



Language Nest Program 2019–2020 Application Information

Application Deadline:

Friday, January 25, 2019 at 4:00pm

Please submit completed applications to:

britt@fpcc.ca

PLEASE NOTE THE FOLLOWING:

The FPCC is accepting proposals to the Language Nest Program for up to \$50,000.

Grants should be between \$25,000 - \$50,000 maximum, per year.

Multi-year funding is available for projects that span one or two fiscal years:

YEAR 1 : September 1, 2019 to March 31, 2020

YEAR 2 : April 1, 2020 to March 31, 2021

Should you choose to submit a multi-year application, you will need to complete a budget for each fiscal year that you are applying for. Please include each budget with your application.

You can choose to submit for YEAR 1 only as funding will remain available in following years. Applications for YEAR 2 only will not be accepted at this time.

Please refer to the Funding Guide for further information about multi-year agreements.



Language Nest Program 2019–2020 Application Form

Application Checklist:

- ✓ Cover letter that describes your program and its context within the community
- ✓ Letters of support from parent and community member (2 total)
- ✓ 10% cash or in-kind contribution from your organization
- ✓ Completed online Language Needs Assessment attached
- ✓ Signature of Band Administrator, if funding delivered to band; OR signature of director of organization, if funding delivered to organization.

Program Outline:

Stage 1: Application submissions, **Deadline: January 25, 2019**

Stage 2: Application review by FPCC, February-March, 2019

Stage 3: Training workshop will be held over two days, **dates and location TBD**

- Attendance is mandatory for at least one member of each Language Nest Project.
- Additional information will be provided in spring, 2019

Stage 4: Language Nest Program implementation, September 2019 – March 2020

- 60% of the total grant will be distributed upfront; a 20% hold-back will be kept until submission of the Interim Report in January 2020; the final 20% hold-back will be kept until submission of the Final Report in March 2020.

Grant Amount:

Language Nests may apply for funding from **\$25,000 up to \$50,000 per year** to support their programming. Major capital expenses are not eligible. A 10% cash or in-kind contribution from your organization is required.

Language Needs Assessment:

An up-to-date Language Needs Assessment (LNA) is required in addition to your application form. Applications are not considered eligible if the LNA is not completed or updated. The LNA assists FPCC to monitor the status of the B.C. languages. It is also a necessary step in program planning.

- Submit an online Language Needs Assessment Form:
 - to sign up for an account and start your needs assessment:
<http://fp-maps.ca>
 - If you already have an account, please use this link:
<http://fp-maps.ca/user>



Language Nest Program 2019–2020 Application Form

<i>For Office Use Only</i>	File Number
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1a. Applicant Information:	
Name of Project/Program:	
Name of Organization (legal name of grant payee):	
Primary & Secondary Contact Person: 1. 2.	Title: 1. 2.
Address:	
Telephone 1:	Telephone 2:
Email:	Fax Number:
Language:	First Nation Community:

1b. How did you hear about this program?	
Please let us know how we're doing in communicating about funding opportunities. How did you hear about this funding call?	
<input type="checkbox"/> FPCC email <input type="checkbox"/> FPCC website <input type="checkbox"/> Social Media (Facebook or Twitter – circle one)	<input type="checkbox"/> Community newsletter <input type="checkbox"/> Word of mouth

2. Cover Letter:
Attach a cover letter to your application, which describes your proposed language nest project and its context within the community. Include information about the language nest such as where it takes place, what ages of children it serves, and how it fits within your community's existing early care and learning services AND language programs.
_____ A cover letter is attached. <i>(Please check or initial)</i>

3. Language Needs Assessment: Please attach a copy of your completed LNA.
Language Needs Assessment #: _____ (Must be current to May 2018).



6a. Immersion Capacity: *Language Nest Programs are intended to provide 100% immersion (**no English!**) at all times during nest hours. Programs that are not capable of achieving 100% immersion must provide a detailed plan for how they will build the program's capacity to operate in full immersion.*

Does your program have the capability to provide 100% immersion? **YES** **NO**

Please provide 3-5 examples of how you will achieve 100% immersion or how you will work towards achieving 100% immersion.

1.

2.

3.

4.

5.



6b. Immersion Capacity – Language Learning Plans: *In order to support the achievement of 100% immersion, all non-fluent staff members should be actively involved in learning the language, **outside of nest hours**. Please list all non-fluent staff members and describe their language learning plans:*

Name:	Language Learning Plan:



7a. Program Requirements: *Please describe how you will meet the following program requirements.*

Requirement: Minimum 2 fluent speakers in nest at all times	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Please describe how you will achieve this:

Requirement: Maximum 1:5 ratio of speakers to children (ideally a 1:3 ratio)	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Please describe how you will achieve this:

7b. Methods: *Please give an overview of the methods that will be used to support the following:*

Mitigating Challenges for Immersion

What challenges/barriers do you anticipate to achieving immersion? How will you address them?

