



Health
Canada

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Canada

Substance Use and Addictions Program

Call for Proposals

Guidelines for Applicants

September 2023

Canada 

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SUAP overview and context

Health Canada's Substance Use and Addictions Program (SUAP) provides contribution funding to other levels of government and to community-led and not-for-profit organizations in Canada. Health Canada is committed to funding projects that promote diversity and inclusion. Projects that discriminate on the basis of race, colour, national or ethnic origin, gender, age, religion, creed, marital status, actual or perceived sexual orientation, gender identity or expression, family status or disability will not be considered for funding. Through contribution funding, Health Canada supports other organizations to undertake activities in the interests of Canadians. Recipients of contribution funding are expected to provide certain deliverables and work towards specific outcomes. Recipients are also required to report regularly (minimum of two reports per annum) to Health Canada.

SUAP provides time-limited funding for a wide range of innovative and evidence-informed projects including substance use prevention, harm reduction and treatment initiatives across the country. Projects target a range of substances, including opioids, stimulants, cannabis, alcohol, nicotine and tobacco, at the community, regional and national levels.

Budget 2023 committed \$359.2M over five years, starting in 2023-24, to support a renewed Canadian Drugs and Substances Strategy (CDSS). The CDSS guides the federal government's work in an effort to save lives and minimize substance-related harms for people who use drugs and alcohol, their families, and communities.

Building on previous efforts to develop innovative, community-led approaches, Budget 2023 includes \$144M for SUAP to fund community-based supports and evidence-based health interventions.

Through this 2023 national call for proposals (CFP), SUAP will fund projects that address substance use issues across the continuum of care.

Projects are anticipated to begin as early as **June 1, 2024** and must be completed no later than **March 31, 2028**.

SUAP principles

The following underlying principles must be considered in your application for SUAP funding, regardless of the priority selected:

Evidence-informed

The rationale for the proposed intervention and the specific communities or populations targeted, activities and strategies are supported by evidence or, for more innovative initiatives, based on a clearly articulated and plausible theory of change. Evidence can include data, research evidence, project evaluations, oral accounts from elders, testimonials of people with lived and living experience.

Involving People with Lived and Living Experience (PWLE)

Initiatives include people with lived and living experience of past or current substance use in the development and implementation of projects and reflect the diversity of who is affected by substance use.

Non-stigmatizing

Initiatives model a person-centered approach, promote stigma-free language and messaging and actively support the reduction of fear, stigma, misinformation and misunderstanding at the community level. Stigma leads to discrimination, which prevents people from accessing the services and supports they need. Language used in all sections of the application form must be consistent with the recommendations contained in the Public Health Agency of Canada's publication [Communicating about substance use in compassionate, safe and non-stigmatizing ways](#) and The Canadian Centre on Substance Use and Addiction's [Overcoming stigma through language: A primer](#).

Collaborative and connected

Initiatives demonstrate commitment from partner organizations. Partners can be from multiple disciplines and sectors (for example, health and social services) and types (such as, non-profit, Indigenous, governmental, academia). Initiatives have appropriate support and connections to provincial and territorial health systems and, where possible, complement existing local, regional, provincial or territorial level initiatives.

Equity, diversity and inclusion

Initiatives practice equity, diversity and inclusion. Initiatives listen to people who use substances who come from diverse communities, including:

- Indigenous;
- 2SLGBTQIA+;
- racialized or marginalized communities.

Initiatives ensure people who use substances who come from diverse communities have their voices, concerns and issues inform the work.

Culturally safe

Initiatives demonstrate appropriate knowledge and understanding of health, social and historical context of Indigenous peoples, and strategies to improve cultural safety and

to promote reconciliation in the delivery of programs.

Gender, diversity and trauma-informed

Initiatives recognize that gender and other demographic factors are relevant to:

- the prevalence and patterns of substance use;
- the types of substances used;
- the physical impact of particular substances used;
- the subpopulations affected;
- the social context of use;
- access to and outcomes of harm reduction and treatment programming.

Initiatives recognize the impact of violence and trauma on people's lives and health, including substance use, and integrate this knowledge into all aspects of practice and programming.

Reduce harms

Initiatives aim to support individuals who use substances to live safer and healthier lives and reduce the health, social, and economic impacts of substance use harms (for example, injury, disease transmission, crime, overdose or death) at the individual and community level. The focus is on reducing the risk of overdose, death, disease transmission and other harms by providing safer forms of use.

