

# FAMILY VIOLENCE SHELTER AND PREVENTION PROJECT ANNUAL REPORT

**DCI Number/Fiscal Year:**

455955 (2019-2020)

**Purpose:**

This is a report provided by First Nations to confirm that funding and spending correspond, and to describe the results of Family Violence Shelter and Prevention projects.

**Note:**

- Section 1 is to be completed by Prevention Project funding recipients.  
If you are reporting for multiple projects, there is an “Add a Prevention Project” button that you can click to create additional fields on a project-by-project basis.
- Section 2 is to be completed by Shelter funding recipients.  
If you are a Shelter funding recipient that has received Prevention Project funding, complete Section 1 to report your Prevention Project activities.  
If you have not received Prevention Project funding, proceed to Section 2 to report your Shelter activities and expenditures.

**Reporting Period:**

For the previous fiscal year ending March 31

**Due Date:**

May 31<sup>st</sup>

**Field Definitions:**

Field	Definition
<b>Section 1</b> (to be completed by Prevention Project funding recipients)	
<b>1(a) Identification</b> - The purpose of this subsection is to collect necessary identification information related to the Prevention Project(s).	
Recipient Name	The name of the First Nation community, First Nation Institution, Association or Organization (including Tribal Councils), or other organization that has received funding under this authority
Recipient Number	The recipient number assigned by Indigenous Services Canada (ISC) for the First Nation community, First Nation Institution, Association or Organization (including Tribal Councils), or other organization that has received funding under this authority
<b>Prevention Project Contact</b>	
Given Name Family Name Title Telephone Number Facsimile Number Email Address	The given name, family name, position title, telephone number, facsimile number and email address (if applicable) of the person who can be contacted for further information about the Prevention Project. A valid telephone or facsimile number includes the 3 digit area code in the format ###-###-####.

Field	Definition
<b>1(b) Prevention Project Information</b> - The purpose of this subsection is to explain the activities that were delivered with Prevention Project funding.	
The Prevention Project was delivered:	Select: <ul style="list-style-type: none"> <li>- On Reserve</li> <li>- Off Reserve</li> </ul>
Prevention Project Name	The full name of the Prevention Project
Prevention Project Description	A brief description of the activity that was delivered with Indigenous Services Canada Prevention Project funding (maximum 150 words).
<b>1(c) Community Plan</b> - The purpose of this subsection is to determine how your Prevention Project supports a community plan or priority (e.g., ending violence on reserve).	
Is this Prevention Project linked to a broader community plan/community priority?	Select: <ul style="list-style-type: none"> <li>- Yes</li> <li>- No</li> </ul> If yes, list the community planning document/projects to which the Prevention Project is linked. If no, identify the priority(ies) being addressed.
<b>1(d) Prevention Project Cost</b> - The purpose of this subsection is to determine how funding was spent to deliver your Prevention Project, and to assess whether your expenditures correspond to the proposal/application/work plan that you filled out when applying for funding.	
Item/Amount	Complete all applicable fields: <ul style="list-style-type: none"> <li>- Equipment and Supplies</li> <li>- Information, Documents, Web</li> <li>- Facility Rentals</li> <li>- Travel</li> <li>- Professional Fees (Facilitator/Trainer)</li> <li>- Administration Costs (subject to any policies, conditions, etc. of Boards, Councils, ISC, etc.).</li> <li>- Salaries and Wages</li> <li>- Other (Specify)</li> </ul> Total Prevention Project Cost (calculated automatically)
<b>1(e) Delivery Method of Prevention Activities</b> - The purpose of this subsection is to describe how your project was delivered.	
Number of Sessions/ Number of: <ul style="list-style-type: none"> <li>- Women</li> <li>- Men</li> <li>- Girls (aged 0-17 years)</li> <li>- Boys (aged 0-17 years)</li> </ul>	Indicate the number of sessions and number of participants in your project for each delivery method: <ul style="list-style-type: none"> <li>- Seminar/Workshop</li> <li>- Healing Circle</li> <li>- Cultural Camp</li> <li>- Traditional Healing</li> <li>- Elder Teaching</li> <li>- Other (Specify)</li> </ul> Total number of participants for all sessions calculated automatically
<b>1(f) Measuring Project Success</b> - The purpose of this section is to help determine the outcomes of your Prevention Project, as described in question 1(b).	

