INDIGENOUS HEALTH EQUITY FUND IMPLEMENTATION PLAN

PAW number/Fiscal year:
1213680 (2024-2025)

Purpose:
The purpose of the Implementation Plan is to collect information on planned activities to be supported through the Indigenous Health Equity Fund. The information provided will include a description of planned activities and level of spending, which will help to demonstrate the impact of the Indigenous Health Equity Fund, and provide a basis for ongoing reporting on progress.

Reporting period:
For the purpose of the Indigenous Health Equity Fund, reporting on the previous year's activities will be subject to the terms of the recipient's funding agreement.

Due date:
Due dates vary depending on the funding stream. Please consult the list below to learn more about the exact due date. For other information, please consult your regional office.

Note:
Once the "submit" button is selected, this implementation plan will auto-generate an email that will be pre-populated with the appropriate email address, depending on the region selected. If you would like to speak with a regional representative, please send your request to the appropriate email address below.

List of regional office contacts:

Region	Email address
NHQ - Headquarters	fesa-ihef@sac-isc.gc.ca
AB - Alberta	Fesa-ihef-ab@sac-isc.gc.ca
BC – British Columbia	Fesa-ihef@sac-isc.gc.ca
MB – Manitoba	Fesa-ihef-mb@sac-isc.gc.ca
NB – New Brunswick	Fesa-ihef-atl@sac-isc.gc.ca
NL – Newfoundland and Labrador	Fesa-ihef-atl@sac-isc.gc.ca
NT – Northwest Territories	Fesa-ihef-nr@sac-isc.gc.ca
NS – Nova Scotia	Fesa-ihef-atl@sac-isc.gc.ca
NU - Nunavut	Fesa-ihef-nr@sac-isc.gc.ca
ON - Ontario	Fesa-ihef-on@sac-isc.gc.ca
PE – Prince Edward Island	Fesa-ihef-atl@sac-isc.gc.ca
QC - Quebec	Fesa-ihef-qc@sac-isc.gc.ca
SK - Saskatchewan	Fesa-ihef-sk@sac-isc.gc.ca
YT - Yukon	Fesa-ihef-nr@sac-isc.gc.ca

Field definitions:

Field	Definition
A. Funding recipient/applicant information	
Applicant/Organization name	Provide the name of either the applicant or legal name of the organization, requesting the funding under this authority.
Province/Territory	Select the province/territory in the drop-down menu from which the recipient is reporting.
Associated communities	Click the check box if the applicant is an organization who represents one or more communities.
Community name	Provide the name of the community that is represented.
Distinction and organizational type	Select the most appropriate distinction, which includes the three distinct Indigenous Peoples of Canada: First Nations, Inuit, Métis, or Multiple (please specify). 'Multiple' in this case could include pan-Indigenous organizations. Once a 'distinction' is selected, choose from the menu provided to identify organizational type, including the following: (FN) Self-governing Indigenous government (FN) Modern treaty holder (FN) Band (FN) District (FN) Tribal council (FN) Association (FN) Organization (Inuit) Land claim organization (Inuit) Treaty organization (Inuit) Hamlet (Inuit) Council (Métis) Governing member (Métis) Settlement (Métis) Community (Multiple) Organization (Multiple) Association
Contact	

Field	Definition
- Given name - Family name - Telephone number - Extension - Email address	Provide the given name, family name, telephone number and email address (if applicable) of the person who can be contacted for further information about the proposed project. A valid telephone number includes the 3 digit area code in the format, '###-###-####'. If there is an extension, it has a maximum of 5 digits and is in the format '#####'. A valid email address may be in upper or lower case in the format 'a@a.a'.