Application process

Steps to apply

Submitting your application is a three-step process:

Step 1: Complete your application form

There are 9 sections in the form as follows:

- Section 1: Organization identification
- Section 2: Funding priority(ies)
- Section 3: Project information
- Section 4: Project details
- Section 5: Performance measurement and evaluation
- Section 6: Knowledge mobilization
- Section 7: Sustainability
- Section 8: Budget
- Section 9: Approval and declaration

The requirements for each of the application form sections are clearly outlined in these [Guidelines for Applicants](#) (see [Application Form Sections](#)).

Step 2: Attach your proof of eligibility

Health Canada can only provide funding to organizations that are eligible as per the SUAP Terms and Conditions. Attach the documents that demonstrate your organization's eligibility to the email with your application form (see [Eligible applicants](#) and [Organization](#)

[identification](#) in these Guidelines for Applicants). Web links will **not** be accepted.

Other levels of government including Indigenous, provinces, territories and municipalities and their agencies are exempt from this requirement.

Step 3: Submit your complete application

Send your complete application electronically to suap-puds@hc-sc.gc.ca **by 2:00 p.m. Eastern Standard Time (EST) on November 22, 2023**. Incomplete applications will not be considered. Applications will not be accepted after the deadline. If you encounter any technical issues when submitting, notify suap-puds@hc-sc.gc.ca as soon as possible.

Your complete application must include:

- a fully completed application form; and
- proof of eligibility (other levels of government including Indigenous, provinces, territories and municipalities and their agencies are exempt from this requirement).

If you would like to see examples of previously funded SUAP projects and corresponding timeframes and budgets visit: [Substance Use and Addictions Program \(SUAP\) active projects](#).

Eligible applicants

The following types of organizations are eligible for SUAP funding:

- Canadian not-for-profit health organizations including hospitals, regional health councils and community health organizations;
- Canadian not-for-profit organizations and registered not-for-profit charitable organizations;
- Canadian institutions including universities, boards of education and other centres of education in Canada;
- Other levels of government including Indigenous, provinces, territories and municipalities and their agencies;
- First Nations, Métis and Inuit not-for-profit organizations.

Quebec organizations are eligible to apply for SUAP funds as follows:

- Organizations located in Quebec can apply directly to this CFP for projects that also span other provinces or territories.
- Organizations located and operating only in Quebec, note that the *Ministère de la Santé et des Services sociaux* (MSSS) is managing SUAP funds for Quebec. All applications will need to obtain written authorization by the *Ministre responsable des Relations canadiennes et de la Francophonie canadienne*. For more information, you can consult the [MSSS website](#).

This CFP cannot be used to maintain an existing Contribution Agreement. However, current Health Canada Contribution Agreement holders may apply to this CFP for funding of new projects.

All applicants and their project activities must be in accordance with federal, provincial and municipal laws. Applicants must be and remain in compliance with the requirements of the legislation under which they were incorporated (federal or provincial/territorial), including under the [Canada Not-for-profit Corporations Act](#) that governs internal affairs of federal not-for-profit

corporations.

Ineligible applicants

The following applicants are ineligible for SUAP funding:

- Individuals;
- For-profit groups;
- Federal Crown corporations.

These ineligible entities can be included as project partners on the application form of eligible applicants.

Application form sections

You must fully complete all the mandatory fields of your application form to be considered for SUAP funding. An asterisk (*) marks all mandatory fields. The guidance below outlines the information required for each section of the form.

In the application form, note that certain responses include character limits. Character limits differ in the English and French application forms to reflect both official languages.

Section 1: Organization identification

In this section of the form, you must identify the full legal name of your organization. This name appears on any legal documents associated with your organization. The legal name must match your organization's proof of eligibility documents attached to the email with your application form. If your organization operates under a different name, there is another line in the form to note this information. Health Canada requires this information in order to enter into a funding agreement with your organization.

Provide your contact information, including street address, postal code and email. We will use this email to communicate with you on matters related to this application process. This email will be used to send you the acknowledgement of receipt of your application and the final decision for funding.

