



CANADIAN DIABETES STRATEGY Community-Based Program

2011/2013 Guide for Applicants

THESE PROGRAM GUIDELINES WILL FOCUS ON THE **COMMUNITY-BASED PROGRAM** OF THE **CANADIAN DIABETES STRATEGY (CDS)**. THIS PROGRAM WILL PROVIDE FUNDING FOR TIME-LIMITED PROJECTS TO DEVELOP, IMPLEMENT, AND EVALUATE COMMUNITY-BASED INITIATIVES (BOTH NATIONAL AND REGIONAL IN SCOPE).

Community-based programs can substantially promote a positive shift in health status in at-risk populations. These projects are tailored to the particular needs of communities, taking into account cultural and ethnic diversity, demographics, and other existing risk conditions such as obesity and physical inactivity.

"Community" refers to a group of individuals and/or organizations sharing a common identity based on culture, geographic location, values, interests, norms and/or agreed upon beliefs or goals. This can include communities of practice such as communities of practitioners, researchers, planners or policy-makers as well as the public health and health care communities.

Priority Areas for funding in the *CDS Community-Based Program* are:

1. **Screening and early detection; and**
2. **Self-management**

Within these Priority Areas, there may also be a **secondary focus** on:

- a) **Kidney disease;**
- b) **Diabetic retinopathy;**
- c) **Diabetic foot ulcers;**
- d) **Cardiovascular disease; or**
- e) **Mental illness/mental health**

Applicants should refer to their Invitation to Submit Application (ISA) letter to determine which priority area(s) they must address in their proposals.

Please note that these funding guidelines are subject to change in future years.

BACKGROUND

Diabetes¹ is a major public health issue in Canada and elsewhere in the world. It is estimated that approximately 2 million Canadians have diagnosed diabetes²; of these one-third are undiagnosed. The disease affects all ages. However, more children are being diagnosed with type 2 diabetes, especially in the Aboriginal and high-risk ethnic populations. The epidemics of obesity (in particular, additional weight around the middle) and the low level of physical activity among young people, as well as exposure to diabetes *in utero*, may be major contributors to the increase in type 2 diabetes during childhood and adolescence.

Evidence shows a substantial proportion of the predominant type of diabetes, type 2, can be prevented or delayed through targeted and sustained lifestyle modification efforts among those at high risk.

Another form of diabetes is type 1 diabetes, which is the non-preventable form of diabetes, affecting 5 -10% of the population with diabetes³. Since individuals develop type 1 diabetes at an early age, they are more likely to develop complications such as blindness, kidney failure, heart disease, limb amputation, stroke and premature death. Quality of life can be largely preserved, and risks of long-term complications reduced, through the provision of effective health care, education and self-management.

CANADIAN DIABETES STRATEGY AND ITS COMMUNITY-BASED PROGRAM

To help curb the growth of type 2 diabetes, the Federal Government made a commitment in 1999 to support the Canadian Diabetes Strategy (CDS). The CDS was renewed in 2005 under a larger strategy known as the Healthy Living and Chronic Disease Initiative. The Aboriginal Diabetes Initiative (ADI), formerly a part of the original CDS, operates under the First Nations and Inuit Health Branch of Health Canada. If you would like to obtain information on the Aboriginal Diabetes Initiative, please call (613) 941-4600 or e-mail: adi_info@hc-sc.gc.ca.

The four specific **objectives** for projects funded by the Community-Based Program within the CDS are:

¹ Diabetes – definitions

Type 1 diabetes occurs when the pancreas is unable to produce insulin. It is caused by the destruction of beta cells in the pancreas by the body's immune system. It usually develops in childhood or adolescence but may appear at any age.

Type 2 diabetes occurs when the pancreas does not produce enough insulin to meet the body's needs or the insulin is not metabolized effectively. Type 2 diabetes is usually treated through diet and exercise, although some people must also take oral medications or insulin.

Gestational diabetes is a temporary condition that affects approximately 4% of all pregnancies and involves an increased risk of developing diabetes in the future for both mother and child.

