



**Funding Manual for
Aboriginal HIV/AIDS
Programs/Projects
The Red Road HIV/AIDS Network Society
June 2000**

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Introduction to the Funding Manual for Aboriginal HIV/AIDS Programs/Projects

As Aboriginal people become more aware of HIV/AIDS issues, there is a need to have the knowledge of where HIV/AIDS funding is available. This funding manual will assist Aboriginal communities in British Columbia to access the information necessary to apply for funds that are available. This manual will provide, the name of the funder(s), the name of the program, the criteria to access the funding, the potential deadline dates, the necessary contact information, announcements for the call for proposals, glossary and sample materials, etc.

At the time of the release of this Funding Manual for Aboriginal HIV/AIDS Programs/Projects, changes may have occurred to the criteria for funding, please contact the potential funder to be aware of any changes or ask for the current guidelines and application form.

This funding manual will be updated semi-annually and will include any new funding that is made available for Aboriginal HIV/AIDS programs/projects.

There are three strategies dealing with HIV/AIDS issues, they are The Red Road: Pathways to Wholeness, an Aboriginal Strategy for HIV and AIDS in BC; British Columbia=s Framework for Action on HIV/AIDS and the Canadian Strategy on HIV/AIDS. Copies of these strategies are available on the internet; The Red Road: Pathways to Wholeness, an Aboriginal Strategy for HIV and AIDS in BC can be viewed or downloaded from www.red-road.org , the British Columbia Framework for Action on HIV/AIDS can be viewed or downloaded from , and the Canadian Strategy on HIV/AIDS can be viewed or downloaded from www.hc-sc.gc.ca. A hard copy of The Red Road: Pathways to Wholeness, an Aboriginal Strategy for HIV and AIDS in BC can be obtained from The Red Road HIV/AIDS Network Society by writing to 415B West Esplanade, North Vancouver, BC V7M 1A6. A hard copy of the British Columbia Framework for Action on HIV/AIDS can be obtained from the HIV/AIDS Division by writing to the Director of the Provincial HIV/AIDS Policy, Program and Support Branch, Ministry of Health and Ministry Responsible for Seniors, 3rd Floor, 1520 Blanshard Street,

Victoria, BC V8W 3K2. A hard copy of The Canadian Strategy on HIV/AIDS can be obtained from the Canadian HIV/AIDS Clearinghouse, Canadian Public Health Association, 1565 Carling Avenue, Suite 400, Ottawa, Ontario K1Z 8R1.

If you need assistance with any of the following information about applying for funding, you can contact the staff at The Red Road HIV/AIDS Network Society and we will help you with your questions.

**First Nations and Inuit Health Branch, Health Canada
(Medical Services Branch, Health Canada)**

Health Canada's Medical Services Branch has an on-reserve Community-based HIV/AIDS Program. To date, HIV/AIDS prevention funds have not been included in the funding envelope provided under Federal Health Transfer Agreements. This program distributes funds to on-reserve community-based organizations and local Aboriginal governments for HIV/AIDS prevention projects aimed at Status Indian people living on reserves. Non-transferred bands must submit proposals each year to receive this funding while Transferred bands receive a yearly block grant that was negotiated at the time of transfer.

Name of funder: First Nations and Inuit Health Branch, Health Canada

Name of program: On-Reserve Community-Based AIDS Program Guidelines

Criteria for accessing the funding:

1. Mission Statement:
The A On-Reserve Community-Based AIDS Program@ is a component of the National AIDS Program. In keeping with the goals of the National AIDS Program (now called the Canadian Strategy on HIV/AIDS), the mission of the On-Reserve Community-based AIDS Program@ is to:
 - prevent and control the spread of HIV infection to the on-reserve Indian population;
 - to reduce the health, social and economic impact of AIDS on the on-reserve Indian population; and
 - to encourage and support the active involvement of on-reserve Indian communities in community-based AIDS programming.
2. Eligible Sponsors:
Eligible project sponsors include bands, tribal councils, community-based Indian organizations; voluntary organizations and community groups serving on-reserve Indian populations.
3. Eligible Activities:
Eligible activities will include those which respond to planning, development, and implementation of strategy needs and:
 - increase community member knowledge and involvement on a wide range of AIDS issues;
 - encourage and support reduction of high risk behaviour;
 - increase coordination and collaboration by community-based organizations, government and others active on AIDS issues;
 - promote a supportive environment for persons with AIDS and HIV infection.
4. Proposals

It is mandatory that the on-reserve Indian population be involved in the development, design and delivery of projects proposed under this initiative.

Band Council Resolutions in support of the project must be appended to the proposal. Where the project sponsor is a tribal council, a similar resolution must be included.

Proposals must identify how the proposed initiative is integrated into the community's public health and communicable disease control efforts.

Proposed activities should be self-contained and time-limited initiatives. Projects must be completed within the fiscal year in which funds are received. Projects must not be phased over more than one fiscal year, except in extenuating circumstances. Funds are not available for on-going programs.

Funding will not be made available for the following:

- salaries and benefits of project staff;
- on-going operating and administrative costs of organizations
- provision of direct health or social services to individuals;
- research projects;
- capital purchases such as video equipment.

Funds are available for the following kinds of costs:

- supplies and travel essential to the project;
- rent, telephone and utilities, and rental of equipment when such services and equipment not provided by the sponsor;
- contractual fees for resource persons;
- other costs, which must be specifically explained.

5. Project Review Process:

Project proposals should be submitted directly to the appropriate Medical Services Branch Regional Office.

6. Project Agreements and Reporting:

All projects will be funded through accountable contribution agreements. Financial reporting will be consistent with these agreements.

All projects must provide written activity reports. Projects of six months duration or less will be required to provide one narrative report. Projects lasting more than six months will be required to submit a mid-term progress report as well as a final activity report.

AIDS funding agreements must be accounted for separately from other Medical Services contributions.

7. Evaluation

Projects:

All AIDS projects must include a common sense evaluation framework consistent with project objectives and level of funding. Up to 10% of the project budget may be set aside for this purpose. These funds are to be withheld until completion of the project evaluation report.

Programs

The On-Reserve Community-Based AIDS Programs is subject to evaluation by the Department and/or the Office of the Auditor General. Regions are required to submit a project-by-project summary report to Medical Services Branch Headquarters. Future funding will be contingent upon submission of this report.

A joint committee comprised

of Medical Services Branch Headquarters; the Health Promotion

Directorate, Health and Social Programs Branch and the AIDS secretariat, will review these guidelines and the regional project summaries on an annual basis.

Deadline dates: On-going

Contact Information: Please contact First Nations and Inuit Health Branch, Health Canada, 540 – 757 West Hastings Street, Vancouver, BC V6C 1A6 Telephone: 604-66-6155.

Name of funder: Health Canada

Name of program: AIDS Community Action Program

Criteria for accessing the funding:

Available Funding

Under the Canadian Strategy on HIV and AIDS, three categories of funding are available through the AIDS Community Action Program (ACAP):

Regional Operational Funding

is available to fund programming, key positions within an organization, and overhead and administrative costs. Voluntary, non-profit, non-governmental organizations whose principal mandate is community-based HIV/AIDS programming are eligible for funding. National organizations are not eligible for operational funding. Operational funds will be approved for a minimum of two years and a maximum of four years.

Regional Project Funding

funds time-limited, specific activities that address unmet needs and priorities around HIV/AIDS. These activities may be local, provincial/territorial or regional in scope. Voluntary, non-profit, non-governmental agencies actively dealing with AIDS issues are eligible for funding. National organizations are not eligible for local, provincial/territorial or regional activities. Regional project funds will be approved for a maximum of three years.

National Project Funding

is available for time-limited, specific activities that are national in scope and support the needs and priorities of community-based organizations and/or address issues facing specific populations at risk for HIV infection. Local, provincial/territorial and national non-profit, non-governmental organizations whose primary mandate is HIV/AIDS or national non-profit, non-governmental organizations who address specific HIV/AIDS issues in their programming are eligible for funding. National projects may be funded for a maximum of three years.