Gaining Parental Involvement

What challenges do you anticipate to gaining parent involvement in the nest? How will you address them?



8a. Language Nest Timeline:

Language Nest Start Date:	
Language Nest End Date:	

8b. Language Acquisition Activities: *Please list and describe the outcomes of each language acquisition activity:*

Activity e.g. circle time	Activity Outcomes e.g. learn traditional songs	Person(s) responsible e.g. staff, Elder

8c. Immersion Hours: *A **minimum** of 15–16 immersion hours per week are required to be eligible for a Language Nest Program grant. (E.g. 3 hrs/day x 5 days/week; or 4 hrs/day x 4 days/week.) Please indicate your language nest hours.*

Hours of immersion per day:	
Days of immersion per week:	
Total # of nest days for project term:	

9. Project Checklist: *Please indicate how you will fulfill these recommendations for the language nest.*

Recommendation:	Fulfilled?	Please describe:
Parent involvement <i>e.g. Parents are required to attend nest classes</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>How will you gain and retain parent involvement in the nest?</i>
Community support <i>e.g. The community understands the purpose of the nest and supports its goals</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>How will you encourage community involvement in the nest?</i>



<p>Accessibility of program to community <i>e.g. Community members are invited as guests into the nest, lunches are held in community with presentations from children in the nest, etc.</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><i>How will you make the nest accessible to community members?</i></p>
<p>Safety protocols and equipment in place <i>e.g. First Aid kits, fire extinguishers, earthquake/fire evacuation plan, etc.</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><i>What safety protocols and equipment do you have in place for your nest?</i></p>
<p>First Aid training for staff</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><i>Does your staff have First Aid training? If not, will training be provided?</i></p>

10. Letters of Support:

Please attach two letters of support for the Language Nest Project; one from a parent of a participating child, and one from a community member.

Yes, two letters of support are attached: _____



11d. Finance Personnel	
<p>Does your organization have a designated person dealing with your finances (bookkeeper or accountant)? Please provide name, title and contact information.</p> <p style="text-align: center;">Yes _____ No _____</p>	
Name:	Title:
Email:	Telephone

12. Criminal Record Checks:
<p>The purpose of the <i>B.C. Criminal Records Review Act (the Act)</i> is to help protect children from physical and sexual abuse. The legislation applies to all organizations that work with children and are operated, licensed or receive operating funds from the Provincial Government.</p> <p><i>The Act</i> makes a criminal record check mandatory for anyone who works with children. In <i>the Act</i>, “works with children” means:</p> <p><i>Working with children directly or having or potentially having unsupervised access to children in the ordinary course of employment or in the practice of an occupation.</i></p> <p><i>The Act</i> defines “Child” as an individual under 19 years of age.</p> <p>In consideration of the above, the grant Recipient will;</p> <ol style="list-style-type: none"> 1. comply with all requirements and regulations of <i>the Act</i>; 2. ensure all new and existing employees, volunteers, sub-recipients comply with <i>the Act</i> including those who have previously completed a criminal records review check; and 3. maintain and make available to the Province, upon request, documentation showing the criminal record check requirement has been meet. <p style="text-align: right;">_____ Initial</p>

13. Insurance:
<p>Your organization shall, without limiting its obligations or liabilities herein and its own expense, provide and maintain the following insurance, as outlined in the Funding Agreement, with insurers licensed in B.C. and in forms and amounts acceptable to the Province.</p> <ol style="list-style-type: none"> 1. Automobile Liability on all vehicles owned, operated or licensed in the name of the Recipient, and if used for government business, in an amount not less than \$1,000,000. 2. Comprehensive/Commercial General Liability in an amount not less than \$2,000,000 inclusive per occurrence, insuring against bodily injury, personal injury and property damage. <p>The Recipient shall provide the Province with evidence of all required insurance prior to the commencement of the work of services. Such evidence shall be in the form of a completed Province of British Columbia Certificate of Insurance, duly signed by the Insurance Broker and the Insured. When requested by the Province, the Recipient shall provide certified copies of required policies.</p> <p style="text-align: right;">_____ Initial</p>



14. Signing Authority:

I, _____ declare that the information in this form is accurate and complete. The application is submitted on behalf of the organization with its full knowledge and consent. If financial funding is approved it will be used only for the purposes specified in this application. I have considered Conflict of Interest notions before signing.

After signing, the organization that I represent agrees to honour the terms and conditions for any funding contract issued by the FPCC respecting this proposal. Any debts incurred by this project will be the responsibility of the applicant organization.

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Signature of Band Administrator OR Director of Organization:

NAME: _____

SIGNATURE: _____ DATE: _____