Field	Definition
Description	Briefly describe the results of your Prevention Project and what was achieved in terms of expected results.
Multiple Prevention Projects	If you have had multiple Prevention Projects, report on them separately by clicking on “Add a Prevention Project”, which will enable you to complete the data fields on a project-by-project basis.
<b>Declaration:</b> The information provided is accurate to the best of my knowledge.	
Given Name Family Name Title Date (YYYYMMDD)	The given name, family name and position title of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of ‘Year Month Day’. For example, September 20, 1969 would be 1969-09-20.
<b>Section 2</b> (to be completed by Shelter funding recipients)	
<b>2(a) Identification</b> - The purpose of this subsection is to collect necessary identification information related to the shelter.	
Recipient Name	The name of the First Nation community, First Nation Institution, Association or Organization (including Tribal Councils), or other organization that has received funding under this authority
Recipient Number	The recipient number assigned by Indigenous Services Canada for the First Nation community, First Nation Institution, Association or Organization (including Tribal Councils), or other organization that has received funding under this authority
<b>Shelter Contact</b>	
Given Name Family Name Title Telephone Number Facsimile Number Email Address	The given name, family name, position title, telephone number, facsimile number and email address (if applicable) of the person who can be contacted (usually the shelter director/manager) for further information about the shelter. A valid telephone or facsimile number includes the 3 digit area code in the format ###-###-####.
<b>Shelter Information</b>	
Shelter Name	The full name of your shelter
<b>2(b) Indigenous Services Canada Funded Shelter Expenditures</b> - The purpose of this subsection is to determine the costs required to run a shelter. Fill all applicable fields.	
Item/Amount	<p>Complete all applicable fields:</p> <ul style="list-style-type: none"> <li>- Salaries and staff benefits</li> <li>- Professional development, including: <ul style="list-style-type: none"> <li>• Membership and conference fees</li> <li>• Tutoring functions (e.g. online training, other professional development opportunities)</li> </ul> </li> <li>- Board/committee operations</li> <li>- Direct client costs: <ul style="list-style-type: none"> <li>• Food</li> <li>• Bedding, towels, soaps</li> <li>• Personal incidentals (e.g. clothes, diapers)</li> <li>• Transportation to and from shelter</li> </ul> </li> </ul>

Field	Definition
	<ul style="list-style-type: none"> <li>- Operations, minor maintenance, minor repairs:               <ul style="list-style-type: none"> <li>• Minor repairs (e.g. fencing, floors)</li> <li>• Utilities (garbage and snow removal)</li> <li>• Appliances, furniture, equipment</li> <li>• Computer and internet access</li> <li>• Library and resources</li> <li>• Off hour emergency services</li> <li>• Security (fences, cameras, file cabinets)</li> <li>• Client needs assessments</li> <li>• Data collection</li> </ul> </li> <li>- Post shelter arrangements and referrals</li> <li>- Administration costs (subject to any policies, conditions, etc. of Boards, Councils, ISC, etc.).</li> <li>- Staff travel and/or transportation</li> <li>- Costs for training forums, workshops, outreach, awareness (including instructional and information materials)</li> <li>- Recruitment costs</li> <li>- Professional/paraprofessional fees</li> <li>- Legal services fees and costs</li> <li>- Insurance</li> </ul> <p>Total Shelter Expenditures (calculated automatically)</p>

**2(c) Shelter Services** - The purpose of this subsection is to determine the top five shelter services being offered in your shelter.

Main Shelter Services Offered	Prioritize from 1 to 5 (1 being the most important): <ul style="list-style-type: none"> <li>- Advocacy/Referral to Services or Programs</li> <li>- Children's Programs</li> <li>- Community Education and Awareness Raising</li> <li>- Counselling</li> <li>- Crisis Intervention</li> <li>- Crisis Line (24/7 telephone line)</li> <li>- Housing Information/Procedures</li> <li>- Individual Case Planning (social, legal, medical, etc.)</li> <li>- Transportation</li> <li>- Women's Programs</li> <li>- Other (Specify)</li> </ul>
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**2(d) Results and Challenges** - The purpose of this subsection is to explain the main results of your shelter activities, based on the work plan you submitted at the beginning of the year.

Description	Describe the results of your shelter activities, accomplishments and challenges in terms of need, activities and expected results.
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**2(e) Shelter Staff** - The purpose of this subsection is to determine the number of staff within the shelter.

