**GRANTS TO ASSIST FIRST NATIONS’ EFFORTS TO ADDRESS COVID-RELATED LEARNING LOSS:**

**PROPOSAL TEMPLATE**

When completing this proposal template, please refer to the Call for Proposals description

for further details about the eligible activities.

**Please note:** This funding is not intended to be used for core instructional costs. It is meant to pay for targeted enhancements and support services that are supplemental to the regular education program.

|  |  |
| --- | --- |
| **Name of First Nation:** | |
| **Contact Name:** | **Email:** |
| **Activities to be undertaken (please complete the section for all program areas that apply)** | |

|  |  |
| --- | --- |
| **We are applying for funding to operate a pilot summer learning program with direct supports from FNESC and FNSA – the four week pilot that will include resources and structured supports provided by FNESC and FNSA to assist with implementation: yes  no**  **If yes, please fill out the next row.** | |
| Estimated # of students to be involved in the summer learning program: \_\_\_\_\_\_\_\_\_\_\_  Grade levels of students to be involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  List of staff positions (for example, teacher, 2 EAs, Language and Culture teacher, etc. Note: at least one staff person must be a certified educator): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Budget for Summer Learning Program** | **Amount Requested** |
| Staff wages and benefits | $ |
| Facilities | $ |
| Meals and snacks | $ |
| Materials / resources (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Elders honoraria | $ |
| Attendance incentives (please briefly describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **Total Request for summer learning program designed and supported by FNESC & FNSA** | **$** |

|  |  |
| --- | --- |
| **We are applying for funding to operate our own independently designed summer learning program that can focus on some combination of First Nations language and culture activities, reading and math support, project based learning, and/or social and emotional supports: yes  no**  **If yes, please fill out the next row.** | |
| Please describe your planned summer learning program activities:  Estimated # of students to be involved in the summer learning program: \_\_\_\_\_\_\_\_\_\_\_  Grade levels of students to be involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  List of staff positions (for example, teacher, 2 EAs, Language and Culture teacher, etc. Note: at least one staff person must be a certified educator): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Length of the camp (example 3 weeks, 5 days per week or 4 weeks 4 days per week …). \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Budget for Summer Learning Program** | **Amount Requested** |
| Staff wages and benefits | $ |
| Facilities | $ |
| Meals and snacks | $ |
| Materials / resources (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Elders honoraria | $ |
| Attendance incentives (please briefly describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **Total Request for Summer Learning Program** | **$** |

|  |  |
| --- | --- |
| **We are applying for funding for extra-curricular learning hours during the school year to provide additional engaging learning activities after school or on weekends: yes  no**  **If yes, please fill out the next row.** | |
| Please describe your planned extra-curricular learning program, outlining briefly how it will be staffed and what activities will take place:  Estimated # of students expected to be involved in the extra-curricular learning hours: \_\_\_\_\_\_\_\_\_\_\_  Grade levels of students expected to be involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  List of staff positions to support the initiative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Schedule for the initiative (examples: September to February, Mondays and Wednesdays 3:30 -5:00, or September to December 3 days per week from 4:00 – 5:00, …). \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Budget for Extra-Curricular Learning Activities** | **Amount Requested** |
| Wages and benefits | $ |
| Facilities | $ |
| Snacks | $ |
| Materials / resources (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Attendance incentives (please briefly describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **Total Request for Extra-Curricular Learning Activities** | **$** |

|  |  |
| --- | --- |
| **We are applying for funding for “learning academy” to provide structured, extended learning hours to students during holidays or on weekends. yes  no**  **If yes, please fill out the next row.** | |
| Please describe your planned learning academy, outlining briefly how it will be staffed and what learning activities will take place:  Estimated # of students expected to be involved in the “learning academy”: \_\_\_\_\_\_\_\_\_\_\_  Grade levels of students expected to be involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  List of staff positions to support the initiative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Schedule for the initiative (examples: Every Saturday morning from September to December, or one Saturday each month from October to March, …). | |
| **Budget for a “Learning Academy”** | **Amount Requested** |
| Wages and benefits | $ |
| Facilities | $ |
| Meals and snacks | $ |
| Materials / resources (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Attendance incentives (please briefly describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **Total Request for funding for “Learning Academy”** | **$** |