Pre-diabetes is a condition in which blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes. People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke. Changes in weight, exercise, and diet can not only prevent pre-diabetes from becoming diabetes, but can also return blood glucose levels to the normal range and delay or prevent the onset of type 2 diabetes.

Source: www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/whatis/index.html.

² *Report from the National Diabetes Surveillance System : Diabetes in Canada, 2009*. Public Health Agency of Canada.

³ *Ibid.*

- plan, implement and evaluate interventions using evidence, to address multiple risk factors among high risk populations within various social, economic and physical environments;
- facilitate and expand links among health practitioners, planners, researchers, and policy-makers within and across organizations, sectors and jurisdictions to better align strategic directions, address diabetes priorities, enhance surveillance and knowledge uptake, and exchange best practices;
- collaborate to integrate systems of prevention, detection and management of diabetes; and
- develop healthier public policies addressing prevention, early detection and management of diabetes.

In terms of **results**, projects funded by the Community-Based Program of the CDS are expected to contribute to:

- healthier public policy;
- integrated, evidence-based, responsive systems;
- increased capacity of community organizations & networks to plan, implement and evaluate interventions using evidence, to address multiple chronic disease risk factors;
- expanded capacity of health professionals to apply best practices and clinical practice guidelines to better screen, educate and counsel;
- strengthened community capacity & action to address social and physical environments; and
- enhanced individual capacity to reduce risk, or reduce complications, of chronic disease.

A logic model is attached in Appendix A. This logic model is a diagram displaying the overall objectives, target groups and expected results of projects funded through the CDS Community-Based Program. While projects are not required to develop their own logic model, this example can serve as a guide as you are planning your project. Please note that your project must implement at least one of the four objectives and contribute to at least one of the expected results of the CDS Community-Based Program.

PRINCIPLES TO ADDRESS IN THE PROJECT

Projects funded under the CDS Community-Based Program should address the following principles in project development and implementation:

- ***Promoting Participation***
Project activities must be relevant to the population being served. This is achieved by members of the population group, including official language minority communities and key stakeholders, taking an active role in developing, planning, implementing and evaluating the project, as well as in disseminating the results.
- ***Intersectoral Collaboration***

Key to the success of the **CDS Community-Based Program** is comprehensive and coordinated action by professional and voluntary sectors, in partnership with governments and the private sector. Strong collaboration at local, municipal, provincial and federal levels is necessary to mobilize resources for effective action and to create effective and coordinated activities. Partners may include volunteer and community groups, all levels of government, the business community, labour and professional organizations. As well, partnerships between the health sector and other sectors of the community are strongly encouraged.

Collaboration across sectors is essential in using a population health approach within high risk groups. Existing partnerships should be strengthened and new ones created with organizations whose mandate or activities have a direct or indirect impact on health.

Project proposals must be grounded in the population health approach, while targeting populations who will benefit from screening and early detection tools as well as self-management approaches and tools. Project proposals must also clearly demonstrate relevance to the Canadian Diabetes Strategy.

FUNDING CRITERIA

Eligible Applicants

Please note that only applicants who fall under the **following categories may be considered for funding**: Canadian non-government, non-profit, voluntary organizations; regional health authorities/health units*; hospitals; community health centres; and educational and post-secondary institutions.

Note that applicants must demonstrate their capacity to undertake the proposed activities and meet the mandatory criteria. Applicants must work with relevant partners and networks, and must demonstrate in their project plan how they will serve official language minority communities (where numbers warrant), as well as the general population.

Project Scope

Funding is available for projects that are either national or regional in scope.

Ineligible Activities and Expenses:

- direct delivery of care and treatment services;
- profit-making activities;
- direct services which are part of other governments' jurisdiction;
- costs of ongoing (core) activities of your organization or a percentage of the overhead or administrative fees of the organization;

* Except in Quebec

- membership in professional associations;
- contingency allowances or other miscellaneous fees;
- capital costs such as the purchase of land, buildings, renovation of space or purchase of vehicles; and
- pure research, in any discipline.