Field	Definition
Numeric Value	<p>Indicate the appropriate numeric value for each line:</p> <ul style="list-style-type: none"> <li>- Full Time Staff</li> <li>- Volunteers</li> <li>- Other</li> </ul> <p>Full Time Equivalents (FTE) working at the shelter Full Time Equivalents of 1.0 means that the staff member is equivalent to a full-time worker for an entire year; while an Full Time Equivalents of 0.5 signals that the worker is only working half-time.</p>

**2(f) Shelter Use** - The purpose of this subsection is to determine the number of clients, communities, bed nights, crisis calls and referrals from various sources.

Numeric Value	<p>Indicate the appropriate numeric value for each line:</p> <ul style="list-style-type: none"> <li>- Communities served</li> <li>- Bed nights</li> <li>- Crisis calls received</li> <li>- Women/families voluntarily accessing the shelter</li> <li>- Cases referred to the shelter</li> </ul> <p>Number of communities served is determined based on where your clients are from. Bed nights is the sum of all nights spent for all clients in the past year. For example, one person using a bed for five nights counts as five bed nights.</p>
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Services for adult male victims of family violence	Provide a brief narrative on the types of services available to male victims of family violence.
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Services available for victims of human trafficking	Provide a brief narrative on the types of services available to victims of human trafficking.
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**2(g) Shelter Clientele** - The purpose of this subsection is to identify a number of details related to shelter clientele as well as the number of turnaways.

Numeric Value	<p>Indicate the appropriate numeric value for each line:</p> <ul style="list-style-type: none"> <li>- Indigenous women served (First Nation, Métis or Inuit) ordinarily resident on Reserve</li> <li>- Indigenous women served (First Nation, Métis or Inuit) living off Reserve</li> <li>- Non-Indigenous women served, living on or off Reserve</li> </ul> <p>Total number of women served calculated automatically</p> <ul style="list-style-type: none"> <li>- Number of clients turned away</li> </ul>
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**2(h) Women Served, by Age** - The purpose of this subsection is to identify the age range of clients that have accessed services in your shelter.

Numeric Value	<p>Indicate the appropriate numeric value for each line:</p> <ul style="list-style-type: none"> <li>- Women served, 18 to 24 years old</li> <li>- Women served, 25 to 34 years old</li> <li>- Women served, 35 to 50 years old</li> <li>- Women served, 51 years old and over</li> <li>- Women served, unknown age</li> </ul>
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**2(i) Children Served**

Field	Definition
Numeric Value	Indicate the appropriate numeric value for each line: <ul style="list-style-type: none"> <li>- Girls served, 0 to 17 years old</li> <li>- Boys served, 0 to 17 years old</li> </ul>

**2(j) Shelter Stays, by Length and Frequency** - The purpose of this subsection is to provide information regarding length of stays (and frequency of stays) of your shelter clientele.

Length of Shelter Stays: Numeric Value	Indicate the appropriate numeric value for each line: <ul style="list-style-type: none"> <li>- Shelter stays, 1 to 6 days in length</li> <li>- Shelter stays, 7 to 13 days in length</li> <li>- Shelter stays, 14 to 20 days in length</li> <li>- Shelter stays, 21 to 28 days in length</li> <li>- Shelter stays, 29 days or more in length</li> </ul>
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Frequency (Recurrence Rate) of Shelter Stays: Numeric Value	Indicate the appropriate numeric value for each line: <ul style="list-style-type: none"> <li>- Shelter stays with a frequency (recurrence rate) of: No previous stays in the last 12 months</li> <li>- Shelter stays with a frequency (recurrence rate) of: 1 previous stay in the last 12 months</li> <li>- Shelter stays with a frequency (recurrence rate) of: 2 to 3 previous stays in the last 12 months</li> <li>- Shelter stays with a frequency (recurrence rate) of: Unknown</li> </ul>
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**2(k) Additional Information** (optional) - The purpose of this subsection is to collect additional information not otherwise included in the report.

Additional Information	Provide information about additional initiatives and activities run by the shelter that you wish to share with program management and representatives.
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**2(l) Shelter Prevention Project** - The purpose of this subsection is to collect information about Prevention Projects in your shelter.

If your shelter has received Prevention Project funding (i.e., in addition to your shelter budgets), complete Section 1 of this report.

**Declaration:** The information provided is accurate to the best of my knowledge.

Given Name Family Name Title Date (YYYYMMDD)	The given name, family name and position title of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year Month Day'. For example, September 20, 1969 would be 1969-09-20.
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