



# ACTIVITIES AND EXPENDITURES REPORT

## Privacy Act Statement

This statement explains the purposes for the collection and use of personal information. Only information needed to respond to program/reporting requirements will be requested. Collection and use of personal information are in accordance with the *Privacy Act*. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. We will use your personal information in order to respond to your request(s) and/or program requirements. The collection and use of your personal information provided to Crown-Indigenous Relations and Northern Affairs Canada/Indigenous Services Canada for selected program/funding reporting and administration purposes are authorized by program specific legislation and required for your participation. The information collected is described by program specific Personal Information Banks (PIB) detailed at [Info Source](#). For further details about applicable legislative authority, PIB description and/or to notify us about incorrect information or to withdraw participation after submitting your information, contact the Public Enquiries Contact Centre at 1-800-567-9604. If you require clarification about this statement, contact our Privacy Coordinator at 819-997-8277. 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  
**XYZ First Nation**

Recipient Number  
**999**

## Program

Choose the program on which you are reporting from the list below. Selecting a program hides the fields that are not required for that program.

- Aboriginal Financial Officers Association of Canada
- Assisted Living
- Band Support Funding for Third Party Manager Services
- British Columbia Capacity Initiative
- Consultation and Policy Development
- Emergency Management Assistance Program
- Estates Management Program
- Family Violence Prevention Program: Prevention Projects
- Federal Initiative on Consultation
- First Nations Child and Family Services
- Group Independent Assessment Process
- Income Assistance
- Indigenous Nation Rebuilding
- NSD\* - Comprehensive Claims Submission
- NSD\* - Comprehensive Claims and Treaties
- NSD\* - Enrolment and Ratification
- NSD\* - Governance Capacity Development
- NSD\* - Inherent Right
- NSD\* - Inherent Right: Consultation
- NSD\* - Negotiation of Incremental Treaty Agreements and Non-Treaty Agreements
- NSD\* - Negotiation Preparedness Initiative
- NSD\* - Office of the Treaty Commissioner
- NSD\* - Recognition of Indigenous Rights and Self-Determination Discussion Tables
- NSD\* - Specific Claims Negotiations
- NSD\* - Specific Claims Tribunal Activities
- NSD\* - Specific and Special Claims Submissions
- NSD\* - Treaty Commission and Discussions
- Professional and Institutional Development
- Treaty Management
- Treaty Related/Interim Measures
- Yukon Environmental and Socio-economic Assessment Act
- Other (Specify) \_\_\_\_\_

\* Negotiation Support Directorate

**Contact**

Enter the contact information for the individual(s) responsible for completing this form.

**Contact 1**

|   |                  |                               |   |                               |
|---|------------------|-------------------------------|---|-------------------------------|
| Given Name<br><b>Connor</b>   |                  | Family Name<br><b>McDavid</b> |   | Title<br><b>Finance Clerk</b> |
| Mailing Address (Number/Street/Apartment/P.O. Box)<br><b>87 Oilers Road</b> |                  |                               |   |                               |
| City/Town<br><b>Edmonton</b>  |                  |                               | Province or Territory<br><b>AB - Alberta</b>              | Postal Code<br><b>T1A 1A1</b> |
| Telephone Number<br><b>780-979-9797</b>                                     | Extension Number | Facsimile Number              | Email Address<br><b>connor.mcdavid@xyzfirstnation.com</b> |                               |

**Project Information**

|  |                              |
|--|------------------------------|
| Project Name<br><b>Indigenous Community Support Fund</b> | Project Number<br><b>N/A</b> |
|--|------------------------------|

**Activity Report**

|  |                                 |
|--|---------------------------------|
| <b>Reporting Period:</b> From (YYYYMMDD) <b>2020-04-01</b> | To (YYYYMMDD) <b>2021-03-31</b> |
|--|---------------------------------|

**Activity 1**

Provide a brief description of the activity.

**ICSF was utilized to respond to the COVID-19 pandemic**

If the activity was completed within the period identified above, enter the date the activity was completed.

If the activity was not completed within the period identified above, explain why it was not completed and describe any work completed within this period.

**Not completed, as pandemic ongoing beyond fiscal year end**

List any deliverables associated with this activity that are specified in the recipient's funding agreement and attach if completed.

**N/A**

Provide any additional comments you would like to share regarding this activity.

**[Please be as detailed as possible in your list of activities ICSF was used for; for example:]**

**Funds were used for:**

**Perimeter security--wages, fuel, transportation, port-a-potty rentals, blockages, signs, cell phones, etc.**

**Food security--grocery baskets; gift cards; fuel/transportation to deliver to isolating households; wages for employees to purchase, sort, deliver groceries**

**Communications--wages for communications staff; signage; printing costs**

**Mental wellness activities--physically-distanced community bingo supplies, prizes; books to be dropped off door-to-door PPE--gloves, masks, etc.**

**Cleaning--extra wages for janitors as more cleaning required; cleaning supplies**

**Administration/finance--OT/wages for temp staff to provide capacity support while others are isolating and to deal with extra demands during pandemic (such as additional reporting requirements like this!)**

If this is a final report, describe the final outcomes and any highlights.

**N/A**



**Expenditure Report**

**Reporting Period:** From (YYYYMMDD) **2020-04-01** To (YYYYMMDD) **2021-03-31**

| Budget Item  | Budget Amount | Expenditure Amount | Variance      |
|--|---------------|--------------------|---------------|
| see program schedule(s) in 2020-2021 audited financial statement package | \$0.00        | \$0.00             | \$0.00        |
| <b>Total</b>   | <b>\$0.00</b> | <b>\$0.00</b>      | <b>\$0.00</b> |

**In-Kind Sources (if applicable)**

| Source Name                  | Value (Optional) |
|------------------------------|------------------|
|                              | \$0.00           |
| <b>Total In-Kind Sources</b> | <b>\$0.00</b>    |

**Supporting Documents (if applicable)**

| Title                           | Submission Method |
|---------------------------------|-------------------|
| 2020-2021 AFS program schedules |                   |

**Declaration**

The information provided is accurate to the best of my knowledge.

|                               |                                      |
|-------------------------------|--------------------------------------|
| Given Name<br><b>Connor</b>   | Family Name<br><b>McDavid</b>        |
| Title<br><b>Finance Clerk</b> | Date (YYYYMMDD)<br><b>2021-07-29</b> |