Guides are available for each category of funding. Each guide explains what resources are available and describes how community-based organizations working with HIV/AIDS issues may access funding through ACAP. In addition, a standardized application form has been enclosed with each guide for that particular type of funding. All applications must be submitted using these standardized forms. When preparing your application, be certain that you have considered which form of funding best suits your program and that the expected outcomes reflect the Principles and Funding Approaches associated with ACAP.

Program Consultants with the AIDS Community Action Program are available as a

resource to your community-based organization. If you have any questions about the various funding programs or need assistance in completing the application, please contact your Program Consultant.

ACAP Regional Project Funding Guide

The priorities and direction for the renewed AIDS Community Action Program (ACAP) under the Canadian Strategy on HIV/AIDS (CSHA) have been developed through extensive consultation with community-based AIDS organizations, other community-based groups addressing HIV/AIDS issues, persons living with HIV/AIDS, and representatives from provincial/territorial HIV programs. All organizations applying for funding under the CSHA - including ACAP applicants - must show respect for the human rights of all Canadians, and support the inclusion and empowerment of populations affected by HIV/AIDS with special emphasis on those living with HIV/AIDS.

Background

The Canadian Strategy on HIV/AIDS (CSHA) provides a framework for the federal government to respond to the AIDS epidemic in Canada. This Strategy has six overall goals:

1. to prevent the spread of HIV;
2. to find and provide effective vaccines and drugs;
3. to find a cure;
4. to ensure treatment, care and support for people living with HIV and AIDS, their caregivers, families and friends;
5. to minimize the adverse impact of HIV/AIDS on individuals and communities;
6. to minimize the impact of social and economic factors that increase individual and collective risk for HIV infection.

To help achieve goals one, four, five and six, the AIDS Community Action Program (ACAP) provides funding to community-based organizations addressing HIV/AIDS issues across Canada. This funding is administered through Health Canada's regional and national offices. Through Health Canada's regional Health Promotion and Programs Branch offices, community-based organizations can apply for ACAP Operational Funding and/or Project Funding to support projects that are local, provincial/territorial or regional in scope. Through Health Canada's HIV/AIDS Policy, Coordination and Programs Division, community-based organizations addressing HIV/AIDS from a national focus can apply for National ACAP Project Funding. Separate ACAP Funding Guides and Application Forms are available for all three kinds of ACAP funding.

All ACAP funding submissions must follow the ACAP application process. This process involves consulting either a regional or national ACAP Program Consultant and

completing the appropriate ACAP funding application. All ACAP applications are subject to a review process prior to being recommended to the Minister of Health for funding support. Also, all applications must follow the ACAP Funding Approaches, and all ACAP Principles as outlined in this guide and the other ACAP Funding Guides and Application Forms.

What's the purpose of ACAP Regional Project Funding?

The purpose of ACAP Regional Project Funding is to support time-limited, specific activities that address unmet HIV/AIDS needs and priorities as identified by the project's target community. Those needs cannot already be mandated to existing government or non-government agencies.

Organizations who apply for ACAP Regional Project Funding are also required to base their project activities within one or more of ACAP's Funding Approaches, and to work in a way that respects ACAP's Principles.

Who can apply for ACAP Regional Project Funding?

Voluntary, non-profit, non-governmental organizations who are working with HIV/AIDS issues are eligible for ACAP Regional Project Funding. These organizations must have either a local, provincial/territorial, or regional mandate. National organizations who address specific HIV/AIDS issues are not eligible for ACAP Regional Project Funding. These groups should refer to the *ACAP National Project Funding Guide and Application Form*.

What are the ACAP Funding Approaches?

The ACAP Funding Approaches represent the specific kinds of activities that ACAP will fund. They are the "What You Plan to Do" in your application for funding. Organizations should clearly identify under which of the four approach areas their activities fall. One of the recommendations that emerged from the consultation processes for renewal of the Strategy was for community-based organizations to focus their activities in order to maximize their impact, and **community-based organizations supported by ACAP funding are not required to undertake activities in all of ACAP's Funding Approaches areas.** The ACAP Funding Approaches are listed alphabetically and are of equal importance to the Canadian Strategy on HIV/AIDS.

Creating Supportive Environments

ACAP supports initiatives that work to reduce or eliminate social barriers that prevent people living with HIV/AIDS, those at risk, and those affected, from accessing health care and/or social services. Although ACAP is unable to support programming that is only advocacy-based, it recognizes that in order to create supportive environments, existing systems need to be challenged. To address this, groups are encouraged to develop

partnerships, coalitions, and networks within communities, and with governments and other systems, to help reduce or eliminate discrimination, poverty, illiteracy, homophobia, and the fear and stigma associated with HIV/AIDS related issues.

Health Promotion for People Living with HIV/AIDS

ACAP supports programming that increases the capacity of people living with HIV/AIDS to manage their condition. This includes programming that attempts to delay the onset of HIV-related illnesses and AIDS through learning and maintaining wellness, as well as programming that improves access to services, treatment, care and social support. Health Promotion for people living with HIV/AIDS can also include activities that remove barriers for people because of their HIV status, their sexual orientation, their gender, or their social, cultural, or economic circumstances. For example, these activities could include initiatives that address such issues as return to work, and access to care and treatment for HIV-positive women.

Prevention Initiatives

To prevent the spread of HIV, ACAP will continue to prioritize community-based prevention initiatives that are targeted at populations known to be vulnerable to HIV infection. Evidence suggests that Aboriginal peoples, ethnocultural groups (including immigrants and visible minorities), injection drug users and their partners, gay youth, marginalized women, men who have sex with men, prison populations, and street-involved youth, are at a disproportionately higher risk for HIV infection. ACAP recognizes that organizations serving rural and smaller communities might better address the needs of the priority population through broad-based prevention programming where individual populations can seek information without being singled out.

Strengthening Community-based Organizations

ACAP will support activities that increase the skills and abilities of the people who work at all levels of the community-based AIDS movement: board, staff, and volunteers. ACAP will also support initiatives that provide training in areas such as community development, fund-raising, evaluation, and the marketing of programs and services to an organizations intended audience. Also, recognizing that evaluation builds stronger organizations and communities, ACAP will support evaluation training and delivery.

What are the ACAP Principles?

The ACAP Principles are the way in which your activities need to be undertaken. For example, if an organization receiving ACAP Regional Operational Funding is engaged in a prevention activity, this activity must be delivered so that it addresses all of the principles listed below. The ACAP Principles are:

Community Development

Community Development is critical to the long-term sustainability of any program. The community development approach holds that in order for people to gain control over their lives and the circumstances that affect their health, communities must identify their own problems, develop their own solutions, and then put them into action. Communities can be groups of people who share a geographical centre or groups of people who share certain characteristics.

Health Promotion

Health promotion, as defined by the World Health Organization, is a process of enabling people to increase control over, and improve, their health. People are encouraged to be active participants in improving their health rather than passive recipients of health programs. Health promotion develops the knowledge, skills, and confidence required for people to understand and address their own health needs. It also increases an individual's control over the external conditions that influence their health.

Partnership and Collaboration

ACAP recognizes that partnerships can take time to become established, and that meaningful partnerships and collaboration help ensure the long-term sustainability of community-based initiatives. Organizations applying for ACAP Regional Operational Funding must identify existing partnerships. They must also identify a plan to develop action-oriented partnerships that involve all partners in the planning, delivery, and evaluation of the project.

Population Health

Past community-based AIDS work has clearly demonstrated that, in order to be most effective, HIV programming needs to work in a broad social context and address the determinants of health. For example, in order for HIV prevention to be effective for gay men, issues such as homophobia, discrimination, gay men's access to health services, etc. need to be addressed. Organizations applying for ACAP funding must identify which determinants of health their project addresses. These determinants are factors and conditions that have an influence on the health of individuals and communities and include socio-economic status, social support networks, social environments, gender and culture.

