

Indigenous Health

528 Wentworth Street

Nanaimo, BC V9R 3E4

Telephone: (250) 755-7691

 Ext. 57571

Fax: (250) 740-6911

**INDIGENOUS HEALTH INITIATIVE PROGRAM 2021/22**

**REQUEST FOR PROPOSAL (RFP) TEMPLATE**

(Submission deadline Thursday, November 12, 2020, 4 pm)

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. These community health/wellness projects are funded for a maximum one year term (April 1st 2021 – March 31, 2022).

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 AHIP funding. Non-health related projects will not be 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 8) for additional information on funding criteria and requirements prior to completing this proposal.

1. PROJECT INFORMATION

|  |  |
| --- | --- |
| Amount of funding requested | $ |
| Project Name |  |
| Project Location |  |
| Project Contact PersonEmail/Phone |  |
| Project Start  |  |
| Project End Date |  |

1. ORGANIZATION INFORMATION

|  |  |
| --- | --- |
| Name of Organization |  |
| Type of Indigenous Organization | **🞎** First Nation/Tribal Council 🞎 Indigenous Organization🞎 Metis/Inuit 🞎 Friendship Centre🞎 Non Profit Registered Society 🞎 Other |
| Mailing Address |  |
| Phone Number |  |
| Fax Number |  |
| Brief description of your organization and the services it provides currently: |

1. **TARGET POPULATION**

|  |  |
| --- | --- |
| **H** How many people does your organization serve? |  |
| How many participants/community members will receive services through this project? Population Served? (i.e. children, youth, adults, Elders) |  |

1. **PLEASE DESCRIBE HOW THIS PROPOSAL RELATES TO OR ADDRESSES THE THEMES OF ISLAND HEALTH’S ABORIGINAL HEALTH STRATEGIC PLAN (AHSP)?**

**For further information on the AHSP please visit https://www.islandhealth.ca/sites/default/files/2018-09/aboriginal-health-strategic-plan-optimized.pdf**

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

1. **PROJECT SUMMARY**

|  |  |
| --- | --- |
| **A.** | **Please describe your health/wellness project and what you hope to accomplish:** |
| **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.** |

1. **PROJECT WORK PLAN (Please provide details on project objectives, activities, proposed outcomes and timeframes.)**

**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…”

**Project Activities:** These are planned activities to achieve the objective. Provide key dates and milestones. (i.e. “5 community workshops completed by Sept 30”)

 **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…”)

 **Success Indicators:** How will your organization evaluate whether or not the project is successful? (i.e.”50 community members trained in suicide prevention”)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Project Objectives** | **Project Activities** | **Project Outcomes** | **Success Indicators / Evaluation Process** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

1. **PROJECT PARTNERS:** otherorganizations, 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.

1. **BUDGET**

|  |  |  |
| --- | --- | --- |
|  |  | **2021-2022** |
|  | **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

1. **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.
1. **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

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

**Authorized Signing Officer’s signature Name (please print)**

**Position** **Date**

**The complete and signed proposal must be received by**

**4:00 pm on Thursday, November 12, 2020 to:**

 Michelle Stewart

Indigenous Health

Island Health

528 Wentworth Street

Nanaimo, BC V9R 3E4

(250) 755-7691 Ext. 57571

Email: Michelle.Stewart@viha.ca

Fax: (250) 740-6911 (**Please note new fax number**)

**Mail, courier, email (PDF), hand- deliver, or fax\* your proposal to the above address. If you are hand- delivering the proposal, our office is located on the 1st Floor of 528 Wentworth Street. (\* If your proposal is faxed, it is your responsibility to confirm that it has been received at the Nanaimo Indigenous Health Office) Call (250) 755-7691 Ext. 57571.**

**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, 2021 or later and conclude by March 31, 2022.

**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?