

NEW FISCAL RELATIONSHIP (NFR) GRANT RESULTS REPORT

DCI Number/Fiscal Year:

33315098 (2019-2020)

Purpose:

The New Fiscal Relationship Grant Results Report is a dynamic, consolidated report that reflects regional variations and provides the required information (excluding Education) to support the Department's annual reporting to Parliament on the outcomes of the Grant of up to 10 years in accordance with section 7 of the Comprehensive Funding Agreement.

Reporting Period:

Reports are due annually, within 120 days after the end of the fiscal year.

Drinking Water results are to be reported to the respective regional office monthly or as determined by the region (up to once a week for the entire year). Sampling and testing should follow the detailed sampling procedures developed in collaboration with the Environmental Public Health Officer (EPHO) and should meet the requirements of the Guidelines for Canadian Drinking Water Quality (GCDWQ).

Test results should immediately be provided to the Environmental Public Health Officer under the following circumstances: if microbiological water test results, such as E. coli or total coliforms, exceed their MACs; or if chlorine residuals are inadequate to maintain disinfection in the distribution system, as outlined in the Guidelines for Canadian Drinking Water Quality (GCDWQ).

Due Date:

July 29, 2020

Report Submission Requirements:

Grant recipients are required to provide additional documents to maintain grant eligibility and mutual accountability. Please refer to the [complete list of reporting requirements](#) for recipients of Grants of up to 10 years under the New Fiscal Relationship.

Field Definitions:

Field	Definition
Identification	
Recipient Name	The name of an individual or entity that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Recipient Number	The number assigned by Indigenous Services Canada/Crown-Indigenous Relations and Northern Affairs Canada to an individual or entity that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Region	Select the region from which the recipient is reporting. Note: selecting a region hides the fields that are not required for that region to report on.

Field	Definition
Contact	
<ul style="list-style-type: none"> - Given Name - Family Name - Title - Mailing Address (Number/Street/Apartment/ P.O. Box) - City - Province/Territory - Postal Code - Telephone Number - Extension Number - Facsimile Number - Email Address 	<p>The name and contact information of the responsible official to verify the content and information contained in this report.</p> <p>A valid postal code is in the upper case in the format A#A#A#.</p> <p>A valid telephone or facsimile number includes the 3 digit area code in the format ###-###-####.</p> <p>A valid email address may be in upper or lower case in the format a@a.a.</p>

First Nations and Inuit Health Branch

Note: Recipients from BC region are NOT required to complete this section.

1. Healthy Child Development

<ul style="list-style-type: none"> - Total number of participating mothers with babies who turned six months during the reporting period. - Number of mothers who breastfed for less than 6 months - Number of mothers who breastfed for 6 months or longer (28 weeks or more) - Number of mothers who did not initiate breastfeeding - Number of mothers for whom it was unknown whether breastfeeding was initiated 	<p>For participants with infants six months or older, indicate the duration of breastfeeding for the time periods.</p>
--	--

2. Home and Community Care

Home Care Nursing Staff

<p>Total number of who completed home care and nurse competency development training</p>	<p>Total number of home care nursing staff who completed home care and nurse competency development training</p>
<p>Total number of that are licensed/registered in the province or territory of jurisdiction for regulated health professionals</p>	<p>Total number of home care nursing staff that are licensed/registered in the province or territory of jurisdiction for regulated health professionals.</p>
<p>Total number of home care nursing staff</p>	<p>Total number of home care nursing staff.</p>

3. Clinical and Client Care

Field	Definition
Newly Hired Nurses	
<ul style="list-style-type: none"> - Total number of who have current valid certification of Advanced Cardiac Life Support (ACLS) - Total number of who have current valid certification of International Trauma Life Support (ITLS) - Total number of who have current valid certification of Pediatric Advanced Life Support (PALS) - Total number of who have current valid certification of Controlled Drug Substances (CDS) - Total number of who have current valid certification of Immunization - Total number of newly hired nurses 	<p>Data on newly hired nurses by type training course prior to deployment to First Nations communities.</p> <p>The total number of registered nurses in "Nursing Stations" or "Health Centres with Treatment" in remote and isolated communities employed on the last working day of the fiscal year and who provide primary care services in this facility (headcount). This includes nurses employed in resource pools, but does not include Agency nursing services.</p>
Existing Nurses	
<ul style="list-style-type: none"> - Total number of who have current valid certification of Advanced Cardiac Life Support (ACLS) - Total number of who have current valid certification of International Trauma Life Support (ITLS) - Total number of who have current valid certification of Pediatric Advanced Life Support (PALS) - Total number of who have current valid certification of Controlled Drug Substances (CDS) - Total number of who have current valid certification of Immunization - Total number of existing nurses 	<p>Data on existing nurses by type training course prior to deployment to First Nations communities.</p> <p>The total number of registered nurses in "Nursing Stations" or "Health Centres with Treatment" in remote and isolated communities employed on the last working day of the fiscal year and who provide primary care services in this facility (headcount). This includes nurses employed in resource pools, but does not include Agency nursing services.</p>
4. Immunization	
<p>Annual number of 2-year-olds immunized with measles-mumps-rubella (MMR) vaccine among all 2-year-olds in the community.</p>	<p>Annual number of 2-year-olds immunized with measles-mumps-rubella (MMR) vaccine among all 2-year-olds in the community. *Should be provided as the number of 2-year-old children who were vaccinated with MMR within the number of all 2-year-old children in the community between January 1-December 31).</p>