Evaluation

All organizations who receive ACAP funding are required to develop an evaluation plan. This will help ensure a broad base of learning from the experiences of community-based initiatives across Canada. ACAP recognizes that some organizations may not have developed skills to evaluate the effectiveness of their project, and ACAP Program

Consultants are available to provide advice and assistance.

What costs will ACAP Regional Project Funding support?

Personnel Costs

ACAP Regional Project Funding can support key positions necessary for the delivery of the project. These positions may include, but are not limited to, a project coordinator or other project staff directly involved in the delivery of the project=s activities. When describing the position(s) to be funded by ACAP Regional Project Funding, clearly outline how the duties for each position relate to the objectives you develop for the project, as well as their relationship to the ACAP Funding Approaches, and the ACAP Principles outlined in this guide.

Direct Project Costs

ACAP will fund costs directly related to the development of project materials and activities associated with the project=s key positions. Also, these costs may include overhead expenses such as phone, travel, conference attendance, volunteer training, etc. Costs related to project evaluation may also be included for consideration; however, these costs cannot exceed 10% of the overall project budget.

How long does ACAP Regional Project Funding last?

All ACAP Regional Project Funding will be subject to the ACAP review process and will be approved for a **maximum of three years**.

Are there costs that ACAP Regional Project Funding won't support?

The AIDS Community Action Program will not cover costs associated with activities that fall under provincial or territorial jurisdiction, or under other federal jurisdictions. For example, ACAP will not fund direct health or social services such as treatment or counselling. Also, ACAP will not fund duplicate costs already supported by another funding source, and cannot support capital costs such as the purchase of a building.

What administrative requirements must organizations meet?

Your ACAP Program Consultant will establish a **regular meeting schedule** with successful applicants. Also, applicants who receive funding are required to **submit regular financial and narrative reports as requested** by their Health Promotion and Programs Branch regional office. Administrative requirements are outlined in the funding agreement signed by both the applicant and Health Canada prior to a successful applicant receiving any funds.

How will proposals be reviewed?

Eligible applications will be forwarded to a review committee. The review committee is made up of community representatives working in the HIV/AIDS field, representatives of provincial and territorial HIV/AIDS programs, and, in some cases, experts relevant to an application=s target population, activity areas, and/or objectives. **Proposals are assessed based on the following criteria:**

Needs

- _ prevalence (if any) of people living with HIV/AIDS;
- _ complexity of situations experienced by project=s target population(s)
- _ needs assessments
- _ epidemiological evidence
- _ literature review
- _ previous evaluation results; and
- _ needs identified through consultations

Methods

- _ planned activities and how they address one or more of ACAP=s Funding Approaches;
- _ involvement of community and volunteers in project activities;
- _ participation of target population(s) in project development, delivery and evaluation;
- _ level of collaboration with local organizations and resources;
- _ avoidance of duplicating activities in the same geographic area; and,
- _ applicant=s sustainability to undertake proposed activities.

Management

- _ realism of requested budget and work plan; and,
- _ applicant=s ability to demonstrate and ensure sound management.

Evaluation

- _ quality of activities; and,
- _ methods proposed to evaluate the project.

How much Project Funding can any one organization receive?

ACAP will follow a policy of contributing **no more than \$150,000 per year to any single organization per province or territory.** Exceptions to this policy may be made depending on regional needs and priorities. Additionally, ACAP will operate under the policy that a minimum of 30%, and a maximum of 70% of a region=s ACAP budget must be allocated to Regional Project Funding. Levels will be set by each region based on needs and priorities.

Deadline dates:

Contact Information:

British Columbia/Yukon Region

757 West Hastings Street
Suite 440
Vancouver, British Columbia
V6C 1A1
Phone: (604) 666-2729
Fax: (604) 666-8986

**Aboriginal Health Division, Ministry of Health and Ministry
Responsible for Seniors**

**Name of funder: Aboriginal Health Division, Ministry of Health and Ministry
Responsible for Seniors Name of program: Aboriginal HIV/AIDS projects**

Criteria for accessing the funding:

Deadline dates: Not applicable

**Contact Information: Lisa Allgaier
Director
Aboriginal Health Division
Ministry of Health and
Ministry Responsible for Seniors
3rd Floor, 1520 Blanshard Street
Victoria, BC
V8W 3C8**

Telephone: 250-952-3151

Fax: 250-952-3225

HIV/AIDS Division, Ministry of Health and Ministry Responsible for Seniors

Name of funder: HIV/AIDS Division, Ministry of Health and Ministry Responsible for Seniors

Name of program: HIV/AIDS Funding

Criteria for accessing the funding:

Deadline dates: Not applicable

Contact Information: **Elena Kanigan**
 Director
 HIV/AIDS Division
 Ministry of Health and
 Ministry Responsible for Seniors
 3rd Floor, 1520 Blanshard Street
 Victoria, BC V8W 3K2

Telephone: 250-952-2481
Fax: 250-952-1689

Aboriginal Research Program, National Health Research and Development Program, Health Canada

When the Canadian Strategy on HIV/AIDS was announced in 1998, it included the establishment of the Aboriginal and Community-Based Research Programs. The purpose of these programs is to support research that is relevant to community-based organizations in meeting their policy, program and service delivery goals. A necessary step in achieving these goals is to build and strengthen the community-based research capacity of professional researchers and community representatives so they can effectively address the challenges of the HIV/AIDS epidemic.

Although there is widespread agreement among stakeholders on the need for and value of Aboriginal and general community-based research, the potential for meaningful research projects is underdeveloped due to capacity limitations. Consultations with professional researchers and community representatives, including Aboriginal organizations, identified the need for increased mentorship, skills building, networking and partnership development opportunities among community-based research stakeholders.

In response to these needs, Health Canada has made a commitment to improving community-based research capacity among professional researchers and community members alike by initiating a capacity-building program. A portion of the original community-based and Aboriginal research allocations under the Canadian Strategy on HIV/AIDS will be used to support the new program. The percentage of funds redirected from the Aboriginal Research Program will be reserved for Aboriginal research capacitybuilding initiatives.

A copy of this announcement is available at www.aidsida.com

Name of funder: National Health Research and Development Program, Health Canada

**Name of program: The Canadian Strategy on HIV/AIDS
HIV/AIDS Aboriginal Research Program
Request for Proposals**

Criteria for accessing the funding:

Preamble

Following the renewal of the Canadian Strategy on HIV/AIDS (CSHA) in 1998, the National Health Research and Development Program's (NHRDP) role was expanded to include the HIV/AIDS Aboriginal Research Program (AR) with an allocation of \$800,000 a year. In July 1999, NHRDP held a two day consultation on the AR Program in Ottawa.

Approximately 95 people attended, including members of Aboriginal communities and a number of non-Aboriginal researchers.

The purpose of the consultation was to begin the redesign of NHRDP's AR Program to make it more responsive to the needs of Aboriginal communities. Participants provided NHRDP with recommendations regarding Aboriginal research principles and priorities, the request for proposals (RFP) and assessment criteria for proposals.

The current RFP is a reflection of the work initiated in Ottawa. Further changes to the RFP will be made as necessary, to reflect the evolving nature of the field of Aboriginal HIV/AIDS research.

Background

The purpose of the Program is to dedicate funding to research that is relevant to Aboriginal communities in the attainment of their policy, program and service delivery goals. New to the Program, following the Ottawa consultation, is the integration of certain principles that must be reflected in all funding submissions.

The first principle is that members of Aboriginal communities be involved in all stages of the research process. Typically, these stages should include definition of the research question in order to ensure the research is relevant to the community; capacity building and integration of community members in carrying out the actual research; community participation in the analysis and interpretation of findings; and community participation in the development and implementation of the dissemination strategy.

The second principle is that AR must promote equity in collaboration when undertaken in partnership between members of Aboriginal communities and researchers from academic and/or non-academic settings. Although roles and responsibilities may differ, all partners should have an equal voice in the design and implementation of the various stages of the research project.

The third principle AR rests on is an understanding that the lived experience that is or could become the focus of research belongs to Aboriginal communities.

