

Program Type: Health Cultural Employment Economic Development
 **Select one only Family Justice Youth Sports and Recreation
 Education Language Community Other:

Program Status: Ongoing to next fiscal year
 Ended – March 31, 2011

Program Name	Funding Source(s) (FS)	Type of FS Fed/Prov/Mun/Other	Amount	# of Clients or # of Participants
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B.	1. 2. 3. 4.		\$\$\$ \$\$\$ \$\$\$ \$\$\$			
				Male*	Female*	Youth*

Aboriginal Origin* (Please indicate the # beside each category)	First Nations:		Métis:		Inuit:		Non Status:		Non-Aboriginal:	
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C.	1. 2. 3. 4.		\$\$\$ \$\$\$ \$\$\$ \$\$\$			
				Male*	Female*	Youth*

Aboriginal Origin* (Please indicate the # beside each category)	First Nations:		Métis:		Inuit:		Non Status:		Non-Aboriginal:	
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D.	1. 2. 3. 4.		\$\$\$ \$\$\$ \$\$\$ \$\$\$			
				Male*	Female*	Youth*

Aboriginal Origin* (Please indicate the # beside each category)	First Nations:		Métis:		Inuit:		Non Status:		Non-Aboriginal:	
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H.	1. 2. 3. 4.		\$ \$ \$ \$			
				Male*	Female*	Youth*

Aboriginal Origin* (Please indicate the # beside each category)	First Nations:		Métis:		Inuit:		Non Status:		Non-Aboriginal:	
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I.	1. 2. 3. 4.		\$ \$ \$ \$			
				Male*	Female*	Youth*

Aboriginal Origin* (Please indicate the # beside each category)	First Nations:		Métis:		Inuit:		Non Status:		Non-Aboriginal:	
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PART 3 ANNUAL FINANCIAL QUESTION

Eligible Expenditures	Total
Salaries and employee benefits	\$
Utilities	\$
Property taxes or rent	\$
Travel within Canada	\$
Training	\$

Meetings (ie. Room rental, food, audiovisual equipment, etc.)	\$
Communications	\$
Office Supplies	\$
Professional/Consulting/Elder fees	\$
Equipment rental/service/purchase	\$
Promotion, publicity, newsletters	\$
Insurance	\$
Costs associated with information technology, including purchase and upgrade of hardware and software	\$
TOTAL	\$

PART 4 CERTIFICATION AND AUTHENTICATION OF AFCP PROGRAM DELIVERY ANNUAL REPORT	
<i>AFCP ANNUAL REPORT CERTIFICATION</i>	
I certify that the contents of PARTS 1 to 3 of this report are true, accurate and complete.	
_____	_____
Executive Director Signature	Date

Name (Please Print)	