

FIRST NATIONS CHILD AND FAMILY SERVICES PREVENTION BASED WORK PLAN

Privacy Statement

Idontification

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the *Privacy Act* (https://laws-lois.justice.gc.ca/eng/acts/P-21/index. html). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The authority to collect and use personal information for the First Nations Child and Family Services Sub-Program within Social Development is derived from OIC 2017-1464 (http://orders-in-council.canada.ca/attachment.php?attach=35375&lang=en), as well as from annual *Appropriation Acts* granting authority to the Government to spend funds on programs. We will use personal information for administrating, assessing and determining eligibility for the program to which you are applying and for reporting aggregated program results. We may share the personal information you provide us with as outlined under AANDC PPU 210, detailed at Info Source (https://www.sac-isc.gc.ca/eng/1353081939455). The information collected will be retained for a period of five years, then transferred to Library and Archives Canada. As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. Contact your Regional Office (https://www.sac-isc.gc.ca/eng/1100100016936/1534342668402) to notify us about incorrect information or contact the departmental Public Enquiries Contact Centre at 1-800-567-9604 for general enquiries. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

identification							
Recipient Name	Recipient Number						
Mailing Address (Number	/Street/Ap	oartment/P.O. Bo	x)				
City/Town				Province/Territory	Postal Code		
Telephone Number Facsimile Number Email		Email Address		-			
Contact							
Given Name		Family Name		Title	Title		
Telephone Number		Email Address					
Reporting Period							
From (YYYYMMDD)	To (Y		To (YYYYMMDD)	YYYMMDD)			
A. Work Plan							
	children a	nd families ordina		y Well-being and Jurisdiction Initiat eserve shall provide the following i			
1. Executive Summary							
Agency Profile/Community Profile/Environmental Scan Update							
Child and Family Prevention Plan Summary Report							
4.4.1:							
4. Achievements and Ch	allenges						



B. Budget Forecast

Recipients funded under the **Prevention Based Approach** are required to provide the following information: (Recipients of Community Wellness and Jurisdiction Initiative (CWJI) funds are not required to complete this section)

- Current budget revenues that are in accordance with the funding agreement;
- A budget forecast that outlines revenues and expenditures for the delivery of child and family services in relation to the strategic plan for the current year and projections for the following year.

for the current year and projections for the following year. Revenues		2023-24	2024-25
	Bu	dget Current Year	Budget Forecast
Indigenous Services Canada			
Administration/Operations			
Maintenance/Protection			
Prevention/Least Disruptive Measures			
Other Sources			
Provincial Government			
Children's Special Allowance			
Child's Disability Benefit/Child Care			
Other			
Total Revenues			
Expenses	Bu	2023-24 dget Current Year	2024-25 Budget Forecast
Program Delivery Services			
Intake, Assessment and Investigation			
Child Protection Services			
Prevention/Least Disruptive Measures			
Supports for Permanency Services			
Total Program Delivery Costs			
Operations			
Core Management			
Financial Administration			
Infrastructure Costs			
Board Governance			
Total Operations			
Total Expenses			
Net Operating Results			
Supporting Documents (if applicable)			
Title	Submission Method		
Declaration			
The information provided is accurate to the best of my knowledge	ne.		
Given Name	Family Name		
	,		
Title			Date (YYYYMMDD)
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