In addition to these three principles, AR shares two other principles with all research approaches designed to generate new knowledge, namely the principles of methodological soundness and ethical review. Thus, critical to achieving success through NHRDP's AR Program is the inclusion of researchers, from academic and/or non-academic settings, who have the appropriate background and expertise and who can apply a role in organizing ethical review of the application through an established ethics committee.

Purpose

Awards will be offered for projects, synthesis of existing evidence, research workshops

and the development of letters of intent. In the case of projects, the NHRPD encourages the submission of applications for pilot, formulation and feasibility phases, but advises that such funding does not guarantee future support of the main research project. Letters of intent may also be submitted.

Consistent with the goals of the CSHA and the HIV/AIDS Extramural Research Program, all research will be peer reviewed for methodological soundness, ethics and relevance to Aboriginal communities as a condition of funding.

Types of Funding Available

The letter of intent:

Certain applicants choose to develop a four page letter of intent as an optional step before preparing a detailed funding application. This is done 'to test the waters' as NHRDP and the CSHA Departmental Relevance and Priority Committee review letters of intent in order to provide applicants with feedback on the relevance and priority of the proposed research. As a new feature of the AR Program NHRDP provides up to \$3,000 to community-based organizations to support the development of letters of intent.

Aboriginal communities can access funding by submitting a one page request describing how the attribution of funding will facilitate the development of a letter of intent and by providing a budget justification that shows how the money will be spent. It should be noted that the purchase of office equipment is not an eligible expense under this feature. These requests, which can be submitted at any time throughout the year, will be reviewed internally by NHRDP staff. Letters of intent to be developed after March 15, 2000 will be reviewed in the context of the September 2000 intake of proposals. Guidelines for the NHRDP/Canadian Strategy on HIV/AIDS Letter of Intent can be found on the NHRDP website.

Detailed applications are required for the following types of funding:

Project funding, which may include one or more of the following phases:

- formulation, or the development of objectives and design, and confirmation of collaboration (maximum of \$25,000 overall);
- pilot, to test specific methods (maximum of \$25,000 overall);
- feasibility, to verify the cost, time frame and viability of procedures (maximum of \$25,000 overall);
- main research project, to carry out the objectives according to the approved design (maximum of \$150,000 overall);
- dissemination, to return research findings, from a variety of sources which could include but not limited to NHRDP funded projects, to various audiences using different formats (maximum of \$25,000 overall); and
- transfer and uptake, to change program delivery or policy (maximum of \$25,000 overall).

Synthesis funding

- provides for critical review of existing evidence (knowledge, theory and practice) to summarize, analyze and make recommendations for policy and program audiences (maximum of \$25,000 overall).

Research Workshops

- involves stakeholders in either priority-setting before research is conducted, or transfer and uptake after research has been done (maximum of \$25,000 overall).

Review Process

The review process has three steps. The first is internal screening; the second is the methodological soundness, ethics and relevance to the community review; and the third is final approval.

Internal Screening

Health Canada staff screen all applications to ensure applicants are eligible and that their submissions are complete. The following checklist will be used:

- Format: The original and copies of the application were received by the deadline; the original has original signatures provided; the presentation of the text meets type, spacing and margin quality specifications in order to ensure legibility for Review Panel members;
- Eligible applicants: There are no overdue reports on existing Health Canada contribution agreements; the applicant is not a federal government employee;
- Eligible organizations (this applies to organizations proposing to partner, sponsor, or be a recipient): There are no overdue reports on existing Health Canada contribution agreements; the organization is capable of administering contributions at arm ' s length through their financial officer; and the organization is capable of accessing a process for ethics review and approval;
- Eligible activities/expenditures: The budget justifies direct research costs to conduct clearly specified research activity including remuneration of the principal applicant or co-principal applicant if they are not conducting the project as a function of their regular salaried employment; rental space as long as it is justified; eligible travel costs as per the NHRDP Guide; supply and service costs (e.g., photocopying charges, postage and courier costs) specifically required to carry out the research; the purchase of equipment deemed essential to conducting the research as long as it justified as per the NHRDP Guide; and consultant fees if use of one is proposed for a component of the research and an explanation can be provided as to why this is preferable to adding the necessary expertise to the research team. The following indirect costs are not

- eligible for funding: overhead, office furniture and equipment; costs incurred prior to the approval date and after the termination date; activities for which funds have been received from other organizations; membership in professional associations, professional training or development; purchase of books or journal subscriptions; rental, purchase or renovation of space; contingency allowances or other unidentified miscellaneous fees; principal applicant or co-principal applicant remuneration if they are conducting the project as a function of their regular salaried employment; and services mandated under federal or provincial legislation; and
- Eligible objectives: The applicant has relevance to the broad goals and objectives of the CSHA; the research question, project objective and design are fundable under this program; there is explicit evidence of a community development approach; the focus is on a specific, applied program outcome in prevention, care, treatment or support.

Community Review:

The peer review committee includes expertise in the following areas: HIV/AIDS issues as they relate to Aboriginal communities, community development, qualitative and quantitative methodologies, ethics, public health, community health, public policy and program delivery. Reviewers use explicit criteria to evaluate the methodological soundness, ethics and relevance to community of applications accepted for review. Their evaluation is based on the following Procedures for Assessment of Community-Based Research Projects and Aboriginal Research Projects:

- **The statement of objectives:**

There must be a clearly stated and argued research question. There should be a rationale as to why this particular question needs investigation in this particular way with this particular community. The objectives must be realistic, measurable and attainable. Further, relevance to Aboriginal communities, contribution to community practice and/or policy development, and relevance to the NHRDP mandate and the CSHA goals are imperative. The Executive Summary and the Rationale should accurately convey the nature, purpose and relevance of the research.

- **The literature review:**

The literature review must demonstrate an awareness of existing literature and the knowledge base relative to the research project. There must be a clear demonstration of how the applicant(s) will use the literature review in the execution of the project. *The literature review need not be exhaustive. However, it must be sufficiently complete and current to identify existing gaps and include key references, while also supporting the necessity for the proposed research.

- **Community relevance:**

Addressing community relevance must include an environmental scan communicating the following:

- _ a clear description of the community being researched;
- _ a clear explanation of the specific research need(s) of the community indicating how the applicants arrived at this conclusion;
- _ provide evidence of community involvement in the identification of this/these need(s);
- _ an exploration of existing programs/services for redundancy/gaps;
- _ an exploration of what has been executed to date in the community (vis a vis the research need) and what activities/approaches worked or failed;
- _ a discussion of the possible community links to fill the gaps (ie: collaborators/resources); and,
- _ a clear demonstration of community support for this endeavour.

* The project must clearly reflect community relevance and usefulness, as well as adherence to the CSHA goals. Further, if applicable, consideration should be given to broader initiatives and relevance. For example local, regional or national program and/or policy development.

_ Design and methodology:

The overall plan for how the research will be conducted must be sound and justifiable. The proposal must describe how the selected design structure and methodology, including the use of specific tools and procedures to collect and analyze the data, will ensure that the research question(s) can be answered and the objectives can be achieved. The plan must reflect a research question which creates new knowledge for the community involved. The outcomes must be realistic, measurable and attainable and be clearly linked to the objectives of the project. A feasibility discussion of how the research findings are expected to influence policy and program development must be included. Finally, this section should also clearly indicate the opportunities for and contributions to Aboriginal research capacity building.

_ Ethics and consent issues:

Evidence of appropriate community consultation and support, necessary consent forms and an approval from a research ethics board must be included. Despite the existence of ethics committee and other approvals it is up to committee members to raise ethical concerns. Further adequate measures must be incorporated into the design of the project to ensure that research participants and informants are not harmed by the proposed methods or outcomes. Additional research ethics to be addressed, but not limited to, include: informed consent, confidentiality, voluntary participation and cultural competence (paying special attention to practices and analysis when applicants are investigating a cultural group to which they do not belong).

_ Research approach, roles and participation:

The proposal must be consistent with the principles of Aboriginal research (AR) as outlined in the Background section of this Request for Proposals. This section must include a description of how and to what extent the community will be involved in the research. A comprehensive description of all the roles and responsibilities for participants, at each stage of the project, must be provided. A clear and appropriate definition of community partnership and/or collaboration and consideration of data ownership must be addressed. Further, all foreseeable issues relating to the consideration of community, researcher and/or other partnership roles must be addressed.