CDS PRIORITY AREAS

The CDS intends to ultimately benefit populations who are at higher risk for developing type 2 diabetes, as well as those living with all types of diabetes. Those at higher risk for developing type 2 diabetes and those living with diabetes may have poorer health; be more susceptible to developing chronic disease; and have difficulty detecting and managing their chronic disease. At an individual level, the high-risk group may include, but is not limited to, people who:

- have diabetes;
- have pre-clinical or asymptomatic conditions (i.e. pre-diabetes);
- are overweight/obese (particularly around the middle);
- are physically inactive;
- are over age 40;
- have high blood pressure and/or high cholesterol;
- have a serious mental illness such as schizophrenia;
- have a family history of diabetes;
- are of certain high-risk ethnocultural populations (e.g. African, Hispanic, Asian);
- have a history of gestational diabetes; and
- have given birth to a baby weighing over 9 lbs.

In order to reach these high-risk groups, projects may target health practitioners, researchers, policy-makers, and/or planners, etc. Recognizing that it may be difficult to directly reach individuals who are at high risk, community-level interventions may be appropriate. For example, to reach those with pre-diabetes or high blood pressure, a community level intervention may focus on those with low social economic status or who have unhealthy physical environments (including both natural and built environments).

National Projects:

Eligible projects must have a National scope in terms of desired outcomes, planned activities, intended target groups, and participating partners.

Projects of National scope are required to produce all documents for public distribution (findings, resources, reports, announcements) in both of Canada's official languages, and provide access to project activities in the official language of choice of members of the target population.

National projects are those that include participation from the population being served, as well as intersectoral partners from three or more Public Health Agency of Canada (PHAC) Regions.

Regional Projects:

The PHAC regions are: Atlantic Region, Quebec Region, Ontario and Nunavut Region, Manitoba and Saskatchewan Region, Alberta and Northwest Territories Region, British Columbia and Yukon Region. The Northern Region of Health Canada delivers diabetes programs in the Yukon, Northwest Territories and Nunavut.

Regional Projects are initiated by provincial, territorial, regional or local organizations.

PRIORITY AREAS OF THE CURRENT INVITATION TO SUBMIT APPLICATION FOR FUNDING

NOTE: Applicants should refer to their Invitation to Submit Application (ISA) letter to determine which National/Regional priority area(s) they must address in their proposals.

Since its renewal within the Public Health Agency's Healthy Living and Chronic Disease Initiative in 2005, the CDS targets information to Canadians who are at higher risk (e.g., family history, physical inactivity, high blood pressure, high cholesterol in blood, certain ethnic groups) especially those who are overweight, obese or pre-diabetic; and the prevention of complications among those with diabetes.

There are two significant directions for community-based programming within the enhanced CDS:

1. Screening and early detection

To support projects which develop tools and approaches for the screening and early detection of gestational and types 1 and 2 diabetes.

Rationale:

- One in three people are living with diabetes and are not aware of it⁴, which means that many affected persons are not receiving the appropriate care required to manage their diabetes.
- Furthermore, it is estimated that pre-diabetes affects roughly 5 million Canadians over age 20⁵, and if left undiagnosed may progress to develop type 2 diabetes.
- Since there are effective lifestyle and medical options to prevent the development of prediabetes and Type 2 diabetes, early detection through screening has the potential to prevent diabetes and serious debilitating diabetic complications.

⁴ Canadian Diabetes Association, accessed June 2010, <http://www.diabetes.ca/getserious/facts/>.

⁵ *Type 2 Diabetes Prevention, National Diabetes Fact Sheet Canada 2008*, Public Health Agency of Canada. Accessed June 2010. URL: http://www.phac-aspc.gc.ca/publicat/2008/ndfs-fnrd-08/ndfs_lwd-fnrd_vad-eng.php.

2. Self-management

To support the development of tools and approaches that help Canadians manage all types of diabetes, including increasing access to reliable information that will influence knowledge and behaviour change.

Rationale:

- While most people with diabetes consult with health care professionals for their screening, medications and monitoring, the burden of responsibility of care of diabetes and its complications rests with the patient themselves.
- Self-management of all types of diabetes goes beyond medication and blood glucose monitoring and includes, but is not limited to, weight control, healthy eating, physical activity, monitoring and management of cholesterol and blood pressure and care of other affected organs including kidneys and eyes.