B. Activity information

Field	Definition
Are you providing information for activities funded under Distinctions-Based Funding or Targeted Initiatives?	Select whether this information corresponds with funding to be received through Distinctions-Based Funding or project-based funding under Targeted Initiatives.
Activity	If needed, more than one activity can be added by clicking '[+] Add an activity' button.
1. Activity description	Provide a brief and clear description of the proposed activity (e.g., Enhance mental wellness crisis response team(s) in community/region X).
2. Activity start date (YYYYMMDD)	Indicate the activity start date. Dates are in the format of 'Year-Month-Day'.
3. Activity completion date (YYYYMMDD)	Indicate the activity completion date. Dates are in the format of 'Year-Month-Day'.
4. Does this activity involve a partnership with another entity?	Check all that apply in the following: - no partnership - communities - tribal council - organization - provincial government - territorial government - other (please specify):
5. Does this activity support any of the following categories?	Check all that apply: - **Mental Wellness** Examples include crisis response services like mental wellness teams and help lines, culturally-based on the land activities that promote wellness, trauma-informed cultural and health supports like talk therapy and healing circles, substance use treatment and wraparound services and supports, etc. - **Healthy Living or Community Health Promotion** Examples include screening and education sessions for diabetes and other chronic illnesses, injury prevention workshops, supporting physical

Field	Definition
	activity and recreation, commercial tobacco and vaping prevention and cessation, etc. - **Healthy Child Development or Maternal and Child Health** Examples include breastfeeding promotion and education, HeadStart on reserve, prenatal nutrition, etc. - **Communicable Disease Control and Management** Examples include vaccinations and vaccine awareness, communicable disease testing and treatments, etc. - **Environmental Public Health** Examples include public water testing, projects to adapt health services to respond to climate change, environmental and public health hazard inspections and training, etc. - **Home and Community Care** Examples include nursing and personal care worker services for in-home care, palliative and supportive care services, long-term care, etc. - **Clinical and Client Care or Primary Health Delivery** Examples include supporting the delivery of primary care by healthcare professionals within a designated nursing station or health centre with treatment. - **E-Health or Assets for Health Services** Examples include purchasing of medical equipment and supplies to deliver health services, investments in communications technology supporting eHealth services, etc. - **Oral Health** Examples include delivering oral health services to community members, including oral screenings, primary preventive treatments, and secondary preventive or restorative treatments. - **Health Human Resources** Examples include hiring health professionals like nurses, personal care workers, public/environmental health officers or social workers to deliver health services and supports in community, as well as any training provided to health professionals. - **Health Planning and Systems Integration** Examples could include advancing Indigenous-led data governance, such as developing a data network in communities / a region, optimizing data sharing, building or enhancing data management

Field	Definition
	capacity, and increasing the collection, access or use of health data; advocating for culturally appropriate health system navigation; developing or promoting culturally relevant health resources and practices. - **Non-Insured Health Benefits** - **Health Facilities** Examples include supporting any construction projects, renovations or repairs, and covering operations and maintenance costs, for health facilities such as community health centres, substance treatment centres or nursing stations. - **Other** (specify)

C. Budget information

Field	Definition
Expense categories	Consider the examples of expense categories listed below to inform the budget for your activities. The following is not an exhaustive list. - Salaries (e.g., wages, salaries, benefits) - Operations and maintenance (e.g., administrative costs such as office supplies, travel, utilities, accommodations, equipment) - Minor capital (e.g., minor repairs and renovations of existing health infrastructure) - Major capital (e.g., planning, design, construction and/or expansion of new health infrastructure which typically take more than one year to complete)
Amount ($)	Enter the anticipated costs for the expense categories.

D. Supporting documents

Field	Definition
Title	Enter the name of the supporting document.
Submission method	From the drop-down list, select the method by which additional documents will be submitted. The options include: - attachment - email - facsimile - mail - by hand/courier If you select 'Attachment' as the submission method, an 'Attach file' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file, you can click on the paper clip icon on the right side of the Adobe application to see the attached file. Once the file is attached, the 'Attach file' button changes to 'Remove file'. To remove the file only, select this button. To

Field	Definition
	clear all fields for a single document and remove the associated file, select the [-] button.
E. Declaration	
- Given name - Family name - Title - Date (YYYYMMDD)	Provide the given name, family name and position title of the person who acknowledges the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year-Month-Day'.