



Indigenous Health
528 Wentworth St,
Nanaimo, BC
V9R 3E4
Email: IHIP@islandhealth.ca

INDIGENOUS HEALTH INITIATIVE PROGRAM 2024/2025 REQUEST FOR PROPOSAL (RFP) TEMPLATE

1. General Information

The Indigenous Health Initiatives Program (IHIP) provides opportunities for Indigenous Organizations in Island Health’s catchment area to apply for funding to support community-based projects. The funding for the community health/wellness project is a maximum of a one-year term (April 1 to March 31)

Funding is available to First Nations and their delegated agencies (i.e. Health Centres, Friendship Centres, Metis Organizations and Non-profit Registered Societies), which serve a significant Indigenous population.

Individuals are not eligible to apply for IHIP funding and non-health related projects are not considered.

Organizations are eligible to apply for up to \$50,000.00 maximum per project. Please note that organizations may submit more than one project for consideration, but approval for funding will be limited to one project per organization.

Please see **Appendix A (page 12)** for additional information on funding criteria and requirements prior to completing this proposal.

2. What is the completion timeline?

Competition Launch	Tues, September 12
Applications Due	Fri, November 3
Applications Reviewed	Mon, November 20
Award start-date	Mon, April 1, 2024
Award reporting date	Nov 1, 2024 and May 1, 2025

DATE AND TIME RECEIVED:

3. Project Information

PROJECT NAME	PROJECT MANAGER/LEADER
PROJECT LOCATION	EMAIL
AMOUNT OF FUNDING REQUESTED	PHONE
\$	
OTHER SPONSORS	DOLLAR AMOUNT
	\$
	\$
	\$
	\$
PROJECT START DATE	PROJECT END DATE
APPLICATION PREPARED BY	

4. Organization Information

Name of Organization	
Type of Indigenous Organization	<input type="checkbox"/> First Nation/Tribal Council <input type="checkbox"/> Indigenous Organization <input type="checkbox"/> Metis/Inuit <input type="checkbox"/> Friendship Centre <input type="checkbox"/> Non Profit Registered Society <input type="checkbox"/> Other
WBC Number	
Mailing Address	
Phone Number	
Fax Number	
Email Address	

Brief description of your organization and the services it provides currently:

5. Target Population

How many people does your organization serve?	
Does this project primarily benefit children and/or youth	
Does this project primarily benefit elders	
Does this project primarily benefit people with disabilities	
Does this project benefit MMIW	
How many participants/community members will receive services through this project? Population Served? (i.e. children, youth, adults, Elders)	

6. Please describe how this proposal relates to or addresses the themes of Island Health’s Aboriginal Health Strategic Plan (AHSP)

[Click here for further information on the AHSP](#)
 (there is an opening warning please read and accept)

Enhance Relationships and Collaboration	•
Enhance Access and Capacity	•
Strengthen Cultural Safety and Humility	•
Be Innovative	•
Be Accountable	•
Work with others to address the social determinants of health	•

7. Project Summary

A.	Please describe your health/wellness project:
B.	How did you determine there is a health need for this project? Please provide information from other sources, community meetings, research findings, data collection and analysis. This may include health surveys, needs assessment, and/or community health plan.

C.	Desired Outcome of your project:
D.	Project Team and Resource Requirements

8. Project Work Plan

(Please provide details on project objectives, activities, proposed outcomes and timeframes.)

- I. **Project Objectives:** Outline the short-term objectives that are achievable in one year. You can start it with a verb such as “To provide...” or “To develop...”
- II. **Project Activities:** These are planned activities to achieve the objective. Provide key dates and milestones. (i.e. “5 community workshops completed by Sept 30”)
- III. **Project Outcomes:** What is the expected result once the activities are provided? Provide key dates and milestones. (i.e. “by Nov 30 the community will have enhanced suicide response capacity as a result of 5 training workshops...”)
- IV. **Success Indicators:** How will your organization evaluate whether or not the project is successful? (i.e. “50 community members trained in suicide prevention”)

1 Project Objectives	
2 Project Activities	
3 Project Outcomes	

4 Success Indicators / Evaluation Process	

9. Milestone List

Summarize the major milestones. Then list each milestone and its date.

Describe how to update any changes to the schedule and milestones and how to communicate those changes.

MILESTONE	DESCRIPTION	DATE

10. Project Partners

Other organizations, physicians, FNHA, community members (youth, family, elders, etc)

Organization Name	Financial Contribution	Description of In-Kind Contribution	Value of In-Kind Contribution
	\$		\$
Total	\$		\$

Note: In-kind support includes things like use of a hall, housekeeping after an event, staff time, food donations, etc.