Further, our priorities also encompass the following disease areas: **kidney disease, diabetic retinopathy, diabetic foot ulcers, cardiovascular disease and mental health/mental illness**. These contribute significantly to the burden of diabetes co-morbidities, costs and complications. **As such, projects that address one of the above two priorities *and* that target Canadians with diabetes, who also *have* or are *at risk* of one of the following conditions will be considered:**

a) Kidney Disease

- Signs of early kidney damage can develop in as many as 50% or more of people with diabetes. If left untreated, this could lead to more kidney damage or kidney failure⁶.
- People with diabetes could have serious kidney damage without being aware of it. There are usually no specific symptoms of kidney disease until the damage is severe⁷.

b) Diabetic Retinopathy

- Diabetes is the single largest cause of blindness in Canada⁸.
- Retinopathy affects 23% of people with type 1 diabetes and 14% of people with type 2 diabetes who are on insulin therapy⁹.

c) Diabetic Foot Ulcers

- Foot ulcers and wounds are one of the most devastating complications of diabetes. They arise from poor circulation associated with peripheral vascular disease and neuropathy, injury and infections¹⁰.
- Diabetic foot infections are the most common reason for admission to hospital for Canadians living with diabetes. At highest risk of amputation for diabetes foot ulcers are Canadians with diabetes who are over 40, who smoke, and have lived diabetes for 10 years or more¹¹.

⁶ Kidney Foundation of Canada, accessed June 2010, <http://www.kidney.ca/Page.aspx?pid=322>.

⁷ Ibid.

⁸ Canadian Diabetes Association, accessed August 2010, <http://www.diabetes.ca/diabetes-and-you/living/complications/vision-health/>.

⁹ Ibid.

¹⁰ Canadian Association of Wound Care, accessed June 2010, <http://cawc.net/index.php/public/feet/>.

¹¹ Ibid.

d) Cardiovascular disease

- Heart disease and stroke account for about 2 out of 3 deaths in people with diabetes¹².
- People with diabetes have an increased risk of developing high blood pressure and other cardiovascular problems, as diabetes adversely affects the arteries, predisposing them to atherosclerosis¹³.

e) Mental illness/Mental health

- People with diabetes more commonly have depressive symptoms and major depressive disorder is present in approximately 15% of patients.
- It has been estimated that type 2 diabetes is two to five times more common among people receiving treatment for schizophrenia¹⁴.
- Unhealthy life styles, poor eating habits and lack of physical activity among the chronically mentally ill increase the risk for weight gain, diabetes and related metabolic and cardiovascular disorders.
- Evidence suggests that improved emotional-social learning in children and youth leads to self-efficacy for healthy living.

Proposed projects should go beyond capacity-building as an objective and should address the development and application of best practices to positively influence behaviour change.

All proposals must clearly identify how the proposed strategic approach will address one or more of the above priority areas.

The intention of funding projects under these priorities is to develop knowledge that is generated through community-driven initiatives and can be used by others. Therefore, the involvement and engagement of intersectoral partners, such as academia, marketing, and research, is strongly encouraged. However, pure research in any discipline is not eligible for funding under this program.

Project proposals must be grounded in the population health approach, including the principles of promoting participation and intersectoral collaboration, while targeting populations who are at higher risk for developing type 2 diabetes, or those living with all types of diabetes.

OFFICIAL LANGUAGE MINORITY COMMUNITIES

The project sponsors must clearly identify the clientele of the project and, if applicable, take the necessary measures to respect the spirit and intent of the Official Languages Act

¹² *Living with Diabetes, National Diabetes Fact Sheet Canada 2008*, Public Health Agency of Canada. Accessed on March 2009. URL: http://www.phac-aspc.gc.ca/publicat/2008/ndfs-fnrd-08/ndfs_lwd-fnrd_vad-eng.php.

¹³ Ibid.

¹⁴ *Facts About Diabetes in Mental Illness*, Diabetes Prevention Program in Schizophrenia [DPPS]. Accessed March 2009. URL: <http://www.dpps.info/facts.php>.

to communicate with the public in the official language (i.e. English or French) of their choice, as well as supporting the vitality and development of official language minority communities.

