HCYD@FNHA.ca before **Friday April 9, 2021 at 4pm.** **Applications submitted after the deadline will not be accepted.**

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| **Budget for AHS Land-Based Capital Project** |
| **Project 1 - Fence** |  |
| **Items** | **Budget** |
| Materials – lumber, posts, screws | $5,000.00 |
| Labour | $5,000.00 |
| ***Sub-Total*** | $10,000  |
|  |  |
| **Project 2 - 5 Garden Boxes** |
| **Items** | Budget |
| Materials - soil ($150 soil, $50 del) non-treated lumber =$500 plastic = $50, misc supplies = $50 | $800.00 |
| Labour ($50/hr x 16 hrs) | $800.00SAMPLE |
| ***Sub-Total*** | $1,600  |
|  |  |
| **Project 3 - Storage Unit** |
| **Items** | **Budget** |
| Materials - (site prep - concrete base & treated lumber) | $500  |
| Labour - installation included | $2,000  |
| Other - 8x8 Storage Unit | $800 |
| ***Sub-Total*** | $3,300  |
|  |  |
| **Project 4 -Handwashing Station** |
| **Items** | **Budget** |
| Materials |  |
| Labour - | N/A |
| Other - Unit purchased | $2,500  |
| ***Sub-Total*** | $2,500  |
| **Grand Total**  | **$17,400**  |

1. We may need to be in touch with you to follow up on your application. If and when the primary contact is not available we ask that you list up to two other contacts who are knowledgeable about this application that we could contact for further information. [↑](#footnote-ref-1)
2. Selected projects for **licensed programs** are approved by provincial licensing officers. Please include any documentation with your plan. Selected projects for **non-licensed programs** are approved by FNHA. Consulting with Regional HS Advisor is required. [↑](#footnote-ref-2)