Attach the documents that demonstrate your organization's eligibility to the email with your application form. Documents can include:

- certificate of incorporation
- charitable status certificate
- reference to the Constitution, if established pursuant to an Act
- letters patent
- in the case of unincorporated entities, internal documents such as:
 - terms of reference or governance structure
 - Board of Director list
 - other similar instruments of governance

Certain documents, such as charitable registration with the Canada Revenue Agency (CRA)

can be used for eligibility. SUAP will request more information about the organization's legal status if your application is successful in this process.

All applicants, including current Health Canada contribution agreement holders, must provide proof of eligibility. Other levels of government including Indigenous, provinces, territories and municipalities and their agencies are exempt from this requirement.

Section 2: Funding priority(ies)

1. Supporting and enhancing the role of People with Lived and Living Experience (PWLLE) within organizations that address substance use across the comprehensive continuum of care

Projects that provide support or resources for PWLLE, including peers, to enhance their role within an organization.

This includes:

- training or building skills among PWLLE to support prevention, harm reduction, and treatment and recovery initiatives;
- supporting peer frontline workforce, providing resources and support for burn out, grief and self-care.

Priority will be placed on projects that:

- position PWLLE roles as leadership-based, significant and equitable across the organization;
- include the goal of changing culture within the organization to be more inclusive of PWLLE.

2. Services and programs that target post treatment aftercare and transition back into the community

Projects that develop, implement and evaluate support or services targeting the transition of individuals back into the community - either reintegration after accessing health services (e.g., hospital stays, treatment services or waitlist), or institutional or correctional services (e.g., prison, jail, probation or parole).

This includes:

- services or programs that are recovery-oriented, strengths-based and/or person-centered and may or may not include abstinence;
- services or programs that incorporate other components regarding healthy living (e.g., sleep hygiene and eating well);
- services or programs that can be delivered through traditional health services, the community or peers.

Priority will be placed on projects that:

- focus on developing and piloting these services with diverse populations disproportionately impacted by substance use or who have worse outcomes during aftercare and reintegration (e.g., women can experience more difficult withdrawal symptoms than men).

3. Addressing alcohol use disorder

Projects that develop and deliver new or innovative programs or tools for Alcohol Use Disorder (AUD), including for screening, brief intervention and referral to services (SBIR).

This includes:

- adaptation of tools for priority populations at greater risk for AUD, for example, specific to gender, age, sexuality, or race;
- projects that increase uptake of SBIR tools by healthcare professionals, for example, in community health centres or harm reduction programs.

Priority will be placed on projects where:

- people with lived and living experience are integrated in the development and delivery of tools and programs
- the goal is to develop and validate culturally-safe and trauma-informed SBIR tools.

4. Addressing adult tobacco cessation

Projects that contribute to innovative cessation supports, including those going beyond the individual and promote a systematic approach that will sustain change.

This includes:

- projects that focus on developing innovative stop-smoking supports in populations with a high prevalence of tobacco use (i.e., trades-based occupations, 2SLGBTQIA+, low-income and low-education populations, etc.) with opportunity for replication at a national scale;
- tobacco cessation projects that incorporate vaping as a cessation tool and harm reduction measure for adults who smoke;
- projects that transfer or apply evidence-based knowledge directly into the health care system, including knowledge that will help build capacity to implement and embed smoking cessation services within the health system. Projects with this goal must include approaches that are person-centered and contain harm reduction principles.

Multiple Priorities

You may submit separate applications if you have more than one project idea. There is no limit on the number of applications that each applicant can submit. However, you may submit one application that addresses more than one funding priority if it can logically be explained through one application. Health Canada will assess each application independently.

Section 3: Project information

a) Project title

Include the title of your project.

b) Project duration

Specify the duration of the project in months. Projects under this CFP can be up to 48 months in duration.

c) Total requested funding amount

Specify the total amount of funding requested, in a dollar amount, for the duration of the project.

d) Total anticipated number of people to be reached

Specify how many people in the target population you are planning to reach with this project.

e) Target population description

Describe the details and characteristics of your target population, including key demographics such as age or gender. The target population is defined as the group of people your project activities will directly impact. For example, if your project directly provides services to people who use drugs, the target population is people who use drugs. If your project provides training to service providers who serve people who use drugs, the target population is service providers.

f) Geographic location(s)

In the field for geographic location(s), you must identify the communities, cities and provinces or territories in which your project will take place.

g) Project setting(s)

When outlining your project settings, describe where your project will be implemented (for instance, emergency room, community health centre).

h) Scope

For the scope, you must select only one option, either national, regional, provincial or territorial, or city or community level. A project that is regional in scope will cover two provinces and/or territories. A project that is national in scope will cover three or more provinces and/or territories.

i) Objectives

Objectives should be “SMART”:

- **Specific:** It describes a specific action, behaviour, outcome or achievement that is observable.
- **Measurable:** It is quantifiable and has indicators associated with it so it can be measured.
- **Achievable:** It is appropriate and relevant to your target audience.
- **Results-oriented:** It is clear what result will be achieved.
- **Time-bound:** It states the timeframe within which the objective will be achieved.

