IMPACTS ON STUDENT LEARNING GRANTS

ROUND 2 - LETTER OF INTENT

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| Name of First Nation: |
| Contact Name: | Email: | Phone: |
| Activities to be undertaken (please complete the section for all program areas that apply) |
| We will be using this funding to operate an Innovations in Education program: yes no If yes, please fill out the next row. |
| Estimated # of students to be involved in the innovations program: Grade levels of students to be involved: Please describe your planned innovations activities: ***What*** *will participants do?****Who*** *will be responsible / coordinate, benefit, take part, and contribute?****Where*** *will the activities take place, including if travel is required?****When*** *will the activities take place?* |
| Budget for Innovations in Education Program | Amount Requested |
| Wages and benefits (including coordinator and counsellor, if applicable) | $ |
| Facilities |  |
| Meals and snacks |  |
| Materials / resources (please describe)  |  |
| Attendance incentives (please briefly describe)  |  |
| Other (please describe)  |  |
| Other (please describe)  |  |
| Total Budget for Innovations in Education  |  |
| We are applying for funding to run extra-curricular activities: yes no If yes, please fill out the next row. |  |
| 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, including a coordinator: Schedule for the initiative (examples: Sept - Feb, Mondays and Wednesdays 3:30 -5:00; or Sept. - Dec. 3 days per week from 4:00 – 5:00, …).  |  |

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| Please describe your planned program, outlining briefly how it will be staffed and what activities will take place: |
| Budget for Extra-Curricular Learning Activities | AmountRequested |
| Wages and benefits (including coordinator and counsellor, if appropriate) |  |
| Facilities |  |
| Snacks |  |
| Materials / resources (please describe)  |  |
| Attendance incentives (please briefly describe)  |  |
| Other (please describe)  |  |
| Other (please describe)  |  |
| Total Budget for Extra-curricular |  |
| We are applying for funding for a holiday or Saturday “learning academy/program”: yes no If yes, please fill out the next row. |
| Estimated # of students expected to be involved in the “learning academy/program”: Grade levels of students expected to be involved: List of staff positions to support the initiative, including a coordinator: Schedule for the initiative (examples: Every Saturday morning from Sept. to Dec.; or one Saturday each month from October to March, …).Please describe your planned program, outlining briefly how it will be staffed and what activities will take place: |
| Budget for a “Learning Academy” | AmountRequested |
| Wages and benefits (including coordinator, if applicable) |  |
| Facilities |  |
| Meals and snacks |  |
| Materials / resources (please describe)  |  |
| Attendance incentives (please briefly describe)  |  |
| Other (please describe)  |  |
| Total Budget for Learning Academy |  |
| We are applying for funding for a tutoring initiative: yes no If yes, please fill out the next row. |
| 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, including a coordinator: 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 …).Please describe your program, outlining briefly how it will be staffed and what activities will take place: |

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| Budget for Tutoring Initiative | AmountRequested |
| Wages and benefits (including a coordinator, if applicable) |  |
| Facilities |  |
| Snacks |  |
| Materials / resources (please describe)  |  |
| Attendance incentives (please briefly describe)  |  |
| Other (please describe)  |  |
| Total Budget for Tutoring Initiative |  |
| We are applying for funding for home-based learning supports: yes no If yes, please fill out the next row. |
| 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: Please describe your planned support activities: |
| Budget for Home-Based Learning Supports | AmountRequested |
| Project Coordinator fees (please indicate the hours required):  |  |
| Facilities for retreat / workshop: |  |
| Book purchases (please briefly describe):  |  |
| Supply purchases (please briefly describe):  |  |
| Technology purchases (please briefly describe):  |  |
| Other (please describe):  |  |
| Other (please describe):  |  |
| Total Budget for Home Based Learning Supports |  |
| We are applying for funding for a community partnership program: yes no If yes, please fill out the next row. |
| Estimated # of students expected to be impacted by the partnership program: Grade levels of students expected to be involved: Please describe your planned support activities: |
| Budget for Community Partnership Program | AmountRequested |
| Project Coordinator / supervisor fees (please indicate hours required):  |  |
| Supply purchases (please briefly describe):  |  |
| Transportation supports (please briefly describe):  |  |
| Other (please describe):  |  |

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| Other (please describe):  |  |
| Total Budget for Community Partnership Program |  |
| We are applying for funding for technology supports: yes no If yes, please fill out the next row. |
| Estimated # of students expected to be impacted by the technology supports: Grade levels of students expected to be involved: Please describe your planned activities: |
| Budget for Technology Supports | AmountRequested |
| Project Coordinator fees (please indicate the hours required):  |  |
| Technology purchases (please briefly describe):  |  |
| Other (please describe):  |  |
| Other (please describe):  |  |
| Total Budget for Technology Supports |  |

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| **SUB-TOTAL BUDGET FOR ALL ACTIVITIES** |  |
| **Administration Fee (max. 5% of sub-total amount)** |  |
| **TOTAL BUDGET FOR ALL ACTIVITIES:** |  |

Total Amount requested must not exceed the amount being provided by FNESC / FNSA.

REQUIRED

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

All funding must be spent by March 31, 2024

Letters of Intent are due **Monday, January 15, 2024.**

Completed Letters of Intent can be emailed to: soniao@fnesc.ca