

Financial Support Program for Indigenous Family Organizations

General Information

The Financial Support Program for Indigenous Family Organizations is intended for non-profit Indigenous organizations or their equivalents and Indigenous community action organizations both in and out of community, as well as for communities of Indigenous people recognized by the National Assembly of Québec, and for the Assembly of First Nations of Québec and Labrador and its commissions.

Funding to support the implementation or roll-out of activities for families is granted on a multi-year basis for up to three years, in order to foster the stability of the organizations and give them more flexibility in planning their activities.

Context

The Financial Support Program for Indigenous Family Organizations came into force on June 22, 2022, and stipulates among other things that the annual reporting form must be filled out in the manner prescribed by the Ministère de la Famille (the Ministère) **no later than June 30 of each year** (Schedule of the Normative Framework, p. 14).

Purpose of the Form

The form is used by the Ministère to ensure that the funding criteria set out in the Program have been met. Payment of annual financial assistance is conditional upon the appraisal of the information submitted to the Ministère.

This form serves as a tool that allows the Ministère to account properly for the use of public funds.

Information on the Organization or Community

Name of the organization or community		Québec Enterprise Number (NEQ) (where applicable)	
Building number	Street, Avenue, Boulevard		Suite, Apt.
Town, Municipality		Province Québec	Post code
Resource person		Resource person's job title	
E-mail		Telephone number	Extension

Documents to be attached to the report form

Scanned copies of all the documents listed below must be attached to form.

- This form, duly completed
- The activity report for the last complete financial year, as presented by the organization to its members (where applicable)
- The financial report for the last complete financial year, where applicable, approved by the board of directors and including an audit report signed by a chartered accountant

Financial year

Please indicate the period covered by your financial year

- April 1, 2023 to March 31, 2024
- July 1, 2023 to June 30, 2024
- January 1, 2023 to December 31, 2024
- Other (specify):

Section 1 – Activities and services implemented or improved

List the family activities and services that were offered or improved with assistance from the Financial Support Program for Indigenous Family Organizations. The activities and services listed in this section should be the same as those listed in the financial assistance application form. We ask you to complete only the lines corresponding to the activities and services implemented or improved by the organization with support from this Program.

Name of the activity or service	Description of the activity or service	Aim of the activity or service	History of the activity or service	Number of times the activity or service was offered	Frequency of the activity or service	Number of people who took part in the activity or service	Review of the activity or service impacts for families
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Section 2 – Profile of the Organization

2.1 – People working on the implementation of the organization's family activities or services

	Number of hours per week devoted to the Family component	Annual salary devoted to the Family component
Management and coordination, specify:		
Secretarial support		
Intervention, specify:		

2.2 – Volunteers assigned to the organization's family activities or services

Total annual number of volunteers:	
Total annual number of volunteer hours:	

Section 3 – Declaration by the Organization

Name of the designated person

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	First name and surname	Title or position
<input type="checkbox"/> I attest that the information contained in this form is complete and accurate. <input type="checkbox"/> I confirm that all the required documents are attached to this form.		
Signature of the designated person		Date (year-month-day)