The objectives should be designed to address the SUAP program outcomes provided in these Guidelines for Applicants (see [Section 5: Performance measurement and evaluation](#)).

For example:

- Increase the number of people who are being screened for Alcohol Use Disorder in harm reduction clinics by 5% by 2025.

j) Project summary

Provide a brief summary that will help SUAP easily understand what your project is about. This summary may be posted publicly if your project is funded. Consider using this format when creating your summary: *“With the goal of [insert main objectives], this project will [insert key activities and/or key outputs] for [insert primary target population or community] in [insert geographic scope]”*. You must clearly demonstrate how your target population will be included in the project activities.

For example:

- With the goal of reducing alcohol harms among those who use opioids, this project will pilot test an alcohol screening tool on those accessing community wrap around services in Winnipeg, Manitoba.

k) Work plan

In the work plan, you must include:

- a list of key activities for the project
 - include the main activities that will help you accomplish your objectives set out in the application
 - key activities should be described at a high level for the purposes of the work plan and show the rough order of events that will lead you to achieving your project objectives
- timelines for completion
 - include approximate month and year for start and end dates of each activity (for example: April 2024 to June 2024).
- any relevant outputs
 - outputs are the result of your activities and can be tangible or intangible. Examples of outputs would be conferences hosted, knowledge products developed, or performance measurement metrics drafted
 - Note: It is not mandatory to have an output for each activity

The activities listed in this section of the form must clearly align with the project budget in Section 8 of the application form.

l) Project partners

Best practices and experience demonstrate that projects supported by partners are most likely to succeed. In this section of the form, describe your meaningful project partners and how they will contribute to advancing the objectives of your project. Meaningful partners are defined as partners who are necessary for the success of the project.

Include the name of the organization, contact at the organization, and whether or not the partnership is confirmed or anticipatory. Indicate the role that partners will play (for example, shape the project, facilitate relationships with other key stakeholders, serve as a project site, participate in piloting a new intervention or adopt a successful program). Priority will be given to projects that involve multiple disciplines or sectors.

Section 4: Project details

a) Evidence of a need

In this section of the form, provide evidence that illustrates why this project is needed.

For example:

- local data on substance-related harms;
- research evidence/statistics;
- previous project evaluations as applicable;
- theoretical basis for the project;
- knowledge/research gaps;
- oral accounts from Elders;
- lived and living experience/expertise.

b) Rationale for approach

Provide a rationale for the approach, including why the population, evidence-informed intervention and activities were selected. For example, you can explain the community or local context or highlight needs assessment. Indicate whether this project builds on other initiatives or is an innovative or new approach. If your proposed intervention has been evaluated, provide supporting documents that reference the intervention when submitting your application.

c) Organization suitability

These yes or no questions will help illustrate if your organization is well-positioned to take on the proposed initiative. Note: A response of “no” will **not** result in penalization.

Further instructions:

1. A Contribution Agreement is defined as a conditional transfer payment, meaning certain requirements must be met before recipients receive a payment. Successful applicants will be expected to meet requirements set out by the contribution agreement.
2. This can include past activities that are similar in nature, size and scope as those that are identified in this application. This includes consideration of project length and size of budget.
3. Qualified financial staff can include a finance division, a director, or another staff member dedicated to financial management.
4. A trained and qualified evaluator can include: an evaluator or performance measurement specialist who is already on staff, an in-kind evaluator, a contracted evaluator, or an evaluator at a partnering organization.

d) Risk and risk reduction strategies

If there are any risks that may affect the outcomes of your project, outline them here.

For example:

- the passing of a municipal bylaw;
- a reduction in provincial funding;
- inability to secure a key partner;
- a delay in the hiring of staff.