_ Research personnel:

Description and justification of the technical, community and research background, which will be required of all personnel (including the Principal Applicant) working on the study, must be provided with a clear definition of their roles, duties and investment of time. Specific references must be made in regard to the actual capacities on the team in terms of skills, qualifications and experience.

Approval

During the course of the Peer Review, applications will be rated according to two scales ranging from 2.0 to 4.9, the scientific merit scale (2.0 meaning weak or unclear and 4.9 meaning outstanding) and the potential impact scale (2.0 meaning limited and 4.9 meaning enormous). Applications that are successfully reviewed for methodological soundness, ethics and relevance to the community will be recommended to the Minister for final approval, based on the availability of funds and with highest ranking applications receiving priority. As a condition of funding and as opportunities present themselves, all research teams will be expected to collaborate with other funded project teams and award holders to work on shared planning, analysis, dissemination and evaluation concerns (e.g. NHRDP could organize a meeting to prepare a synthesis report on research findings in a given area).

Deadline dates: Please check NHRDP=s web site for deadline dates.

Contact Information:

Application Submission Procedures

Inquiries about NHRDP=s HIV/AIDS Aboriginal Research Program should be directed to Anne Malo (tel: 613-946-8617; fax: 613-954-0813; email: Anne_Malo@hc-sc.gc.ca) or Marilyn Ryan (tel: 613-954-8559; fax: 613-954-7363; email: Marilyn_Ryan@hc-sc.gc.ca). Applicants should read the NHRDP Guide before completing their applications. This is

available from the NHRDP website (www.hc-sc.gc.ca/iacb-dgiac/nhrdp), the NHRDP Information Officer (tel: 613-954-8549; fax: 613-954-7363; e-mail: nhrdpinfo@hsc.gc.ca), and from the Canadian Aboriginal AIDS Network (tel: 613-567-1817).

Please send applications to:

NHRPD
Health Canada
Jeanne Mance Building (15th Floor), Postal Locator 1915A
Tunney=s Pasture
Ottawa, Ontario
K1A 1B4

Applications must be submitted on the appropriate NHRDP form, namely the Application Form for the HIV/AIDS Community-Based and Aboriginal Research Programs, which can be found on the NHRDP website. The NHRDP must receive applications before 17:00 eastern time on September 15, 2000 (Check deadline date on web site). The onus is on the applicants to ensure that all documents are included with their application and that their application is in the appropriate format at the time of submission. The NHRDP will not review applications not adhering to the guidelines or that are received after the deadline.

Name of funder: National Health Research and Development Program
Name of program: Guidelines for the NHRDP/CSHA Letter of Intent (LOI)

Criteria for accessing the funding:

Format Space and page limitations are important, as they organize information for easier access and readability during review. Your LOI should not exceed 4 singlespaced pages. *Additional material will not be reviewed.* Print must be in black ink, of letter quality, with type size not smaller than 12 points or no more than 10 cpi. Margins must be a least one inch. This ensures optimum legibility for reviewers.

Content Organize information as follows, ensuring that questions are answered and that criteria outlined in the Request for Proposals for the Community-Based Research Program have been taken into consideration. Note that Chapter II of the NHRDP Guide explains the application process and the importance of the information requested.

Page 1 Title of the research.

Principal applicant=s name, complete address, telephone, fax, E-mail.
Organization name, address, telephone, fax, E-mail of agency responsible for administration of funds.

Research Team members= names and affiliations.

Budget requested, showing the total cost, number of months and expenditures by category (Personnel, Travel, Equipment, Supplies and Services, Communication and Dissemination).

Page 2 *The Research Objectives, Design, Methods, Schedule*

Provide a brief outline. Are the research objectives explicit, achievable and linked to each other? What approach will be taken to ethical issues? What tools and procedures will be used to collect and analyze information?

Page 3 *The Research Team*

Are training, skills, experience, diversity and roles appropriate for the objectives?

The Dissemination Plan

Who is the target audience? What partner involvement, linkages and strategies will be used to encourage knowledge transfer and uptake? Beyond the life of the project?

Page 4 *The Policy and Program Rationale*

Why is this a priority for your organization? What issue does this research address? What is the significance of the new knowledge to be added for policy and program development?

Deadline dates: Please check NHRDP's web site for deadline dates.

Contact Information: The NHRDP Guide is available on the NHRDP website.

NHRDP WEBSITE ADDRESS: <http://www.hc-sc.gc.ca/hppb/nhrdp>

Prevention and Community Action Programs, Health Canada

Name of funder: Health Canada

Name of program: Funding Guidelines for Urban & Rural First Nations, Inuit & Metis Projects on HIV/AIDS

Criteria for accessing the funding:

I Introduction

Under the Canadian Strategy on HIV/AIDS (CSHA), \$1.2 million is managed by Health Canada and is designated to provide funding for time-limited projects that will enhance the capacity of Aboriginal communities to address HIV/AIDS, enhance sustainability, and encourage integration of HIV/AIDS work in their communities. These guidelines are related to the \$1.2 million of Aboriginal specific funding under Health Canada.

II Background

During the consultations to renew the National AIDS Strategy, Aboriginal stakeholders recognized that the Strategy had supported First Nations, Inuit and Metis HIV/AIDS programs; however, this support was seen as inadequate. As a result, stakeholders recommended that any new National AIDS Strategy must include specific funding designated for Aboriginal community-based HIV/AIDS initiatives. In response to this recommendations the CSHA, has identified specific funds to support HIV/AIDS programs for First Nations, Inuit and Metis infected and affected by HIV/AIDS.

National Roundtable Consultation Process

The \$1.2 million allocated to HPPB to address HIV/AIDS issues affecting non-reserve urban and rural First Nations, Inuit and/or Metis is managed by the HIV/AIDS Division. The CSHA is guided by the policy directions of enhanced sustainability and integration, increased focus on those most at risk, and increased public accountability. Subsequently, Health Canada must situate the \$1.2 million for solicitation of non-reserve urban and rural community-based First Nations, Inuit and/or Metis HIV/AIDS projects within these new policy directions. These initiatives must also consider the most effective and efficient implementation mechanisms within the context of Aboriginal self-determination. In order to obtain clear recommendations regarding the administration of \$1.2 million in funding for the solicitation of non-reserve urban and rural community-based First Nations, Inuit and/or Metis HIV/AIDS projects, Health Canada initiated a national roundtable process. The goal of the national roundtable process was:

§ To provide an opportunity for key stakeholders working with HIV/AIDS issues affecting First Nations, Inuit and Metis living in non-reserve urban and rural settings to provide suggestions for the development of funding guidelines for The Canadian

Strategy on HIV/AIDS (CSHA) \$1.2 million in contribution funding for non-reserve First Nations, Inuit and Metis HIV/AIDS projects.

Stakeholders involved in this process included community-based health and social service organizations - particularly urban and other non-reserve Aboriginal organizations working with HIV/AIDS issues, other stakeholders working with Aboriginal HIV/AIDS issues, Metis groups, and First Nations and Inuit organizations.

The Roundtable process was administered by the Canadian Aboriginal AIDS Network (CAAN), and was guided by the National Aboriginal Reference Group on HIV/AIDS (NARGHA). This group is comprised of key stakeholders from First Nations, Inuit and Metis organizations and communities. To meet the goal of the national roundtable process, participants at each round table were asked to examine the following areas as they relate to the \$1.2 million in contribution funding for non-reserve First Nations, Inuit and Metis HIV/AIDS projects:

- 1) Defining Need and Assessing Need
- 2) Long Term Vs Short Term Project Funding
- 3) Project Proposal Review
- 4) Project Management
- 5) Evaluation
- 6) Regional and National Allocations

CAAN also organized a summary roundtable in Halifax, Nova Scotia in April, 1999, that brought together participants from each of the five national roundtables and members of the NARGHA and CAAN=s board of directors. The goal of this community wrap-up roundtable was:

§ To provide an opportunity for key stakeholders selected from participants at the five National Roundtables to develop some consensus recommendations for the development of funding guidelines for the \$1.2 million in contribution funding for nonreserve urban and rural First Nations, Inuit and Metis HIV/AIDS projects. These guidelines are the result of these extensive community consultations.