The Government of Canada is committed to:

- enhancing the vitality of the English and French linguistic minority communities in Canada and supporting and assisting their development; and
- fostering the full recognition and use of both English and French in Canadian society.

Official language communities include Francophones living outside the Province of Quebec and Anglophones within the Province of Quebec.

For additional information about the Official Languages Act, please refer to www.canadianheritage.gc.ca/progs/lo-ol/index_e.cfm

APPLICATION PROCESS

Project proposals will be **solicited** by the Public Health Agency of Canada from eligible organizations. Application forms will be attached with an ISA letter. **Application forms must always be filled out and attached to project proposals and accompanying letters of support.**

The CDS Community-Based Program is delivered through the Regional offices of the PHAC (for regional, provincial/ territorial or local projects) and the National office based in the National Capital Region (for national projects). **Before developing a proposal, you should contact the appropriate Regional or National office to discuss your project idea and the proposal process** (see Appendix B for a complete listing of Regional and National offices).

The project applicant is responsible for all stages of the project, including assessing needs, designing and developing the project, conducting and evaluating the project as well as submitting progress and final reports.

The Federal Government's Fiscal Year is April 1st to March 31st. Your application must also use these dates when outlining costs for each year.

Applications not adhering to the CDS Community-Based Program *Guide for Applicants* and the format described below will not be considered for review.

Your formal application must provide the following information and documentation:

1. An **official letter** from your organization agreeing to support the project.
2. A completed and signed **Application for Funding** form.

3. A **detailed description of the project**, no more than 10 pages long. Please provide information that is brief and to the point. This detailed project description must include the following:

Your Organization

Describe your organization, including:

- ❑ mandate/vision, philosophy/principles and goals;
- ❑ services or activities now provided and number of years experience with activities similar to those being proposed;
- ❑ reasons why your organization is best positioned to sponsor the project, for example, explain to what degree your organization has (or plans to acquire) a sufficient number of qualified team members, including qualified financial and administrative staff, who have clear roles and responsibilities in order to carry out proposed activities. Provide evidence that your organization has had success including participation of the target group in your services/activities;
- ❑ organizational chart (or proof of a sound governance structure)

Project Description

The project description must:

- ❑ describe the issues and needs to be addressed by the project. Include what current evidence you are using to define the needs of your specific target population (e.g. needs assessment, surveillance data, literature search, previous evaluation or evaluation results, consultation reports, community meeting etc.).
- ❑ describe the target population(s) with and for whom the project is being developed and how they are actively involved in developing, planning, implementing, and evaluating the project, as well as in disseminating the results, and;
- ❑ describe the intended short and long-term results of the project (what your project is trying to change) and how these results will address the issues and needs of the target population.

Work Plan

The Work Plan must show:

- ❑ the objectives of the project (i.e. what do you propose to do through your project?);
- ❑ the activities you will carry out, and how these relate to the expected results;
- ❑ how long each activity will take, with approximate start and end dates;
- ❑ who is responsible for each activity (board members, staff, contract workers, volunteers, members of the applying organization, members of the target population);
- ❑ what resources are needed for each activity, including space, people, equipment, skills, time and money;
- ❑ what other community groups have offered to provide; and
- ❑ training or support your staff, volunteers and project participants will need.

Use the workplan template in Appendix C to describe all the elements listed above.

Partnerships and Intersectoral Collaboration

Describe your partnerships by including:

- who from the community will be involved;
- what activities will each partner be involved in;
- how and what each partner will contribute towards achieving the desired results of the project;
- how links and collaborations with other community resources and groups will be made;
- how you will promote the participation of your target population(s) so that they will take an active role in developing, planning, implementing and evaluating the project, as well as in the dissemination of project results; and
- how you will promote the participation and engagement of potential stakeholders and potential partners from other sectors.

Monitoring and Evaluation

Successful applicants will be required to track project information on their target population(s), activities, outputs (products and/or services), and results (outcomes) by completing a standard Project Evaluation and Reporting Tool (PERT) on the Project Data Collection and Analysis System (PDCAS). Orientation to this tool will be provided and organizations may also request additional support from PHAC.