Include the measures you would take to address these risks.

e) Meaningful engagement of People with Lived and Living Experience of substance use (PWLLE)

Projects should meaningfully involve PWLLE in all aspects of the project including in the development, delivery and evaluation of the project.

Describe the following information in the application and the rationale for the approach you've chosen:

- the project activities PWLLE will be involved in;
- the level of engagement (for example, as a client, as a collaborator, “seats at the table”, as an employee, as a consultant, in a leadership position);
- how barriers will be reduced for PWLLE to engage and participate (such as., formally hiring, supporting, providing education and training and integrating PWLLE into the organization, offering fair compensation); and,
- how the project activities create safety for PWLLE and for staff supporting engagement (for example, co-creating shared principles, preparing respectful end to engagement).

Applicants must adhere to best practices for peer engagement and partnering with PWLLE. Applicants can consult the Canadian Centre on Substance Use and Addiction published [Guidelines for Partnering with People with Lived and Living Experience of Substance Use and Their Families and Friends \(2021\)](#) for information on topics such as meaningful engagement and appropriate compensation, or Canadian Association of People who Use Drugs (CAPUD) and Canadian Drug Policy Coalition (CDPC)'s resource, [Hear Us, See Us, Respect Us: Respecting the Expertise of People who Use Drugs \(2021\)](#).

In the circumstances where a project does not lend itself to the involvement of PWLLE, use the space to provide a rationale as to why PWLLE are not included.

f) Official languages

As per federal government policy, SUAP takes measures to ensure that the recipients of public funds respect the spirit and the intent of the [Official Languages Act](#) when serving the public.

Provide a statement indicating how the project will or will not target both official linguistic communities, for example:

- All project public signage, communication (oral and written), products, programs and services developed are offered in English and French.
Or,
- The project does not target both of Canada's official linguistic communities because it is piloting a new training approach or curriculum. For this reason, the project will target a single official linguistic community before adapting them and investing in translation.

Include any languages beyond French or English that will be included in the project, whether through translation of materials (for example, to an Indigenous language) or consulting and involving groups whose first language is not English or French.

g) Integration of diversity and gender-based analysis

Relevant target populations need to be considered in the monitoring and evaluation of programs to ensure various groups have equitable access to programs and services. When developing your project, think about how the activities outlined will impact different populations beyond your initial target population. Consider how other health determinants such as gender, age, race, ethnicity, socio-economic status, ability, sexual orientation, migration status, and geography may contribute to differences in accessing your project activities (for example, access to and outcomes of harm reduction and treatment programming). Applicants are expected to incorporate these considerations into their application. Refer to: [Health Portfolio Sex- and Gender-Based Analysis Plus Policy](#).

SUAP requires projects to collect demographic data when measuring the performance of projects, services and programs they are implementing. This ensures that SUAP can contribute to more targeted and effective support and resources for people who use substances. If awarded funding, you will be required to submit detailed demographic data on your target population in your project's performance and progress reports.

You should also include consideration of this information in the development of work plans, activities, and outputs and deliverables. SUAP considers demographic data to include: gender, language, age, location, and identification of priority populations such as Indigenous, 2SLGBTQIA+, and racialized or marginalized people or communities. Collecting data on an individual's sex is not a requirement of SUAP, but is optional.

The simplest way to collect this data is to include demographic data collection tools in your data collection and evaluation (for example, as introductory questions in a survey, interviews with key stakeholders, review of documents). Consider the following when completing your application.

How do I consider different target populations in my project?

1. Begin by defining the issue: what evidence currently exists related to different demographic factors and the issue you are addressing?
2. Use precise language when defining your population or sub-populations. Example, instead of simply "youth" consider other factors such as age and location: "young women in rural areas".
3. Map out how you plan to collect and analyze data broken down by gender, sexual orientation, age, ethnic and socioeconomic status, and other relevant factors, either quantitatively (for example, statistics) or qualitatively (such as, focus groups, discussions).
4. Analyze demographic data to uncover how your project impacts different populations.
5. If applicable, make recommendations for future changes to programs, policy and practices that can address inequities.

Section 5: Performance measurement and evaluation

All projects funded under SUAP must contribute to and align with SUAP's program-level outcomes and performance indicators, specific to the aims of the interventions. This is done through the performance measurement and evaluation of SUAP projects. SUAP has provided standardized outcomes below, including indicators that projects will use to measure

performance on a regular basis.

