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| **SECTION 1: COMMUNITY/ORGANIZATION INFORMATION** | | |
| Date of Request (mm/dd/year): | | Community/Organization Name: |
| If this request is for more than one community please specify which communities this request covers: | | |
| **SECTION 2: REQUEST SUBMITTED BY** | | |
| Name: | | Community/Organization Name: |
| Mailing Address (unit number, street name, P.O. Box, city, province/territory, postal code): | | |
| Telephone #: | Email Address: | |
| **SECTION 3: REQUEST INFORMATION** | | |
| 1. Provide a description of the product/support/service you are requesting for a specific group of children. | | |
| 2. Identify the needs/issues of the specific children that are to be supported through this product/support/service. For example a gap in service or support. | | |
| 3. What are the implications if the community/organization does not receive this funding? | | |
| 4. Identify any products and/or supports and/or services that have been provided to support the specific children and the specific need to date. | | |

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| 5. Is there anything else you would like to share regarding the needs of the specific children identified under this request? (ie: to support evidence of substantive equality, cultural needs, in the best interest of the children, etc). For further information on substantive equality please visit: [https://www.canada.ca/en/indigenous-services- canada/services/jordans-principle/jordans-principle-substantive-equality-principles.html](https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/jordans-principle-substantive-equality-principles.html) |
| 6. Is there any other funding already available or in place (government or in-kind) to support this specific need? |
| 7. Has this request been submitted to any other program or government department? Yes No If yes, provide the name of program or department and the outcome of the request. |
| **SECTION 4: SUPPORTING DOCUMENTATION & CONSENT** |
| 8. Consent is on file for all children who have personal and/or health information submitted with the request and is available upon request, if applicable. Yes, consent is on file. |
| 9. Written attestation that eligibility and age have been verified and documentation is on file and available upon request, if applicable. Yes, letter is attached. |
| 9. Attach a letter from a relevant health/social/education professional within the circle of care summarizing the demonstrated/identified need for the group of children which A) links the requested products/services to the identified needs B)includes attestation that assessments/referrals/prescriptions for the specific children included in the request are available for provision, if applicable. Yes, letter is attached. |
| 10. Attach a letter of support from Chief or a member of leadership for this request. Yes, letter is attached. |
| 11. The following are not required for your request to be considered but may be recommended.   1. Check yes if a vulnerable sector and criminal record check is on file for each worker assigned to work with the children in this request. Please note that this is not required for your request to be considered but is highly recommended. Yes No 2. If this request is for a land based camp/activity please identify if the following courses have been completed by workers providing service under this request.  * Safe food handling * Wilderness and remote first aid training |

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| * CPR training * Applied Suicide Intervention Skills Training (ASIST) |
| c. If this request is for mental health counselling please outline who the registered[1](#bookmark0) therapist is, who the clinical supervisor is, and what the process is for client after-care and follow-up once the therapist’s contract is complete.  Registered Therapist Name:  Clinical Supervisor Name: Position Title: Process for aftercare and follow up: |
| **SECTION 5: DECLARATION** |
| I, (First Name) (Last Name) have the **financial signing authority** to make this request on behalf of  (community/organization name) and the information provided is accurate to the best of my knowledge and it does not contain a request for any product, service or support previously paid for the Department of Indigenous Services Canada or any other plans or programs. If the request is approved the funding should flow through (community/organization name).  Further, where my organization engages a health/social/educational service provider, for the purposes of fulfilling the activities under this request, I shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the providers profession and that the provider is entitled to practice his or her profession in accordance with the laws of Saskatchewan. Where a community-based worker or cultural practitioner is engaged for the same purpose, I shall ensure the provider is qualified to carry out the activities within their area of practice.  Signature: Date (mm/dd/yyyy): Email address: |

1 is registered in good standing with a legislated professional regulatory body and eligible for independent practice in the province/territory in which the service is being provided (professional regulatory bodies include Saskatchewan Association of Social Workers, Saskatchewan College of Psychologists, Registered Psychiatric Nurses Association of Saskatchewan, Canadian Counselling and Psychotherapy Association and Professional Association of Christian Counsellors and Psychotherapists).

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| **SECTION 5: BUDGET SUMMARY** | | | | | | | | | | | | | |
| **Fiscal Year is April 1,2020 to March 31, 2021** | | | | | | | | | | | | | |
|  | **Community Name** | **Type of product/ support and/or service requested** | **# of children in request with High Cost Special Education**[**2**](#bookmark1) | **# of children in request with Intensive Support Plans**[**3**](#bookmark2) | **Total # of First Nations children under the age of 18 in request** | **Cost per session or hour** | **# of sessions/hours required per week** | **# of weeks for the remainder of the fiscal year** | **Tot****al service costs for the fiscal year** | **Mileage costs if provider outside the community (break down by kms per**  **trip)** | **Other travel costs** | **Total funding for the fiscal year** |  |
|  | ***EXAMPLE (EX): ABC***  ***Community*** | ***EX: Mental Health Therapy*** | ***6*** | ***4*** | ***36*** | ***EX: $90.00***  ***per hr*** | ***EX: 18 children at 1hr per week = 18*** | ***EX: 16***  ***weeks*** | ***EX:***  ***$90.00***  ***hr for 18 children at 1 hour per week over 16 weeks =***  ***$43,200.*** | ***EX: 16 trips at 54kms return at .20 cents/km =***  ***$172.80*** | ***EX: 2 nights’ accommodation at 120.00 per***  ***night for 16 weeks =***  ***$3840.00*** | ***EX:***  ***$43,200.00***  ***+ $172.00***  ***+ $3840.00***  ***=***  ***$47,212.00*** |  |
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|  | **Total** |  |  |  |  | **$** | **$** | **$** | **$** | **$** |  |  |  |
|  |  |  |  |  |  |  |  |  | **TOTAL FUNDING**  **REQUEST** | |  |  |  |

**Please fax, or email the completed request form to the appropriate department below. If you require assistance with this request or need more information, please contact:**

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| Group requests **Fax: 1-833-246-4065** |
| Sandra Lonechild (306) 564-9113 [sandra.lonechild@canada.ca](mailto:sandra.lonechild@canada.ca)  Malinda Phillips (306) 564-9093 [malinda.phillips@canada.ca](mailto:malinda.phillips@canada.ca) |

2 Children residing on reserve may be eligible for a High Cost Special Education (HCSE) designation which provides extra supports.

3 Children residing off reserve may be eligible for Intensive Supports (IS) which provides extra supports.