Attach support letters from partners outlining their contributions/support to the project, if applicable.

11. Project Scope Management

Detail who has the authority to manage project scope, how scope will be measured, and who will approve the final project.

12. Budget Overview

	Project Expense	Island Health IHIP Funding	Donation In-Kind by Applying organization	*Other Funding (i.e. partner funding)
	Staffing Costs:			
1	Position 1: Salary/Wages		FTE	
2	Benefits			
	Position 2: Salary/Wages If applicable			
	Benefits			
3	Total Staffing Costs:			
	Other Costs:			
4	Training:			
5	Facilitators:			
6	Project Supplies			
7	Travel			
8	Other Expenses: Please specify:			
9	Total Other Costs:			
10	Subtotal of Project Costs (Staffing and Other)			
11	Administration Costs – Must not exceed 10% of Line 10			
12	**If applicable, Honoraria – cannot exceed the maximum 5% of line 10			
13	Total Project Costs			

*Note: Project Partner total funding should equal funding outlined in Part 8, and Island Health IHIP funding should equal funding request in Part 2

**Note: Total Honoraria costs are not to exceed 5% of the Subtotal of Project Costs

13. We understand and agree that:

- A separate financial account or project cost centre must be set-up for any projects funded by Island Health.
- All workers, facilitators, consultants or trainers who are funded through this project and who will be working with children and vulnerable adults will be required to complete a Ministry of Justice – Criminal Record Check. Island Health requires a signed letter by the senior officer that your organization is in compliance with the BC Criminal Records Review Act.

14. Additional Information

This application must include the following documents:

- Completed and signed Proposal
- Copy of Certificate of Incorporation, if a non-profit society
- If applicable, letter from Project Partners outlining what their contributions will be to the project

15. Appendices

[Attach any additional documents, past project portfolios, or testimonial that support the proposal]

Please submit your comprehensive proposal in electronic format to IHIP@islandhealth.ca . The proposal submission deadline is November 3rd of this year by 4pm. Any proposals received after this date and time may not be considered.

16. Authorization Signatures

I hereby certify that to the best of my knowledge all information contained in the application is true and complete.

PREPARED BY

Name and Title/Position (Printed)

Signature

Date

RECOMMENDED / AUTHORIZED BY

Name and Title/Position (Printed)

Signature

Date

Please submit your comprehensive proposal in electronic format to IHIP@islandhealth.ca
The proposal submission deadline is November 3rd of this year by 4:00 pm. Any proposals received after this date and time may not be considered.

Preferred method **Email:** IHIP@islandhealth.ca

Or by Mail/Courier to:

Indigenous Health

Island Health

Attention: IHIP

528 Wentworth St, Nanaimo, BC V9R 3E4

Appendix A

Background Information

- Funding is available to First Nations, their delegated agencies (i.e. Health Centres), Friendship Centres, Metis Organizations, and non-profit registered societies in Island Health's catchment area. Individuals are not eligible to apply for IHIP funding.
- Application for funding takes place on an annual basis.
- Funding will support projects only. A project is short term and oriented to an objective.
- Funding for projects will be pro-rated to reflect the date that the contract is signed.
- All projects will start April 1 or later and conclude by March 31.

Funding criteria:

- Permanent staff positions and ongoing programs/services are not funded through IHIP.
- Major equipment or capital purchases are not eligible for funding.
- Daycare costs, providing costs for licensed day care or subsidies are not eligible.
- The proposal addresses a community health related need. The proposal should focus on capacity building, health services, training, etc. Non-health services are not eligible to be considered.
- Organizations may submit more than one proposal, but approval for funding will be limited to only one project per organization.
- The proposal demonstrates collaboration with other partners (i.e. other Indigenous organizations, First Nations Health Authority, Island Health etc).
- Addresses one or more of the six strategic themes of Island Health's Aboriginal Strategic Health Plan 2017-2021.
- Funding will be allocated to ensure equitable distribution from all regions and partner organizations i.e. First Nations, Friendship Centres, Metis Organizations.
- The geographical isolation of the community applying for IHIP funding.
- The proposal is complete and supporting documentation has been provided.
- Has the organization received IHIP funding in the past?
- If funding was provided in past, did the organization meet its deliverables and fulfil financial / program reporting requirements?
- Is funding available from another source to address this need?