Funded organizations will be responsible for ensuring the performance measurement plan is designed to accurately track the progress of project objectives and to support a final project evaluation. In order to achieve this end, SUAP requires that each recipient have an evaluation plan in place, including a professional evaluator (through partnership, contract, or an existing evaluator on staff) and that a final evaluation is conducted upon completion of project activities.

Describe in your application which of the SUAP outcomes in the list below are relevant to your project, and how your project will positively contribute to these outcomes:

- Immediate
 - increased access to information on substance use (for example, number of target population reached through substance use learning opportunities)
- Intermediate
 - increased availability of treatment and harm reduction services (for example., number of clients accessing new substance use services)
 - reduction in behaviours that may cause harm in those who use substances (for example, percentage of clients reporting a positive change in behaviour after participating in a treatment program)

Describe how you intend to measure and report back on these outcomes and project results, including relevant data related to target population including demographics (see [Section 4: Project details, Integration of diversity and gender-based analysis](#) of these Guidelines for Applicants). You must include how you intend to collect this data.

Research and evaluation activities should also be reflected in *Section 3: Workplan* and *Section 8: Budget* of the application form.

Section 6: Knowledge mobilization

Knowledge mobilization (KM) involves the dissemination, implementation and exchange of knowledge. KM done right leads to positive impact. KM should be integrated through the entirety of a project, including selecting relevant partners, using objectives that address an identified need for partners, stakeholders and the target population, implementing evidence-informed interventions and activities that support objectives.

Many of these elements will appear in other sections of the application form. However, in the knowledge mobilization section of the application form, describe how your project will use data from your target audience to tailor your program or intervention. Similarly, explain how you will monitor this group to collect information that you will use to tailor, monitor and make improvements to your intervention.

Funded projects will be encouraged to develop and follow a knowledge mobilization plan. You may wish to use Health Canada's [Knowledge Translation Planner \(2017\)](#) or the Mental Health Commission of Canada's [Innovation to Implementation: A practical guide to knowledge translation in healthcare \(2012\)](#).

Section 7: Sustainability

Health Canada funding is time-limited, and project funding cannot be used to sustain the operation of organizations or to carry out ongoing core operational activities. Indicate what measures you will take to ensure the needs addressed by your project are met through alternate measures at the end of the funding period. If you anticipate that project activities will not continue once the funding period ends, explain what steps you will take to ensure a smooth project wind-down and closure.

Describe what pieces of your project you anticipate could continue once the funding period ends, and if partners can implement any aspects of your project.

The following are examples of sustainability:

- sustaining knowledge (for example, mobilizing knowledge to stakeholders including the public, community collaborators and decision makers);
- sustaining collaboration (for example, creating and maintaining productive working relationships and maximizing the reach/benefits of addressing an issue with a diverse group of stakeholders);
- sustaining impact (for example, by integrating new programs or capacity into organizations and systems).

Section 8: Budget

List other sources of confirmed and/or anticipated funding (cash and/or in-kind contributions) for the project.

Your organization may receive other sources of confirmed or anticipated funding that will help you deliver the project (for instance, other funding received from provincial/territorial, Indigenous or municipal governments). If this is the case, include this information in the chart provided in Section 8 of the application form. Be sure to include both in-kind and cash amounts in the chart.

In-kind funding refers to items and/or services received at no cost (for example, by donation) for which you might otherwise have had to pay. In-kind items and/or services are provided by your organization or another entity, for which no exchange of money takes place. If your project is approved for funding, you will need to include a breakdown of in-kind contributions in the detailed budget of your contribution agreement.

Examples of in-kind contributions include donated equipment, materials and supplies, expertise and staff time, and/or services and facilities. These contributions are necessary to implement a project and need to be purchased if not provided by other sources. The value or cost of in-kind contributions varies depending on the type of good or service provided.

Budget and details

The budget must take into consideration all activities and project outputs outlined in the Work plan in Section 3k of the application form.

Below is information about eligible and ineligible expenses, as well as an example of a completed budget.

Note: The budget will be closely assessed. The final total of approved funding may be less than the amount requested.

Eligible and ineligible expenditures

The project expenditures must be related to and support the objectives of your project. The funds must be used to contribute to prevention, treatment and harm reduction responses to drug and substance use issues in Canada.

