**2025 - 2026 IMPACTS ON STUDENT LEARNING GRANTS:**

**LETTER OF INTENT**

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| **Name of First Nation:** | **Phone No:**  |
| **Contact Name:** | **Email:** |
| We would like to access our impacts on student learning grant |  | We have adequate funding available, and we do not intend to access this grant |  |
| **If you want to access your grant, amount requested** (*must not exceed the amount sent to you through docusign)* |  $  |
| **Activities to be undertaken (please check all that apply, and provide a description of the related activities)**  |
| Offering after school / weekend learning program. *Please briefly describe, including the number of students and grade levels expected to be involved, the proposed length of the program, and some expected activities.* |  |
| Offering before or after school extra-curricular activities / recreation, arts, or cultural program. *Please briefly describe, including the number of students and grade levels expected to be involved, the proposed length of the program, and some expected activities.* |  |
| Organizing a before or after school tutoring program. *Please briefly describe, including the number of students and grade levels expected to be involved, the proposed length of the program, and some expected activities.* |  |
| Implementing activities to address students’ social emotional well-being. *Please briefly describe, including the number of students and grade levels expected to be involved, the proposed length of the program, and some expected activities.* |  |
| Efforts to promote improved student attendance. *Please briefly describe.* |  |
| Efforts to enhance at-home learning or family-school connections. *Please describe.* |  |

|  |  |
| --- | --- |
| **Planned Budget Expenditures – Total Amount Per Category for All Planned Activities** | **Cost** |
| Meeting / classroom / other facility costs (including facility rentals, audio-visual, hospitality, child care, etc.) | $ |
| Project Coordinator / Home-School Coordinator / other staff to support program implementation (*please indicate the FTE or hours required*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Elder and knowledge keepers fees or honoraria (*please briefly describe the purposes and the days / hours to be funded*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Education staff wages and benefits (*please briefly describe the purposes and the days / hours to be funded*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Consulting fees (*please briefly describe the purposes and the days / hours to be funded*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Transportation costs (*please briefly describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Training costs (for students or Program Coordinator) (*please briefly describe*) ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ | $ |
| Materials / supplies / books \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Meals / snacks for participating students | $ |
| Attendance incentives for participating students (*please briefly describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other (please describe) | $ |
| Other (please describe) | $ |
| Other (please describe) | $ |
| Sub-total | $ |
| Admin fees: (not to exceed 5% of the total costs) |  |
| **Total Budget** | **$** |

**REQUIRED**

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

**Letters of Intent are due Monday, October 27, 2025**

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

**Final Reports for funded projects are due April 27, 2026.**

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