In addition to the PERT, there may be additional information that you and your partners will find beneficial to track to conduct of a more comprehensive evaluation.

Please provide a brief overview of your plan for collecting and analysing project information. This plan should include the information required by PHAC's PERT in addition to any information desired to meet your own needs. The overview of your plan should include:

- who will oversee the evaluation (e.g. will an evaluation consultant be hired?)
- what information will be gathered about activities, outputs, and results (outcomes);
- how you will collect and analyse the information that will be gathered (for example, surveys, interviews, project records); and
- how this information may be used to change and improve the project as it is carried out.

In addition to your evaluation description, please complete the Evaluation template in Appendix D.

Also, please identify the amount of budget you will dedicate to these monitoring and evaluation activities. Typically 5-10% of your total project budget should be allocated to cover monitoring and evaluation costs.

Plan for Sharing Results of the Project

Your dissemination plan must include, but is not limited to:

- ❑ who will benefit from the results of the project;
- ❑ how the project results will reach these groups;
- ❑ how your partners and target population(s) will be part of the dissemination plan; and
- ❑ how you plan to allocate adequate time, funds and human resources.

Project Sustainability Plan, If Applicable

Time-limited project funding cannot be used to sustain the operations of organizations or to carry out ongoing core operational activities that must cease when funding ends. Only projects that clearly demonstrate a realistic time frame and time-limited activities can be recommended. Where the applicant intends the project to continue after support from the CDS Community-Based Program ends, the proposal must outline which aspects of the project will become self-sustaining. Please note that sustainability is not necessarily limited to project activities only. For example, sustainability can include:

- ❑ sustaining the issue (i.e. keeping awareness of the issue high on the agenda of all stakeholders including the public, community partners and decision makers);
- ❑ sustaining partnerships (i.e. creating and maintaining productive working relationships and maximizing the benefits of addressing an issue with a diverse group of stakeholders) (www.thcu.ca/infoandresources/sustainability.htm).

Budget

A contribution, either financial or in-kind, from the applicant and partners, is expected.

- ❑ complete the Budget section (section 5) of the *Application for Funding* form; and
- ❑ explain the various budget items in relation to project activities.

Letters of Support

- ❑ letters of support from your partner organizations, describing their role.

To be meaningful, commitment letters should demonstrate a real understanding of your project (not photocopied form letters) and identify how the organization is supporting your project.

Additional documents requested on the *Application for Funding* form.

Applicants must submit **hardcopies** of the full proposal to the program consultant in their respective Region if a Regional project, or to the National Office if a National project. Please refer to your ISA letter for the required number of copies.

REVIEW PROCESS

Only those eligible applicants that have provided the required information will be considered for review. The review process has three steps: a) internal screening; b) review; and c) final approval.

- a) *Internal screening:* All applications are screened to ensure they meet eligibility criteria, address the identified current priorities and are complete as per the ISA letter. Additional information may be requested during the review process. If an application is incomplete, fails to meet eligibility criteria and/or fails to address current identified priorities, it will be screened out and will not proceed to the review step.
- b) *Review:* This step involves the creation of a Review Committee. Eligible proposals will be assessed by internal and external reviewers (where appropriate) for quality and merit as well as significance and relevance. Reviewers will be selected on the basis of their experience in diabetes and related fields.
- c) *Final approval:* Projects deemed appropriate will be considered for funding by PHAC and submitted to the Minister of Health for approval. You will be notified as soon as a decision has been made on your application.

PROJECT ADMINISTRATION AND DISSEMINATION

Please note that public announcements may be made of projects that have been approved for funding.

If your project is approved, funding will be provided through a Contribution Agreement. A Contribution Agreement will be prepared for your project, detailing conditions and requirements for your organization and for PHAC. A Program Consultant will be available to provide assistance, advice and support, as you conduct your project.

LOBBYIST REGISTRATION ACT

With the recent amendments to the Lobbyist Registration Act, we also ask that you review the Act to ensure that your organization is in compliance with the regulations (available at http://www.ocl-cal.gc.ca/eic/site/lobbyist-lobbyiste1.nsf/eng/h_nx00269.html.)