III Culturally Relevant Approach

A project uses an approach which is culturally relevant to First Nations, Inuit and Metis people is encouraged when applying for funding under these guidelines. This approach could;

- § reflect the diversity of First Nations, Inuit and/or Metis
- § recognize the importance of Aboriginal self-determination and autonomy
- § recognize the impacts of attempted colonization and assimilation on individuals and communities
- § develop communication strategies that recognize first languages, dialects and

translation

- § develop resources based in traditional concepts appropriate to First Nations, Inuit and/or Metis
- § recognize the diversity of Aboriginal traditional beliefs systems, values, principles, spirituality, teachings, ceremonies and medicines
- § recognize the diversity of non-traditional belief systems within the Aboriginal community
- § incorporate traditional perspectives of diverse gender and sexual roles
- § be flexible, non-judgmental
- § work in balance with people from other cultures and backgrounds

IV Who is eligible for this funding?

- § Community-based Aboriginal organizations with a clear HIV/AIDS mandate
- § Community-based Aboriginal organizations with HIV/AIDS programming
- § Community-based Aboriginal organizations with a health mandate and the potential to deliver HIV/AIDS programs or services

Only not-for-profit organizations are eligible to apply for PCAP Aboriginal project funding. An Aboriginal organization is defined as any organization that is directed by a *majority* of people of Aboriginal descent.

V What are the priorities for project funding?

Projects must address aspects of the following priority areas. Activities should:

- § build on existing work being done in the community
- § enhance partnerships and sustainability
- § work to make HIV/AIDS a part of the work done by existing Aboriginal services/agencies that may not presently do this type of work

VI What are the criteria for project funding?

All proposals must meet the following criteria:

- § that the agency sponsoring the project demonstrates a current knowledge of the local, regional or provincial HIV/AIDS issues facing urban and rural First Nations, Inuit, and/or Metis people, based on the scope of the project, OR demonstrate partnerships with existing agencies that currently have this knowledge
- § that proposals have a clearly defined population that will be reached by the project, with information to demonstrate how the needs of that population were determined
- § that workplans have clear objectives, activities and measurable outcomes

- § that proposals meet the criteria for proposal review. To do that:

- 1) You must answer all the questions in the application form;
- 2) Make sure that your intentions are clear and your approach strong in all of the areas (applications that, for example, have clear objectives and workplans, but do not have strong ideas in the area of evaluation, will rate lower than a proposal with a strong showing in all areas of the application);
- 3) Attach all documentation that is asked for in the application.

§ All proposals must contain an element of evaluation in their workplans. Evaluation is an important tool that can be used to continually improve services provided, or improve the ongoing development of a project.

VII Evaluation

An evaluation should, at least, answer the following questions:

- 1) Did the project do what it said it would do?
- 2) Which aspects of the project were most effective?
- 3) Which of the objectives were met and how?
- 4) What could the project have done differently?
- 5) How can other communities benefit from the work this project has done?

VIII What types of projects are eligible for this funding?

This urban and rural \$1.2 million funding initiative is designed to provide funding for timelimited projects that will enhance the capacity of Aboriginal communities to address HIV/AIDS, enhance sustainability, and encourage integration of HIV/AIDS work. The types of projects supported by this funding are flexible, as long as they benefit rural and urban off-reserve communities and meet the criteria set out in Section VI. However, the lessons learned in previous evaluations of community-based AIDS work have clearly shown the benefit of partnerships in the community to ensure that effective and needed projects continue beyond the initial term of funding.

IX What kind of projects are not eligible for this funding?

- § On-Reserve Initiatives
- § Research Projects (not including needs assessments)
- § Direct Services e.g., medical treatment, needle exchanges, etc.
- § Operational activities not directly related to the project

X What should our project affect?

All projects must benefit urban and rural off-reserve Aboriginal communities and must address HIV/AIDS in one of the following areas. **Concentrating on one or just a few of**

these areas will help focus your project and make it more effective. If you choose to address more than one area, your proposal must demonstrate your organization's capacity to undertake more than one initiative at a time.

- § Increase community willingness to respond to HIV/AIDS
- § Target prevention to at-risk populations
- § Use a harm-reduction approach to prevent the spread of HIV
- § Help First Nations, Inuit and Metis people living with HIV/AIDS improve and/or sustain their health
- § Improve access to existing HIV/AIDS services and programs, and related health services
- § Develop partnerships, networks and coalitions
- § Increase the skills and capabilities of Aboriginal AIDS service organizations
- § Provide training at the community level in the areas of evaluation, program development, social marketing and fund-raising

XI How long can our project be funded?

Project funding is time-limited to a maximum of two (2) years. Continued funding for projects of a (4) year duration will be considered but only after the successful completion of an evaluation of workplans and outcomes before the end of the two (2) years. While four year projects with a clear evaluation plan can be submitted, applicants are encouraged to develop projects in terms of no more than two (2) years at a time. (See Section VII)

XII Funding Allocations

Health Canada, Health Promotion and Programs Branch, will nationally administer funding allocations over the following six regions:

§ Atlantic

- i) Prince Edward Island, New Brunswick
- ii) Newfoundland, Nova Scotia, Labrador

§ Quebec

§ Ontario

§ **Manitoba/Saskatchewan**

§ **Alberta/NWT/Nunavut**

§ **British Columbia/Yukon**

XIII Review Process

Health Canada will establish a deadline for proposals with each call for proposals associated with this fund. If you are unsure of the deadline, please contact the HIV/AIDS Prevention and Community Action Programs, Health Promotion and Programs Branch, Health Canada in Ottawa. All proposals received by the deadline will be reviewed by Health Canada national and regional staff along with community representatives who will make up a national review committee. The review committee will include the following representatives:

- § Two First Nations, two Inuit, and two Metis representatives
- § One Aboriginal person living with HIV/AIDS
- § HIV/AIDS Prevention and Community Action Programs (PCAP) Staff

Attempts to ensure that the review committee is regionally representative and gender equal will be made wherever possible.

In order to form the national review committee, Health Canada will solicit a general call for nominations from Aboriginal organizations and regional partners across Canada. Health Canada, in consultation with Aboriginal community representatives will then select reviewers from the nominations put forward.

The following criteria will be used when selecting representatives for the proposed review committee:

§ Individuals with a history of HIV/AIDS program or service delivery to First Nations, Inuit and/or Metis people, on a local, regional or national level, and demonstrated experience in program management, proposal writing, program design and development and evaluation;

§ Individuals who can contribute to an annual review process for a two year maximum term;

§ Individuals who have an understanding of holistic health, health promotion,

community development, HIV/AIDS work, related issues facing First Nations, Inuit and Metis people living in urban and rural settings and with particular knowledge of: injection drug users (IDU=s), women, prison populations, men who

have sex with men (MSM), and Two Spirit (gay, lesbian, bisexual and transgender) people;

§ Individuals who are First Nations, Inuit or Metis.

Note: In the event of a conflict of interest, e.g. a member of the review committee is connected to an agency applying for funding, that member will be required to step down from the committee for the duration of the period of conflict.

Deadline dates: **Tentative Dates are December 31, 2001
(For projects starting April 1, 2002)**

Contact Information: **HIV/AIDS Prevention and Community Action
Programs
Health Promotion and Programs Branch
Ottawa, Ontario
1-613-954-5157 or 1-613-952-7199**

Canadian Rural Partnership Pilot Projects

Introduction:

In December 1997, the government formally endorsed a rural initiative for crossgovernment activities under the banner of the Canadian Rural Partnership (CRP). The CRP provides a federal framework within which the renewed commitment to rural Canadians can be realized. To date, more than 26 federal departments and agencies are working together to improve access to federal programs and services in rural areas, support cross-government rural partnerships and coordinate policy that focuses on rural community development.

