LIST OF DATA FIELDS – POST-SECONDARY PARTNERSHIPS PROGRAM PROPOSAL

PAW Number/Fiscal Year:
41932 (2024-2025)

Purpose:
As per funding agreement

Reporting Period:
As per funding agreement

Due Date:
As per funding agreement

Legend:
- Auto-Calc: Automatically calculated field.
- Auto-Fill: Automatically filled field.
- Mandatory: Field must be completed by recipient to reduce potential delays in processing as Regional Office staff may need to contact recipients for incomplete reports.
- Pre-Populated: Data field is Pre-Populated with information contained in the proposal submitted to the department.
- Roll-Over: Data that has been rolled-over from the previous years' submitted report.

IMPORTANT:
The list below is a representation of the data fields. The actual proposals are available on the ISC Services Portal (https://www.sac-isc.gc.ca/eng/1100100033778/1531401562673) or through your Regional Office.

Field Descriptions:

Field	Description
Proposal Identification - When you indicate your type of organization, the form displays only those sections that are relevant to you. If you do not see a section, it is because ISC does not require that information.	
Fiscal Year Auto-Fill	This field defaults to the fiscal year for which you are making a funding proposal.
Proposal Title Auto-Fill	This unique title will be used to identify the Proposal and must be 5 words or less.
Organization Identification – This section is used to identify the organization information that is required to complete the Proposal.	
Are you the prospective RECIPIENT of funds directly from ISC?	This is a Yes or No answer that causes the form to display only those sections that are relevant to you. "Yes" indicates that your organization receives funding directly from ISC. "No" indicates that it is a sub-proposal. Only some of the fields are displayed. Also, refer to Reporting Organization Contacts on the next page.

Field	Description
Recipient No.	The recipient ID number as assigned by ISC. **Important:** Make sure to enter a 4-digit number. Add zeroes (0) in front if necessary.
Recipient Name Auto-Fill	The official name of the Recipient of ISC funds.
Organization Type	A dropdown list of possible organizations that could complete a Proposal.
Organization Name Auto-Fill	The official name of your organization. Enter or search for the Organization Name. This field is automatically populated when you enter the Organization No. in the next field and vice versa.
Organization No.	The official number of your organization. Not all organization types require an organization number.
Telephone No.	The organization's telephone number. This field is automatically formatted.
Extension No.	The extension number, if applicable.
Fax No.	The organization's facsimile number. This field is automatically formatted.
Email Address	The e-mail address of the organization's contact, if available.
Web site	The home page URL for the organization's web site.
Mailing Address (Number/ Street/ Apartment/ P.O. Box)	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - City/Town	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - Province/Territory	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - Country Auto-Fill	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - Postal Code	The address or P.O. Box at which the party can be reached by mail.
Incorporation section This section depends on the Organization Type selected.	
Is your organization incorporated?	Indicate whether your organization is incorporated by selecting a radio button. Select **Yes** to enter the required incorporation details.
If Yes, complete:	
Incorporation No.	The incorporation number according to the Articles of Incorporation.
Date of Incorporation	The date of incorporation according to the Articles of Incorporation.
Jurisdiction	A set of radio buttons to indicate the jurisdiction under which the organization is incorporated.

Field	Description
List of Reporting Organizations	
The section appears only if you indicated that you are a **RECIPIENT of funds directly from ISC** and your **Organization Type** is allowed to deliver funds to other organizations, for example, institutions, communities, etc.	
Reporting Organization Type	Data fields will automatically be populated from Sub-Proposal once attached.
Reporting Organization Name	Data fields will automatically be populated from Sub-Proposal once attached.
Reporting Organization No.	Data fields will automatically be populated from Sub-Proposal once attached.
Total Budget	Data fields will automatically be populated from Sub-Proposal once attached.
File Name Attached	Data fields will automatically be populated from Sub-Proposal once attached.
Contacts	
The Primary Contact is the person who ISC would contact for general questions regarding the Proposal. The Secondary Contact is the back-up contact in case the Primary Contact is unavailable.	
Given Name	The given name or first name.
Family Name	The family name or surname.
Title/Position	The contact's job title or position.
Telephone Number	The contact's telephone number.
Extension No.	The extension number, if applicable.
Fax No.	The contact's facsimile number, if available.
E-mail Address	The e-mail address of the contact, if available.
Mailing Address (Number/ Street/ Apartment/ P.O. Box)	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - City/Town	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - Province/Territory	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - Country Auto-Fill	The address or P.O. Box at which the party can be reached by mail.
Mailing Address - Postal Code	The address or P.O. Box at which the party can be reached by mail.
Street Address - Same as Mailing Address	If selected, the fields below will automatically be populated.
Street Address: (Number/ Street/ Apartment/ P.O. Box)	The street address at which the party can be reached by mail.
Street Address - City/Town	The street address at which the party can be reached by mail.
Street Address - Province/Territory	The street address at which the party can be reached by mail.
Street Address - Country Auto-Fill	The street address at which the party can be reached by mail..
Street Address - Postal Code	The street address at which the party can be reached by mail.
Secondary Contact information	

Field	Description
Do you want to specify a secondary contact?	Yes or No - if Yes is selected, the same fields are mandatory as the Primary Contact.