DISCLAIMER

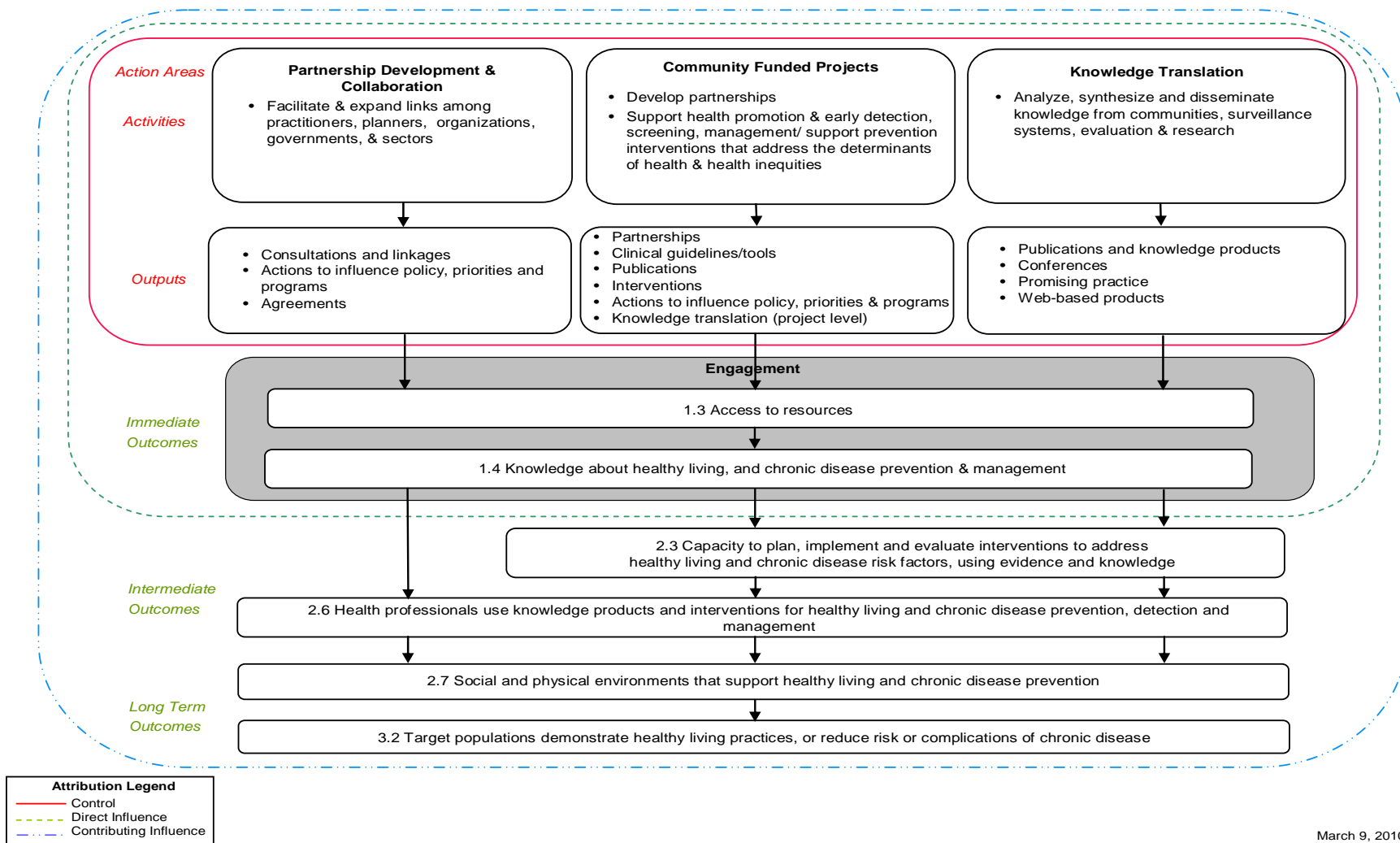
The Public Health Agency of Canada (PHAC) is under no obligation to provide funding, or enter into a Contribution Agreement as a result of this invitation to submit a proposal.