The challenge is to make rural Canada a full partner in Canadian society by working together to develop tools, which will help rural residents to remain in their communities and prosper. Ensuring quality access to education, training, infrastructure, communications, capital, research and development products and other important tools is a vital precondition for rural Canadians to meet their economic and social development needs. Increasing economic activity, improving job opportunities and providing better access to a full range of services in the rural areas of the country are necessary to help level the playing field for rural Canadians. These can be achieved most effectively in partnerships with rural communities, provincial and municipal governments, First Nations, the private sector and local economic development officials.

Objectives:

The CRP Pilot Projects Initiative is designed to work through partnerships with community groups operating in rural areas which can include the private sector, the voluntary sector, co-operatives and other levels of government. Through such partnerships, the CRP Pilot Projects Initiative will support rural Canadians as they pursue creative, community-based responses that promote strong, sustainable community development in rural and remote areas.

Administration:

These Guidelines have been prepared to explain:

the objectives, application procedure, and operation of the Pilot Projects Initiative and,

the specific criteria that will be employed in awarding funding under the CRP Pilot Projects Initiative.

Inquires regarding the administration of the CRP Pilot Projects should be addressed to the Rural Secretariat:

Steven Bigras (613) 759-7041
Deborah Yarush (613) 759-1483
Claudette Sauve (613) 759-1480

Fax: (613) 759-7105
email: bigrass@em.agr.ca

Mailing address is:
Agriculture and Agri-Food Canada
Rural Secretariat
Sir John Carling Building
930 Carling Avenue, Room 4112
Ottawa, Ontario
K1A 0C5

Criteria:

1) Eligibility

Pilot Projects are meant to encourage community-based solutions to help improve the quality of life for Canadians living in rural and remote areas. As such, CRP Pilot Projects applicants should be rural residents, local, municipal, provincial or national rural stakeholder organizations and/or associations, community development associations, and/or rural not-for-profit organizations.

2) Priority Areas

As part of CRP=s Rural Dialogue, eleven priority areas were identified. Each project must demonstrate that it addresses one or more of the following priority areas:

1. Improve access to federal government programs and services for rural Canadians;
2. Improve access to financial resources for rural business and community development;
3. Provide more targeted opportunity/programs and services for rural youth, including Aboriginal youth;
4. Strengthen rural community capacity building, leadership, and skills development;
5. Create opportunities for rural communities to maintain and develop infrastructure for community development;
6. Connect rural Canadians to the knowledge-based economy and society and help them acquire the skills to use the technology;
7. Strengthen economic diversification in rural Canada through more targeted assistance;
8. Work with provincial/territorial governments to examine and pilot test new ways to provide rural Canadians with access to health care at reasonable cost;

9. Work with provincial/territorial governments to examine and pilot test new ways to provide rural Canadians with access to education at reasonable cost;

10. Foster strategic partnerships, within communities, between communities and among government(s) to facilitate rural community development;

11. Promote rural Canada as a place to live, work and raise a family recognizing the value of rural Canada to the identity and well-being of the nation.

3) Funding

A total of \$3 million is available to support CRP Pilot Projects for 1999-2000.

The CRP is not meant to replace normal core funded activity of the applicant=s organization or participating federal departments.

CRP funds are intended as a catalyst to encourage partners to come together to test creative, innovative approaches which are clearly incremental to activities already being supported by other federal government programs.

In order to encourage as much project activity as possible across a broad geographic area and include as many projects as possible, funding from CRP will not exceed (50%) of the total project costs, up to a maximum of \$100,000, whichever is the lesser amount.

4) Proposal Assessment

In order to meet the objectives of the CRP, proponents seeking funding will be assessed according to the following criteria:

Proposals should be **innovative**:

Projects should promote self-sufficiency and independence through creative, sustainable solutions that do not result in an ongoing reliance on federal support.

Projects should demonstrate innovation by testing new approaches and/or models for rural development.

Proposals should demonstrate **local impact**:

Projects should show the degree of community support by working together with, but not limited to, existing rural networks to build greater grassroots participation in communitybased development.

Projects should show potential long and/or short term benefits for the community.

Proposals should contribute to **government priorities**:

Projects should be designed to address at least one of the eleven priority areas.

Projects should be consistent with sustainable development considerations.

Preference will be given to projects with potential for broad application in other communities throughout Canada.

Proposals should demonstrate a **multi-partner approach, including shared contributions**:

Partnerships and cost-sharing arrangements should include at least one federal department

(other than the Rural Secretariat) and may also include non-federal partners, such as a province, the private sector or an NGO. Preferences will be given to multi-stakeholder and/or multi-sectoral projects.

5) Evaluation Framework

Since CRP activity is meant to model best rural practices, evaluation of project activities is critical. A detailed evaluation plan is required as an integral part of each project proposal. This plan must clearly outline how evaluation issues will be handled, including the short-term and long-term outcomes and success indicators.

6) Deadline for Proposals

All project applications must be received by July 15, 1999. Please note that subsequent annual CRP Pilot Projects initiative deadlines will be March 31.

Application Procedure

The following will guide you through the pilot project application procedure. Please keep in mind that project proposals should not exceed five (5) pages in length (additional documentation can be attached).

4. Project Title

(Maximum five or six words)

2 Legal name, address, telephone number, fax number, e-mail address and contact person.

3. Project Summary

Provide a clear, concise description of the project, it should be no more than one page.

4. Purpose of the Project

Provide a brief statement outlining the objectives of the project.

5. Project Description

This section provides an overview of your project:

5.1 Brief overview of your organization, who you are, how long you have been operating, your main activities and accomplishments. Provide a brief description of the characteristics specific to your community or region, such as economic profile, social issues, and geographic and demographic information.

5.2 Who is the specific target audience for the project? Are project results likely to be broadbased and/or national in applicability?

5.3 Indicate the potential long and short-term benefits for the community as well as the degree of community support and/or involvement.

5.4 Outline the proposed work plan for the project, including time frames. Projects should be completed in 12 months or less. Will an analysis of best practices or a literature review be required? Will a model be tested, and if so, over what period, at how many sites, in what

settings, and with how many participants?

6. Evaluation

Ensure that the project objectives are focused and measurable.

6.1 Describe overall expected impact and outcome. Goals and outcomes should be specific, clearly defined, attainable and measurable. A clear evaluation plan should be included which indicates the measures that will be established to monitor success indicators, any data/information that will be collected and whether there will be follow-up questionnaires, surveys or other processes to collect impact information.

6.2 Where best practices are to be shared, provide a dissemination plan to describe how project results could be shared with other audiences. For example, will findings be shared at workshops/seminars/conferences, submitted to journals, newsletters, etc., disseminated to appropriate organizations?

7. Partners

The CRP provides funding on a cost-shared basis. Applicants must ensure that the costs of projects are shared, and are strongly encouraged to seek partners to share costs and broaden expertise to maximize the potential impact of project results. (Commitment letters from partners should be attached).

7.1 Identify your partners (organization, contact name and phone number) and ensure that they are confirmed for the project. What are the roles of your partners in the project? How and what will they contribute to the project (e.g. capital, equipment, software, expertise, facilities)? A reasonable financial value should be assigned to support in kind items.

7.2 Provide details on other funding sources sought particularly with other federal or provincial programs.

8. Budget

Provide a detailed breakdown of project expenditures, and clearly indicate which items CRP funds will be used for, and which costs or services your organization and/or partners are contributing to the project.

8.1 Costs eligible for CRP funding:

Direct salaries and benefits for each person to be employed on the project, and indicate what their relationship will be to the project.

Consultants who generally provide expertise that is not available within the applicant's organization. Identify the services they will provide and the costs associated with those services.

Direct materials and supplies related to the project.

Costs associated with the evaluation of the project by a third party contractor.

Costs associated with printing, information technology and communication services.

Travel expenditures must be accompanied by details and a rationale. Please keep in mind they must also be in line with the Treasury Board Travel Directive. Will applicants know how to get information on this?