|  |  |
| --- | --- |
| **We are applying for funding for a tutoring initiative during the school day or after school / on weekends: yes  no**  **If yes, please fill out the next row.** | |
| Please describe your planned tutoring initiative, outlining briefly how it will be staffed and what learning activities will take place:  Estimated # of students expected to be involved in the tutoring initiative: \_\_\_\_\_\_\_\_\_\_\_  Grade levels of students expected to be involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  List of staff positions to support the initiative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Schedule for the initiative (examples: Weekdays for rotating periods during school day for groups of 15 students with 5 tutors, or Tuesdays and Thursdays 3:30 – 5:30 …). | |
| **Budget for Tutoring Initiative** | **Amount Requested** |
| Wages and benefits | $ |
| Facilities | $ |
| Snacks | $ |
| Materials / resources (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Attendance incentives (please briefly describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **Total Request for funding for Tutoring Initiative** | **$** |

|  |  |
| --- | --- |
| **We are applying for funding for home-based learning supports, such as reading resources, training for family learning activities, home learning kits, or tablets with learning apps, etc.: yes  no**  **If yes, please fill out the next row.** | |
| Please describe your planned support activities:  Estimated # of students expected to be impacted by the home-based learning supports: \_\_\_\_\_\_\_\_\_\_\_  Estimated # of families expected to be served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade levels of students expected to be involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Budget for Home-Based Learning Supports** | **Amount Requested** |
| Project Coordinator fees (please indicate the hours required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Book purchases (please briefly describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Supply purchases (please briefly describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Technology purchases (please briefly describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **Total Request for Home-Based Learning Supports** | **$** |

|  |  |
| --- | --- |
| **We are applying for funding for a community partnership program, such as a library reading program or an activity developed in cooperation with a community agency, etc.: yes  no**  **If yes, please fill out the next row.** | |
| Please describe your planned support activities:  Estimated # of students expected to be impacted by the partnership program: \_\_\_\_\_\_\_\_\_\_\_  Grade levels of students expected to be involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Budget for Community Partnership Program** | **Amount Requested** |
| Project Coordinator / supervisor fees (please indicate the hours required): \_\_\_\_\_\_\_\_\_\_ | $ |
| Supply purchases (please briefly describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Transportation supports (please briefly describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **Total Request for Community Partnership Program** |  |

|  |  |
| --- | --- |
| **We are applying for funding for technology supports for remediation / enhanced learning activities: yes  no**  **If yes, please fill out the next row.** | |
| Please describe your planned activities:  Estimated # of students expected to be impacted by the technology supports: \_\_\_\_\_\_\_\_\_\_\_  Grade levels of students expected to be involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Budget for Technology Supports** | **Amount Requested** |
| Project Coordinator fees (please indicate the hours required): \_\_\_\_\_\_\_\_\_\_ | $ |
| Technology purchases (please briefly describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **Total Request for Technology Supports** | **$** |

|  |  |
| --- | --- |
| **TOTAL BUDGET REQUEST FOR ALL ACTIVITIES** | **$** |

**Total Amount requested must not exceed $60,000.**

**REQUIRED**

|  |  |
| --- | --- |
| Name of First Nation representative confirming support for the proposal (e.g. Education Director / Coordinator, Band Manager, Chief or Councillor, etc.) |  |
| Title |  |
| Signature |  |
| Date |  |

**All funding must be spent by March 31, 2022.**

**Final Reports for funded projects will be due June 30, 2022.**

**A Final Report Template will be provided prior to that date.**

**PROPOSAL DEADLINE: 4:30pm on May 28, 2021**

**Proposals can be emailed to** [**tinol@fnesc.ca**](mailto:tinol@fnesc.ca)