# City of Toronto logo

# Indigenous Cultural Programs for Children and FamiliesExpression of Interest Package

Please submit a separate package for each program your organization is interested in delivering.

If applying as part of a partnership or consortium, please list the organization that will take on financial and administrative responsibilities first, then list the partner organizations below.

## Program Selection

Please check which Indigenous Cultural Program you are applying for:

[ ]  Indigenous Land-Based Child and Family Program

[ ]  Culturally Secure Parenting Supports for Fathers

[ ]  Indigenous Central Language Child and Family Program

Organization or Group Information

Organization or group Legal Name: Click here to enter text.

Name of Trustee (as applicable): Click here to enter text.

Phone number: Click here to enter text.

Email address: Click here to enter text.

Website address (as applicable): Click here to enter text.

Mailing address: Click here to enter text.

### Partner Organizations (as applicable)

**Partner #1:** Organization or group Legal Name: Click here to enter text.

Phone number: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. Postal Code: Click here to enter text.

Email address: Click here to enter text.

Website address (as applicable): Click here to enter text.

**Partner #2:** Organization or group Legal Name: Click here to enter text.

Phone number: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. Postal Code: Click here to enter text.

Email address: Click here to enter text.

Website address (as applicable): Click here to enter text.

**Partner #3:** Organization or group Legal Name: Click here to enter text.

Phone number:Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. Postal Code: Click here to enter text.

Email address: Click here to enter text.

Website address (as applicable): Click here to enter text.

**Partner #4:** Organization or group Legal Name: Click here to enter text.

Phone number: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. Postal Code: Click here to enter text.

Email address: Click here to enter text.

Website address (as applicable): Click here to enter text.

**Partner #5:** Organization or group Legal Name: Click here to enter text.

Phone number: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. Postal Code: Click here to enter text.

Email address: Click here to enter text.

Website address (as applicable): Click here to enter text.

Partnership (as applicable)

Please describe the role of each partner and the decision making structure of this partnership.

Click here to enter text.

### Applying with a trustee (as applicable)

Please name the trustee organization. Please also describe the role of the trustee and the history of your organizational relationship.

Click here to enter text.

# Governance and Financial Information

This section helps us understand the strength of your organization’s governance structures and your organization’s financial health. If applying with a trustee, the trustee organization should complete this section.

## Agency Governance Information

Please complete all of the following questions and tables. These questions help us understand the structure and organizational capacity of your agency.

**Please include a signed letter of support from your organization's Board of Directors with your submission.**

How often does your Board meet?

Provide the date of the prior year's AGM: Click here to enter text.

Number of voting members in attendance at prior year's AGM: Click here to enter text.

How many times did the Agency's Board meet during the prior year? Identify the number of meetings during this period where quorum was achieved.

Click here to enter text.

Please provide the names of the Agency's Board Members by either completing the table below or providing a separate listing, that includes position, name, telephone number, and mailing address.

**Officers of the Board Information**

| Position | Name | Telephone | Mailing Address |
| --- | --- | --- | --- |
| President or Chairperson | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Vice President | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Secretary | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Treasurer | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Board Member (if applicable) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Board Member (if applicable) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Board Member (if applicable) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Board Member (if applicable) | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Agency Financial Information

Please complete all of the following questions and attach required additional documentation to your application, where necessary. These questions help us understand the financial capacity of your agency.

Does your agency have a finance committee?

[ ]  Yes [ ]  No

Does your agency have a policy on the use of reserves?
[ ]  Yes [ ]  No

If yes please describe.

Click here to enter text.

Does your agency have any arrears in rent?

[ ]  Yes [ ]  No

If yes, attach a letter from your landlord outlining the last 12 months payment history.

Does your agency have any outstanding legal obligations including outstanding lawsuits or other outstanding judicial proceedings?

[ ]  Yes [ ]  No

If yes, please describe below

Click here to enter text.

Does your agency have insurance?

[ ]  Yes [ ]  No

If yes, please describe the total amount and what the policy covers: below

Click here to enter text.

Does your organization receive funding from the City of Toronto? If so, please detail the division and funding stream or grant program below.

Click here to enter text.

# Experience Supporting Indigenous Communities

This section provides information on your organization's capacity and experience in supporting Indigenous communities, children and families.