Proposal Summary Information

Field	Description
Planned Start Date	The start date is defaulted to the beginning of the fiscal year – yyyy 04 01.
Planned End Date	The end date is defaulted to the end of the fiscal year – yyyy 03 31.
Proposal Description	A brief summary of the proposal.

Activities Planned and Expected Results

Delivery Organization

Field	Description
Delivery Organisation Type Auto-Fill	Select the type of institution: • First Nation Post-Secondary Education Institution • Post-Secondary Education Institution • First Nation Community-Based Training Organization
Delivery Organisation Name	The official name of the organization. This field is automatically populated when you enter the Organization No. in the next field and vice versa. First Nation Community-Based Training Organization does not require a Delivery Organization No.
Delivery Organisation No. Auto-Fill	The official number of your organization. This field is automatically populated when you enter the Organization Name in the above field and vice versa for First Nation Post-Secondary Education Institutions and Post-Secondary Education Institutions. First Nation Community-Based Training Organization does **not** require a Delivery Organization No.

Objective

Field	Description
Objective	Two Objectives for a First Nation Post-Secondary Institution. One Objective for a Post-Secondary Institution by default. One Objective for a First Nation Community-Based Training Organization by default.

Activity

Field	Description
Activity Type	A list of possible activities for the Objective.
Activity Name	The activity name must be **unique**.
Start date	The date must fall within the date range in the Proposal Summary Information.
End date	The date must fall within the date range in the Proposal Summary Information.
Number of years the project has been previously funded	Number of Years the project has been previously funded.
Amount	This field is automatically calculated. It displays the total amount for the objective and activities.
Activities Planned	A description of the specific actions you plan to undertake to accomplish the selected Activity.
Expected Results	A description of the goals and/or objectives behind the Activity including indicators.

Field	Description
Degree Granting Institution	Select the check box to indicate that the degree-granting institution is the same as the PSE Institution already provided. Otherwise, enter the name of the Degree granting institution. This field will not be displayed for courses offered by First Nation Community-Based Training Organizations.
Area of Study - Category	The major area of study for the level of education obtained.
Area of Study - Sub-category	This list is populated with relevant specializations based on the Category that you selected.
Level of Education	The level of education that the course is being designed or delivered for.
Method of Delivery	The method that the institution uses to deliver the program in which the student is enrolled.
Audience	
Audience Type	Defaulted to Students.
Anticipated Number to be Reached	Number of students to whom you are planning to reach in this activity.
Expenses: This section of the form collects planned expenses required to undertake activities for this objective.	
Expense Type	A list of possible Expense Types
Amount	The budgeted amount for this Expense.
Explanation	A detailed description of the Expense, including how the cost estimates were determined
Activity Total - Auto-Calc	A sub-total for all expenses for this Activity. This field is automatically calculated.
Summary of Expenses - This section is a summary of all amounts requested from ISC by your organization and is where you enter administration costs.	
Sub-Total Amount Requested before Program Administration Costs Auto-Calc	A sub-total before administration costs. This field is automatically calculated.
Administration Costs	The cost for administration for this fiscal year.
Explanation	A detailed explanation or description for the Administration Cost.
Total Requested Auto-Fill	This field is automatically calculated.
Program Administration Costs (percentage) Auto-Calc	The Administration Costs are expressed as a percentage and are automatically calculated. It should not exceed 10% of the *Sub-Total before Administration Costs.*
Proposed Budget -This information is a summary of the project budget that is automatically calculated. There is no information displayed in this section until you select **Calculate.**	
Calculate	A button used to display the summary of costs. The information is automatically populated from the Expense section.
After selecting **Calculate,** a table will be displayed listing the Expense Types, Amounts (totals by Expense Type for each Objective), Program Administration Costs and a Total.	

Field	Description
Partners - A Partner is an organization that you expect to provide or has provided funding or in-kind contributions to the project.	
Partner Organization TYPE	A dropdown list of possible organizations that could be partners.
Partner Organization NAME	Official name of your partner.
Partner Organization No. Auto-Fill	The partner's identification number, if available. This field is only mandatory if the partner has an identification number.
In-kind contributions	A check box to indicate an in-kind contribution. The Amount defaults to $0.00.
Amount	The amount received from the partner.
Explanation	A detailed explanation to describe the type of in-kind contribution expected or received or the main purpose of the funds received
Supporting Documents	
Type of Supporting document	A drop-down list of the types of mandatory documents. If there are no mandatory documents, the only available item is Other.
Name of Supporting Document	The title and file name of the supporting document.
Method of Submission	A drop-down list of possible submission methods.
File name attached	The file name of the attached document will appear automatically.
Declaration	
Given Name	The given name or first name.
Family Name	The family name or surname.
Title	The job title or position.
Date	Today's date (YYYY-MM-DD).