The following lists will help you understand what SUAP can and cannot fund, and therefore will guide you in preparing your budget. Note: The lists below are non-exhaustive.

Eligible expenditures

Personnel salaries and benefits

- full- or part-time employees: employees' gross salaries (before deductions) for time spent directly on the project
- benefits and employer's share of payroll deductions: such as Employment Insurance, Canada or Quebec Pension Plan, other payroll taxes (for example, provincial health tax), for full- and part-time employees
- this can also include vacation pay for employees receiving a lump sum payment instead of paid leave

Contractual personnel

A contract employee is hired for a specific job at a specific rate of pay and is not considered a permanent employee (for example, scriptwriter, translator, auditor, evaluator or knowledge mobilization specialist).

Travel and accommodation

All costs for travel related to carrying out the approved project that are consistent with the [National Joint Council's Travel Directive](#). These include:

- transportation: for example, private vehicle mileage, airfare, bus pass;
- living expenses: meals, accommodations while on travel status;
- mileage rates and meal allowances as per Federal Government Treasury Board rates in effect at time of travel.

Materials and supplies

- office supplies: stationery, pens, envelopes;
- project materials: outreach materials, harm reduction supplies;
- printing/copying: costs for work done by a printing firm, paper, ink;
- postage: cost of postage, freight, messenger services.

Equipment

- office equipment: rent or purchase of computers, photocopiers, filing cabinets, cell phone purchase, etc. for the project. The purchase of these

- items is allowed if cost-effective¹;
- furniture: rent or purchase of furniture if required;
- special equipment: rent or purchase of special types of equipment not mentioned above, but necessary to carry out the project.

Rent and utilities

- rent: rent of space, if necessary, as well as the cost of any utility that is included in the monthly rental fee
 - if the rented space is not used solely for the Health Canada project, the recipient must specify how the Health Canada portion is calculated (for example, by square footage or other reasonable method).
- utilities: utilities that are not already covered in the monthly rental fee.
 - in most cases, it is only telephone charges, but in other cases, heat, electricity and water are not included in the rent.

Performance measurement

All costs related to the evaluation of the project, for example, contract fees for an external evaluator, costs for staff dedicated to performance measurement and not included above, board members or participants involved in the planning, data collection and analysis components of the evaluation, as well as printing or photocopying, postage for the dissemination of results, survey costs, etc. If you do not include evaluation costs in your budget (for example, if the evaluator is providing in-kind services or the evaluator is on staff) include a line item with a value of “in-kind” or “in-house”.

Other costs

All costs that are directly related to the project but do not fit within any of the expenditure categories noted above. These costs can include registration for seminars, bank charges, insurance, refreshments, honoraria or audit.

For projects with multiple funding sources, total government funding (federal, provincial, territorial, Indigenous and municipal funding) for the same eligible expenditure costs (stacking limit) cannot exceed 100% of eligible expenditures.

Ineligible expenditures

Includes, but are not limited to:

- major capital and building expenditures²;

¹ It is not acceptable to charge rent for computers that are already owned. It is expected that organizations, as part of their in-kind contribution to the project, will give project staff access to their equipment. If the project is putting a strain on existing equipment, organizations may charge the project a fee for computer use (generally this is an hourly or daily fee) and a log must be kept to account for this time.

² Major capital expenditures are those valued over \$10,000. Capital expenditures are those intending to acquire or improve an asset through construction, purchase or lease. Examples of capital and building

- funding for the organization’s existing or ongoing programs and services (for example, using SUAP funding to offset existing project, program or service costs);
- overhead costs as a static standardized percentage³;
- operation of supervised consumption sites/Urgent Public Health Needs Sites;
- any model of care linked to the illegal drug market;
- funding to organize individual conferences.

Expenditures incurred prior to Health Canada written approval will not be reimbursed.

Completed budget example for a project spanning 4 federal fiscal years

You must complete a detailed budget as part your application form. The budget outlines how the project will spend the money requested over the time period identified.

The example below demonstrates the level of detail expected in this section of the form. You must provide an adequate description for each budget category.

Notes:

- A federal fiscal year (FY) = April 1 to March 31;
- In the application form, the Total contributions from Health Canada amount must match the amount noted in Section 3c) Total requested funding amount. To facilitate this verification, click on the Validate Grand Total button located at the end of the budget table.