Field	Definition
Annual number of 2-year-olds immunized with Diphtheria, Tetanus, acellular Pertussis, Polio and Haemophilus influenza type b (DTaP - IPV - Hib) vaccine among all 2-year-olds in the community.	Annual number of 2-year-olds immunized with Diphtheria, Tetanus, acellular Pertussis, Polio and Haemophilus influenza type b (DTaP - IPV - Hib) vaccine among all 2-year-olds in the community. (Should be provided as the number of 2-year-old children who were vaccinated with DTaP - IPV - Hib within the number of all 2-year-old children in the community between January 1-December 31).
Total number of all 2-year-old children in the community between January 1 to December 31.	Total annual number of all 2-year-old children in the community between January 1 to December 31
5. Mental Wellness Team	
Is your community being served by a Mental Wellness Team?	Is your community being served by a Mental Wellness Team? Answer Yes or No.
Income Assistance	
Number of Dependents supported through income assistance	Total number of dependents listed on the DCI (Overall number from DCI) Select the number of dependents under your care that are living in the same household. Includes: - the client's spouse/partner - the client's child or his/her spouse/partner's child The determination of state of dependence for an adult, a child and/or a spouse/partner is based on the reference provincial or territorial regulations.
Number of clients supported through income assistance	Total number of Income Assistance clients - A client is a person who ultimately receives the benefits of programs or services funded by the Income Assistance Program.
<ul style="list-style-type: none"> - Number of Income Assistance clients participating in case management and/or pre-employment supports - Number of Income Assistance dependents participating in case management and/or pre-employment supports 	<p>Overall number from DCI Income Assistance clients and their dependents who participated in some form of job readiness training from any source and pre-employment supports during the quarter: All Income Assistance providers are to answer this question. Active measures and pre-employment supports are defined as the supports designed to help individuals increase their employability so they can join and stay attached to the labour market. Examples of these supports include (but are not limited to):</p> <ul style="list-style-type: none"> - Employment/Pre-employment (e.g. job shadowing, internship) - Skills training - Basic literacy and essential skills training - Adult education - Voluntary work opportunity - Career and job seeking skills counselling - Case management - Employment/Pre-employment supports (e.g. Child Care, Employment Experience/Work Opportunity Program (WOP), Wage Subsidy) <p>The examples listed above and other items identified need to be aligned with the reference provincial/territorial legislation.</p>

Field	Definition
<ul style="list-style-type: none"> - Number of Male clients on Income Assistance - Number of Female Clients on Income Assistance 	Identify the total number of male and female clients on Income Assistance. (The total combined number should equal the number of Income Assistance clients.)
<ul style="list-style-type: none"> - Number of Single Income Assistance clients - Number of single Income Assistance clients with dependents - Number of Income Assistance couples (without dependents) - Number of Income Assistance couples with dependents 	Family composition discusses the role of the Income Assistance family structure and includes the following: <ul style="list-style-type: none"> - Single: the client has no spouse/partner, nor any dependent child(ren) or dependent adults - Single with dependents: the client has no spouse/partner, but has one or more dependent child(ren) or dependent adults - Couple: The client has a spouse/partner; but neither the client nor their spouse/partner has any dependent child(ren) - Couple with dependent: The client has a spouse/partner, and they and/or their spouse/partner have one or more dependent child(ren) and/or dependent adults

Assisted Living - Client Information

Family Name	The last name of the individual placed in care. This information is required for accountability and resource allocation.
Given Name	The first name of the individual placed in care. This information is required for accountability and resource allocation.
Sex	The sex of the individual placed in care. This information is required for accountability and resource allocation. Drop-down list values: <ul style="list-style-type: none"> • Female • Male
Rate (\$)	The rate for service provided. This information is required for accountability and resource allocation.
Rate Unit	Drop-down list values: <ul style="list-style-type: none"> • Hour • Day • Week • Month
Total Number of Units	Total units of services provided by rate unit. Example: If a client was provided 5 hours of service, the field 'Rate Unit' would be 'Hour' and the 'Total Number of Units' field would be '5'

Community Infrastructure and Housing

Identification

Site Name	The legal name of the site or reserve.
Site Number	The number assigned to the site by Indigenous Services Canada.

Field	Definition
Report Information	
Housing Units WITHOUT Electrification	The number of houses WITHOUT electrification at this site. Electrification is defined as: <ul style="list-style-type: none"> • Grid; • Diesel Generated, Full Service; • Other Generated, Full Service.
Housing Conditions - Replacement Required	The number of units that need to be replaced because assessed renovation costs exceed the remaining functional value of the home
Housing Conditions - Major Renovations Required	The number of units that need renovations to address items that affect occupants' health/safety, energy efficiency and maintenance issues to ensure longevity of the home.
Housing Conditions - Total Housing Units	The total number of housing units.
Housing Conditions - Total Adequate Units	The number of housing units that are considered adequate. An "Adequate" dwelling is defined as one that does not require Major Renovations or Replacement and does possess basic plumbing facilities, specifically, hot and cold running water, inside toilets and installed baths or showers. Note: The calculation of "Adequate" housing is based on the formula: Adequate = Total Units – Replacement Required – Major Renovations Required (calculated automatically)
Internet Service	
Service Provider	The company providing internet services to the school or band office.
School and/ or Band Office	The name of the school or band office
Download Speed	The download speed in megabits per second (Resource: https://cira.ca/cira-internet-performance-test-0)
Upload speed	The upload speed in megabits per second (Resource: https://cira.ca/cira-internet-performance-test-0)
Reserve Lands and Environmental Management	
Land Use Plan	If your community has a strategic land use plan in place that guides land management activities and investment decisions, provide the following: <ul style="list-style-type: none"> • In Progress • Approved • Not Applicable
If Approved, date of approval (YYYYMMDD)	Provide the date the plan was approved 'Year Month Day'.
Last updated (YYYYMMDD)	Provide the date the plan was last updated 'Year Month Day'.
Declaration	
<ul style="list-style-type: none"> - 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'.