

# 2024/2025 COMMUNITY LED-LEARNING GRANT

## APPLICATION PROCESS

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In fulfilling the vision and intention of the Community-Led Learning initiative, First Nation, Métis, and Inuit communities are encouraged to apply for the Community Led-Learning Grant to provide information and resources to Northern Health staff.

Application reviewal process will begin **September 15, 2024**.

### **Communities can apply to the different funding projects below:**

**Large regional projects:** A large regional event might include more than one community and be held in a larger location in any one of the three subregions in the Northwest, Northeast or Northern Interior Health Service Delivery Areas (HSDAs). It can have aspects of in-person and virtual, if deemed appropriate and possible. It might include new and innovative approaches that support Northern Health staff in better understanding First Nation, Métis, and Inuit communities and their people.

**1 grant per subregion** to a maximum \$30,000 per project is available (\$10,000 each year) over a three-year term.

**Lunch and Learns:** These can be virtual or face to face, and can be information sharing and include, but are not limited to, cultural protocol practices, successful programs, or showcase excellence in Indigenous-led services and Indigenous health champions and leaders.

**6 grants per subregion** are available to a maximum of \$750 per lunch and learn.

**Local learning:** This can be learning that occurs by invitation to a local community and occur on the land. It can include, but is not limited to, learning through such things as medicine walks, discussion around traditional wellness practices, tours of a health centre, and knowledge sharing around supports that are offered and how health staff can provide further supports.

**2 grants per subregion** are available to a maximum of \$ 10,000 per project.

## **FUNDING CRITERIA**

IMPORTANT DATES	
Applications open	June 30, 2024
Application reviewing process begins	September 15, 2024
Notification of successful applicants	September 30, 2024
Final reporting due	April 30, 2025 Lunch and learn Local learning 1st year large regional report due  April 30, 2026 2nd year large regional report due  April 30, 2027 3rd year large regional report due

1. Maximum funding available is dependent on which project you are selected for.
2. Communities can submit more than one application for review. However, funding will be limited to only one grant per community. If more than one application is submitted, please identify your organization's priority of projects (e.g., 1st, 2nd, etc.). Evaluation of any additional applications may be considered once all applications have been reviewed and where there is grant funding still available.
3. Any projects that have been funded previously will need to have submitted their final report to apply for future funds.
4. A letter of support is required.
5. Contact Indigenous Health Education if you need assistance with the application:
  - Georgina Scully, Northwest – [georgina.scully@northernhealth.ca](mailto:georgina.scully@northernhealth.ca)
  - Glenn Laliberte, Northeast – [glenn.laliberte@northernhealth.ca](mailto:glenn.laliberte@northernhealth.ca)
  - Regina Carlson, North Interior – [regina.carlson@northernhealth.ca](mailto:regina.carlson@northernhealth.ca)
6. **ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED FOR EVALUATION.** Please ensure you complete all fields and provide additional contact information should we need to contact you.
7. Completion of the attached application form can be sent to:

**Email:** [indigenoushealth.aire.requests@northernhealth.ca](mailto:indigenoushealth.aire.requests@northernhealth.ca)

# 2024/2025 Community Led Learning Grant

## APPLICATION FORM

<b>Funding Recipient:</b>	Click or tap here to enter text.	<b>Region:</b>	<input type="checkbox"/> Northwest <input type="checkbox"/> North Central <input type="checkbox"/> Northeast
<b>Indigenous Organization, Community, or Community Member:</b>	Click or tap here to enter text.		
<b>Key Northern Health contact:</b> If unsure, contact Northern Health, Indigenous Health to assist in identifying a local partner.	Click or tap here to enter text.		
<b>Contact Information: (Health Director or Equivalent)</b>  <b>Contact Person</b> <b>Box Number</b> <b>City/Town</b> <b>Postal Code</b> <b>Phone</b> <b>Email</b>	Click or tap here to enter text.		
<b>PROJECT DETAILS</b>			
<b>Name of project:</b>	Click or tap here to enter text.		
<b>Short description:</b>	Click or tap here to enter text.		
<b>Background:</b>	Click or tap here to enter text.		
<b>Project category</b>  Can check off more than one if you want your project to be considered for each area of funding.	<input type="checkbox"/> Large Regional Project <input type="checkbox"/> Lunch and Learns <input type="checkbox"/> Local Learning		
<b>Will your project be a multiple community investment?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>A multiple community investment is a project that will serve more than one community.</b>

## **Expected outcomes:**

Click or tap here to enter text.

## **Project overview:**

Click or tap here to enter text.

**BUDGET**

The budget is to be inclusive of the total costs projected for the full project.

<b>Category (These are examples only)</b>	<b>Details of category items</b>	<b>Budget Assumptions (Hourly or daily rates, hours per week, # of weeks or months, etc.)</b>	<b>Total</b>
Wages	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
MERCs/Benefit	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Contractor fees	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Honorarium	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Rent	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Travel	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Materials & supplies	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other (explain)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Administration	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>PROJECT TOTAL</b>			Click or tap here to enter text.

**PROJECT PARTNERSHIPS**

*Only include if relevant to proposed project*

<b>Name of Project Partner</b>	<b>Financial Contribution</b>	<b>In-Kind Contribution</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**WE UNDERSTAND AND AGREE:**

- That a separate financial account or project cost center must be set up for any projects funded by Northern Health.
- Any reports will be submitted by April 30, 2025.
- To participate in on-site financial monitor(s) and contract management visits upon the request of Northern Health.

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

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**Signature of Signing Officer**

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**Job Title/Position of Signing Officer**

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**Print Name of Signing Officer**

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**Date**

**Final Report:**

**SECTION A: NARRATIVE REPORT**

<b>1.COMMUNITY INFORMATION</b>		
<b>Organization:</b> <b>Contact:</b> <b>Email:</b> <b>Telephone:</b> <b>Fax:</b>	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	
<b>2.PROJECT NAME AND FILE NUMBER</b>		
<b>Project Name</b> <b>NH File #</b>	Click or tap here to enter text.	
<b>3.AUTHORIZATION TO RELEASE REPORT</b>		
	<b>COMPLETED BY</b>	<b>MANAGER'S APPROVAL</b>
<b>Name</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Title</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Signature</b>		
<b>Date</b>	Click or tap to enter a date.	Click or tap to enter a date.
<b>4. REPORT SECTIONS SUBMITTED (Please Check Boxes and Complete Both Sections)</b>		
<input type="checkbox"/>	SECTION A: Narrative Report	
<input type="checkbox"/>	SECTION B: Financial Report	
<b>5. OPTIONAL ATTACHMENTS (Please Identify)</b>		
<input type="checkbox"/>	Community Notices, Posters, Photographs, Testimonials etc.	
<input type="checkbox"/>	OTHERS (Please identify)	
Attach additional pages as necessary		

SECTION A: NARRATIVE REPORT

**ACTIVITY SUMMARY**

Please report on funded activities, highlights, how you feel the participants and the community received the project, number of participants, and any other information you feel is relevant. Please include photographs if possible and ensure that you have permission to use the photos as Northern Health Indigenous Health – Northern Health may utilize these in communications material.

**Overall Summary:**

Click or tap here to enter text.