



Indigenous Health  
528 Wentworth St,  
Nanaimo, BC  
V9R 3E4  
Email: [IHIP@islandhealth.ca](mailto:IHIP@islandhealth.ca)

**2025-2026  
INDIGENOUS HEALTH INITIATIVE PROGRAM (IHIP)  
REQUEST FOR PROPOSAL (RFP)**

**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, Métis 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 a maximum of \$50,000.00 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 per fiscal year.

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

**What is the completion timeline?**

<b>Competition Launch</b>	<b>Friday, August 30</b>
<b>Applications Due</b>	<b>Friday, November 1</b>
<b>Applications Reviewed</b>	<b>Monday, November 19</b>
<b>Award Start-Date</b>	<b>Monday, April 1, 2025</b>
<b>Award Reporting Dates</b>	<b>November 1, 2025, and May 1, 2026</b>

Please submit your comprehensive proposal in electronic format to [IHIP@islandhealth.ca](mailto:IHIP@islandhealth.ca). The proposal submission deadline is November 1<sup>st</sup>, 2024, by 4:00 pm. Any proposals received after this date and time may not be considered.

**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.

<b>DATE AND TIME RECEIVED:</b>

## 1. Project Information

<b>PROJECT NAME</b>	<b>PROJECT MANAGER/LEADER</b>
<b>PROJECT LOCATION</b>	<b>EMAIL</b>
<b>GEO LOCATION</b>	<b>REGION</b>
<input type="checkbox"/> URBAN <input type="checkbox"/> SUBURBAN <input type="checkbox"/> LOGGING ROAD <input type="checkbox"/> REMOTE	<input type="checkbox"/> CENTRAL ISLAND <input type="checkbox"/> NORTH ISLAND <input type="checkbox"/> SOUTH ISLAND
<b>AMOUNT OF FUNDING REQUESTED</b>	<b>SIGNING AUTHORITY</b>
\$	
<b>OTHER SPONSORS</b>	<b>DOLLAR AMOUNT</b>
	\$
	\$
	\$
<b>PROJECT START DATE</b>	<b>PROJECT END DATE</b>

## 2. Organization Information

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

Briefly describe your organization, who you serve, and services provided:

(Tip -- Word Format, Layout AutoFit Contents so box will grow with content)

### 3. Target Population

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

#### 4. Aboriginal Health Strategic Plan (AHSP)

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

\*\*\*\*NOTE: We use this to score you on your application so consider filling this section out in full.

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

##### 1. Enhance Relationships and Collaboration

##### 2. Enhance Access and Capacity

##### 3. Strengthen Cultural Safety and Humility

##### 4. Be Innovative

##### 5. Be Accountable

##### 6. Work with others to address the social determinants of health

## 5. Project Summary

A.	<b>Please describe your health/wellness project: (Tip -- Word Format Layout AutoFit Contents so box will grow with content)</b>
B.	<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.</b>

<b>C.</b>	<b>Desired Outcome of your project:</b> <i>(Tip -- Word Format: Layout AutoFit Contents so box will grow with content)</i>
-----------	---

--

<b>D.</b>	<b>Project Team and Resource Requirements</b>
-----------	---

--

## 6. 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**

--	--

**7. 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



### 8. Project Partners

This includes but isn't limited to other community organizations, physicians, First Nation Health Authority (FNHA), Métis Nation of British Columbia (MNBC), Friendship Centres, community members (youth, family, elders, etc).

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

Organization Name	Financial Contribution	Description of In-Kind Contribution	Value of In-Kind Contribution
	\$		\$
<b>Total</b>	\$		\$

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

**9. Project Scope Management**

Please detail below who has the authority to manage project scope, criteria for how the scope will be measured, and who will provide the final project approval.

**10. How do you plan on sustaining the initiative/project after the grant has ended? How will you ensure the project will have a lasting impact in the future?**

**11. Have you completed similar projects in the past?  Yes  No**

**12. Have you requested funding for this project or received funding (any amount) from any other funding source?  Yes  No**

**13. Project Budget Overview**

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

\*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

**14. 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.

**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](mailto:IHIP@islandhealth.ca) . The proposal submission deadline is November 1st 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)**

xx

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**RECOMMENDED / AUTHORIZED BY**

\_\_\_\_\_  
**Name and Title/Position (Printed)**

xx

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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, Métis Nation of British Columbia 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?