Please describe your organization’s experience in supporting Indigenous children and families in Toronto. Please be specific in the types of programs your organization currently delivers that include children from birth to 6 years old.

Click here to enter text.

Please describe the ways in which your organization already works towards meeting the needs of diverse Indigenous communities in Toronto, including people who identify as Urban Indigenous, Métis, First Nations, Inuit, Two Spirit, and Indigenous people living with disabilities.

Click here to enter text.

# Approaches to Program Delivery

## Program Planning

This section provides information on your organization’s approach to operating a Child and Family Centre that delivers the core services while ensuring that it is inclusive and culturally relevant to the diverse needs of Indigenous families in Toronto.

Describe in detail the program you plan to deliver. Please include details such as the frequency of program operation, operating days and hours, and locations where the program will be held (this can be specific, such as naming a particular library branch, or more general, such as naming a neighbourhood or community space). Please also include specific program topics (for example, 'Ojibway Song Circle'). If the space below is not sufficient, or you would prefer to lay out this information in a different format, please note this below and include it in your submission.

Click here to enter text.

Describe what you aim to change in the lives of Indigenous children and families through the programming you've described above, and how you will know you've made a difference.
Click here to enter text.

Describe how the Centre will engage Indigenous families in the design of culturally responsive programming.

Click here to enter text.

Additional comments – is there anything else you would like us to know about your vision for program planning?

Click here to enter text.

Describe how you plan to recruit Indigenous staff to work in the program. Please include a description of the methods of outreach you will use as well as timelines and/or targeted hiring dates, assuming annual program funding begins on May 1st, 2018.

Click here to enter text.

Describe how you will outreach and communicate the program to diverse Indigenous communities in Toronto. What methods will you use to reach specific communities? Please specifically reference how you will connect with: Two Spirit families; Inuit families; Métis families and Indigenous families with children who are living with disabilities.

Click here to enter text.

Partnerships with other community organizations are key to making connections for – and with - families. Describe a) the collaborations and partnerships your organization has already established and b) what other organizations do you need to build strong relationships with to support Indigenous children and families to get their needs met in the community (for example, a strong relationship with Toronto Public Health could lead to easy referrals for families who want to access Speech and Language programs)?

Click here to enter text.

Describe how you will ensure the program you provide is welcoming, inclusive, and accessible.

Click here to enter text.

Additional comments – is there anything else you would like us to know about your vision for service delivery?

Click here to enter text.

# Implementation of the Program – A Focus on Year One

## Create a Work Plan

The first year of implementation is critical to laying groundwork for a successful program. Funding renews annually and cannot be carried over – it’s important that organizations are ready to implement these programs as soon as funding is granted.

Please develop a work plan that details how your organization will ramp-up and implement this program in 2018, assuming operating funding is received by April 15th, 2018.

The work plan can be in any format you choose. Please think of the big picture when envisioning implementation of your work plan, while ensuring feasibility. The work plan should be holistic and detailed in its scope, and cover all areas of service delivery.

Please consult with the Journey Together Needs Assessment in order to incorporate program needs as expressed by Indigenous children and families. As well, please consult the allowable expenses outlined in the Program Budget work book. The budget component of this EOI package and work plan will inform each other. Please ensure both are reflective of each other and your vision of this program in the community.

**Please include the completed work plan with your submission.**

**Develop a Program Budget**

**Please call 416.557.4838 or email** TOEYCFC@toronto.ca **to receive the excel work book that contains templates and instructions on how to complete the program budget.**

**Please include the completed program budget work book with your submission.**

# Thank you for completing the EOI package for Indigenous Cultural Programs for Children and Families

Submit the completed package and all necessary documentation listed below:

[ ]  Completed Expression of Interest Package

 [ ]  Completed Work Plan

[ ]  Completed Program Budget

 [ ]  Copy of the most recent year's audited financial statements

 [ ]  Articles of Incorporation/Letters Patent

[ ]  Minutes from the prior year's Board Annual General Meeting

[ ]  Current insurance certificate

Submit the EOI package by **April 16th, 2018** with the subject line ‘Journey Together’ by email: TOEYCFC@toronto.ca