PHAC also reserves the right to:

- **reject any or all proposals received in response to this invitation;**
- **accept any proposal in whole or in part; and**
- **cancel and/or re-issue this invitation to submit a proposal at any time.**

Please note that PHAC will not reimburse an Applicant for costs incurred in the preparation and/or submission of a proposal in response to this invitation.

Logic Model for the Community-Based Programming Functional Component



PUBLIC HEALTH AGENCY OF CANADA OFFICES

For further information, please contact one of the listed Regional or National branches.

For projects **National in scope**, contact:

National Diabetes Coordination Section, Prevention Division
Centre for Chronic Disease Prevention and Control
Public Health Agency of Canada
785 Carling Avenue, 6th Floor
A.L. 6806B
Ottawa, Ontario
K1A 0K9
Tel: 1-613-946-9967
Fax: 1-613-941-2057

For projects **Regional in scope**, contact:

For projects directed to the Northern Region

NWT/Nunavut/Yukon
Northern Region, Health Canada
Attn: Programs Unit
100-300 Main Street
Whitehorse, Y.T.
Y1A 2B5
Tel: 867-393-6775
Fax: 867-393-6772

Atlantic Region

Public Health Agency of Canada
Suite 1525, 1505 Barrington Street
Halifax, Nova Scotia
B3J 3Y6
Tel: (902) 426-2265
Fax: (902) 426-9689

Quebec Region

Public Health Agency of Canada
Complexe Guy-Favreau
East Tower, Suite 1102
200 René-Lévesque Blvd. West
Montreal (Québec)
H2Z 1X4
Tel: (514) 496-2287
Fax: (514) 283-3309

Ontario/Nunavut Region

Public Health Agency of Canada
180 Queen St. W, 11th Floor
Toronto, Ontario
M5V 3L7
Tel: (416) 954-9023
Fax: (416) 973-0009

Manitoba/Saskatchewan Region**Manitoba**

Public Health Agency of Canada
Manitoba Saskatchewan Region
1015 Arlington Street
Winnipeg, Manitoba
R3E 3R2
Tel: (204) 789-7699
Fax: (204) 789-7878

Saskatchewan

Public Health Agency of Canada
Manitoba and Saskatchewan Region
South Broad Plaza
2045 Broad Street, 1st Floor
Regina, Saskatchewan
S4P 3T7
Tel: (306) 780-3475
Fax: (306) 780-6207

Alberta/NWT Region

Public Health Agency of Canada
Suite 815, Canada Place
9700 Jasper Avenue
Edmonton, Alberta
T5J 4C3
Tel: (780) 495-8304
Fax: (780) 495-7842

British Columbia/Yukon Region

Public Health Agency of Canada
#301 - 351 Abbott Street
Vancouver, British Columbia
V6B 0G6
Tel: (604) 666-2729
Fax: (604) 666-8986

WORKPLAN					
Objectives <i>(LIST ONE OR MORE)</i> <i>(Specific change/changes your project aims to accomplish, who will benefit, and by when)</i>	Activities <i>(Actions needed to meet the objectives)</i>	Target Group <i>(Priority population(s) reached by activities)</i>	Time Lines <i>(When and/or how long)</i>	Person(s) Responsible <i>(Who)</i>	Total Cost Per Activity <i>(How much does it cost to undertake each activity listed?)</i>
Objective 1:					
Objective 2:					

EVALUATION PLAN						
Objectives <i>(LIST ONE OR MORE)</i> <i>(Specific change/changes your project aims to accomplish, who will benefit, and by when)</i>	Expected Outputs <i>(Deliverables of activities)</i>	Expected Outcomes <i>(Changes expected as a result of activities)</i>	Success Indicators <i>(how you know outcomes have been achieved)</i>	Data Collection Methods <i>(e.g., surveys, interviews, focus groups)</i>	Time Lines and Frequency <i>(When and/or how long)</i>	Person(s) Responsible <i>(Who)</i>
Objective 1						
Objective 2:						