Purchase of electronic equipment such as computers, monitors, scanners, video cameras cannot exceed 10% of the total CRP funding.

8.2 Costs not covered by the CRP:

Capital expenditures related to the construction/renovation of structures and/or buildings.

Regular on-going operational activities of the institution or organization.

Indirect costs such as administrative overhead.

Costs of international travel.

Costs related to the development and testing of commercial products for private benefit.

Organization and/or sponsorship of conferences.

Costs being reimbursed under an existing federal or provincial program.

8.3 Indicate if it is anticipated that the project will generate revenue. What is the source? How much and how it will be used?

9. Key Project Personnel

Identify the name, title, phone number and qualifications of the person(s) responsible for the project and other key project personnel (attach resumes as appendices), including the names, and phone number of consultants/researchers to be contracted by the project proponent(s).

CRP Pilot Project Proposal should be sent to: CRP Pilot Projects, Agriculture and Agri-Food Canada, Rural Secretariat, Sir John Carling Building, 930 Carling Avenue, Room 4112, Ottawa, Ontario K1A 0C5

Glaxo Wellcome and BioChem Pharma

Background and objectives

§ Over the last four years, Glaxo Wellcome and BioChem Pharma have together supported more than 50 community projects with a total of \$460,000 through their HIV/AIDS Community Support Program.

§ To mark the 5th anniversary of their active community involvement, Glaxo Wellcome and BioChem Pharma this decided to launch a new program, the AHIV/AIDS Community Innovation Program. The purpose of this program, through which \$100,000 in grants will be awarded this year, is to promote innovative projects that can meet the growing needs of certain groups of people living with HIV/AIDS who face greater difficulty gaining access to service, treatment and the health system.

Addressing barriers to treatment - Four groups targeted for the year 2000*

1. Women living with HIV/AIDS
2. People living with HIV/AIDS who are from an endemic country and resident in Canada
3. People living with HIV/AIDS in prison or a parole program
4. People living with HIV/AIDS in a rural or semi-rural area where the distance that must be travelled to consult HIV/AIDS specialists is an obstacle to treatment.

**Please note that target groups may change from one year to the next.*

Application Process

Mailing of letter and form Week of May 15, 2000

Deadline for receiving completed forms July 3, 2000

Answers sent out September 2000

Cheques sent to selected organizations End of October 2000

§ A total of \$100,000 will be granted in 2000, with a project maximum of \$15,000. In 1999 seventeen projects received funding through this program.

§ The information entered on this form will be reviewed by Glaxo Wellcome and BioChem Pharma in consultation with members of the community advisory committee.

§ All documents must be standard size (8 1/2" x 11", printed recto only) or in Microsoft Word (if sent by email).

§ Please note that applications that do not meet these requirements will be returned to the sender and will not be submitted for evaluation.

Eligibility criteria (Please ensure that the information you provide in your application addresses all these criteria)

§ Only not-for-profit Canadian charitable organizations accountable to their members and recognized

by Revenue Canada may apply.

§ Organizations applying for grants must work mainly in the field of HIV/AIDS and have demonstrated expertise in the management of projects with the target population or must partner with an organization that has such expertise.

§ Organizations that have received financial support or a promise of financial support from Glaxo Wellcome or BioChem Pharma for a total of \$30,000 or more between January 1 and June 15, 2000 are not eligible.

§ Organizations must have a demonstrated ability to work with partner organizations or agencies.

§ The project must be carried out in Canada.

§ The project or activities funded must be focused on addressing barriers to treatment and meeting the healthcare needs/improving the quality of life for people living with HIV/AIDS from one or more of the target populations, without duplicating or replicating services already offered in the area served by the organization.

§ The project must be in the planning or implementation stage. Completed projects are not eligible.

§ The project must have a demonstrated plan to ensure future funding sustainability since funding will be provided on a one-time basis only.

§ Only one project may be funded per organization.

§ Glaxo Wellcome and BioChem Pharma reserve the right to fund projects fully or partially.

Submitting your application

Make sure you have included:

1. A completed application form that includes a project budget and timetable
2. An up-to-date list of members of the organization=s board of directors

Mail or e-mail the application to the following address:

HIV/AIDS Community Innovation Program

c/o Project Coordinator

771 Gougeon Street, Saint-Laurent, Quebec H4T 2B4

cxx36478@glaxowellcome.com

Additional Information

If you have specific questions about the Community Innovation Program, contact the program coordinator at 1-800 463-6314, ext. 269, fax (514) 738-4875, e-mail cxx36478@glaxowellcome.com

Section A: General Information about the organization and organization contacts

Name of organization _____

Contact person _____

Address _____

E-mail address _____

Telephone (office) _____

Fax (office) _____

Date of incorporation _____

Charitable registration number _____
Provincial or national affiliation (for example,
Canadian AIDS Society, COCQ-SIDA, etc.):

***Please attach a list of the organization=s current Board of Directors.**

Section B: Description of the organization

1. Mission statement of the organization applying for support
2. Area served
3. Basic information
_____ Number of employees (number of paid hours per week/35 hours = 1 employee)
_____ Number of active volunteers
_____ Number of people living with HIV/AIDS served per year

Section C: Financial situation

1. Please attach a copy of your organization=s most recent audited financial statements and a summary budget of income and expenses for the current financial year.
2. Do the organization=s financial statements currently show a surplus of 5% or more (surpluses include allocated as well as unallocated reserves)?

Yes: _____ No: _____

If yes, please explain.

Section D: Description of project (a project is an activity or group of activities with measurable objectives and an identified beginning and end)

- S Name of project.
- S Funding amount requested.
- S Target population (who are you targetting, and how many people you intend to reach):
- S Project objectives and activities (what are your population=s specific needs, and how you plan to address them):
- S Timetable (when you will implement your project):
- S Expected results of the project (how your project will improve access to the healthcare system/improve the quality of life of your target population):
- S Project partners (other organizations with which you will work, and how):
- S Project budget (indicate other expected income, apart from the Community Innovation Program):
- S Future funding (how will you fund your project in the future):

Section E: Declaration

I declare that the information in this application is true and correct.

Signature of Executive Director or Chair, Board of Directors Date

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- \$ funding interests
- \$ financial overviews
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relevant to all Canadian fundraising research, but does not limit its scope to only Canadian sources. The online search tools are user-friendly, and individuals with basic internet research skills have no difficulty putting it quickly to use. In addition, the BIG Search Help file provides a listing of the search operations needed to complete an effective search. An attractive aspect is that rather than providing an immense amount of raw information for the researcher to struggle with, **BIG Online's carefully pre-screened data gives a good picture of whether or not the prospect will be a good fit.**

The information provided in the BIG Resource Centre is particularly useful to the grant

proposal writer. In addition to a comprehensive and detailed outline of how to write a successful grant proposal, it also supplies four samples of successful proposals...a valuable resource for both experienced and Agreen@ proposal writers.

The BIG News and BIG Links components are also useful research resources. BIG News provides up-to-date news releases relating to the fundraising field. BIG links provides a wide variety of links to some of Canada=s major online newspapers, and other sources such as government libraries (for statistical research) and online fundraising publication and sites.

The cost of **BIG Online** is \$1,595 annually and up depending on the service configuration, and the service includes a full support package and online help during PST/PDT working hours. Metasoft also stands behind its product by offering a hard-to-beat six-month money-back guarantee.

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Email dianne@bigdatabase.com

Glossary & Sample Materials

ACAP AIDS Community Action Program, Health Canada

AHD-MOH Aboriginal Health Division, Ministry of Health and Ministry Responsible

CSHA Canadian Strategy on HIV/AIDS

CRP Canadian Rural Partnership

FNIHB First Nations and Inuit Health Branch, Health Canada

PCAP Prevention and Community Action Programs, Health Canada

RRHAN The Red Road HIV/AIDS Network Society

¹ The Red Road: Pathways to Wholeness, an Aboriginal Strategy for HIV and AIDS in BC, The BC Aboriginal HIV/AIDS Task Force, February 1999