

2011-2012
Community
New Relationship Trust
Program

Proposal

2011-2012

NEW RELATIONSHIP TRUST PROGRAM
COMMUNITY WORK PLAN FORM

Name of Community:

Contact Person:

Title/Position:

Mailing Address:	Phone Number:
	Fax Number:
	Email:

A. PROJECT DETAILS

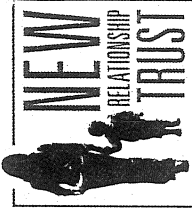
1. Which target clientele is the project aimed at? Please check all appropriate boxes.

<input type="checkbox"/>	Kindergarten	<input type="checkbox"/>	Teaching Staff
<input type="checkbox"/>	Grades 1-6	<input type="checkbox"/>	School Board Members
<input type="checkbox"/>	Grades 7-10	<input type="checkbox"/>	Education Managers
<input type="checkbox"/>	Grades 11-12	<input type="checkbox"/>	Parents
<input type="checkbox"/>	Elders	<input type="checkbox"/>	Para-Professionals
<input type="checkbox"/>	Adult Learners	<input type="checkbox"/>	Community Members

2. Identify actual project partners (i.e. neighbouring communities, social services, health services etc.) Please tick all appropriate boxes for partners.

<input type="checkbox"/>	Band	<input type="checkbox"/>	Health Services
<input type="checkbox"/>	School	<input type="checkbox"/>	Community Services
<input type="checkbox"/>	Tribal Council	<input type="checkbox"/>	Local Business
<input type="checkbox"/>	Ministry for Children and Family Services	<input type="checkbox"/>	Other

3. If appropriate, explain how this project(s) addressed a recommendation from a school evaluation. *(Please attach separate sheet if necessary)*



WORK PLAN FORM

6. Tick the Area of Intervention and complete all tables.

It is important that each project is assigned its own budget. Please ensure this is completed.

Allocation: \$ _____		THEME: NEW RELATIONSHIP TRUST	
AREA OF INTERVENTION: <input type="checkbox"/> Activities that support improvement in math achievements (i.e. participation in the Pacific Institute for Mathematical Sciences' in-services for teachers, tutoring)		Measures 	
Need(s)/Issue(s) 		Activity/Project Details 	
PROJECT COSTS: Tally project costs and enter in Total Cost Box		ANTICIPATED START DATE MM / DD / YY 	ANTICIPATED END DATE MM / DD / YY
Equipment/Materials	\$	Professional Fees	\$
Supplies (including Catering)	\$	Professional Development/Training	\$
Salaries	\$	Transportation/Travel/Rental Fees	\$
		TOTAL COST	
		NEW RELATIONSHIP TRUST PROJECT COSTS ONLY	

All projects must take place "between" September 2011 to June 30, 2012

Is this project a continuation from a project funded last year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this project ongoing? Yes <input type="checkbox"/> No <input type="checkbox"/>
If this is a new project, is it intended for one or more years? One year <input type="checkbox"/> Multi-year <input type="checkbox"/>
If it is multi-year, what is the expected duration?

B. PROJECT COST

Please complete the following budget information.

A) Total costs of New Relationship Trust Project	\$
B) Total New Relationship Trust FNEESC Allocation	\$
C) Balance (A - B)	\$

Have you received, or applied for, or used other funding for the project(s)?

Yes No

If Yes, in what amount? \$ _____

Please complete and return NRT Work Plan by September 24, 2011