Budget expenditure categories	Details	FY 1 June- March (estimated budget)	FY 2 April- March (estimated budget)	FY 3 April-March (estimated budget)	FY 4 April- March (estimated budget)	Totals (\$ CAD)
Personnel salaries and benefits	1 full-time program manager, 30 hours per week at \$45/hour	\$28,000	\$35,000	\$7,200	\$0	\$70,200
	2 x part-time peer workers 15 hrs per week at \$25/hr = \$19,500 each	\$10,000	\$20,000	\$9,000	\$0	\$39,000
	1 part-time comms assistant, 20 hours per week at \$28/hr	\$9,500	\$15,500	\$4,120	\$0	\$29,120

expenditures are expenditures related to the purchase or betterment (retrofit or renovations) related to land, buildings and/or vehicles.

³ Administrative fees must be itemized into the appropriate budget categories and not reflected as an overall percentage.

Budget expenditure categories	Details	FY 1 June- March (estimated budget)	FY 2 April- March (estimated budget)	FY 3 April-March (estimated budget)	FY 4 April- March (estimated budget)	Totals (\$ CAD)
	All employer MERCs (mandatory employment related costs) at 15% of all salary	\$7,125	\$10,575	\$3,048	\$0	\$20,748
Contractual personnel	Translation at \$50/hr x 100 hrs = \$5000 Meeting facilitation at \$80/hr x 50 hrs = \$4000 2 x office assistants at \$20/hr x 100 hrs = \$4000	\$2,000	\$8,000	\$3,000	\$0	\$13,000
Travel & accommodations	Hotel: 3 day conference attendance for 4 employees (12 nights) and 4 presentation trips for 2 employees (8 nights): 20 nights at \$250/person = \$5000 Meals and incidentals: 20 days at \$112.15/day = \$2243 Mileage for 3 day conference: 3000km at 0.52/km = \$1560 Airfare 4 presentation trips for 2 employees: 8 flights at \$400/pers. = \$3200	\$7,430	\$3,049	\$1,524	\$0	\$12,003

Budget expenditure categories	Details	FY 1 June- March (estimated budget)	FY 2 April- March (estimated budget)	FY 3 April-March (estimated budget)	FY 4 April- March (estimated budget)	Totals (\$ CAD)
Materials & supplies	Pharmaceutical-grade medications = \$50,000 Printing, Paper, Ink = \$800 Project materials = \$600	\$20,000	\$25,500	\$5,900	\$0	\$51,400
Equipment	Office equipment: 1x laptop computer purchase = \$2000 Office furniture purchase = \$1200 Shared rental of photocopier = \$200	\$3,000	\$300	\$100	\$0	\$3,400
Rent & utilities	Rent (% of square footage): \$20,000 base rent/2,000 sq ft x 360 sq ft = \$3600 Utilities: Phone charges = \$720	\$1,440	\$1,440	\$1,440	\$0	\$4,320
Performance measurement	External evaluator = \$10,000 Data analysis = \$1200 Report writing = \$2500 Dissemination of results = \$3000	\$0	\$13,700	\$3,000	\$0	\$16,700
Other costs	Event refreshments (1 event) = \$500 Event honorarium for participation of an Elder: (1 event) = \$500	\$0	\$1,000	\$500	\$0	\$1,500

Budget expenditure categories	Details	FY 1 June- March (estimated budget)	FY 2 April- March (estimated budget)	FY 3 April-March (estimated budget)	FY 4 April- March (estimated budget)	Totals (\$ CAD)
	Audit = \$500					
Total contributions from Health Canada						\$261,391

Section 9: Approval and Declaration

Insert your name, professional title and date on the last page of the application form. Health Canada does not require an electronic or digital signature or a scanned version of your signature. Simply check the box at the bottom of the application form indicating you are signing off on the approval and declaration as the named authority.

Application assessment

All applications submitted under this CFP will first undergo an initial screening process to ensure:

- Applicant eligibility: See [Applicant eligibility](#) in these Guidelines for Applicants which outlines eligibility details for this CFP. Health Canada will consider only eligible applicants for funding.
- Completeness of application: As described in [Application process](#) in these Guidelines for Applicants, a complete application includes a fully completed application form and proof of eligibility (other levels of government including Indigenous, provinces, territories and municipalities and their agencies are exempt from this requirement).

Applications that pass the initial screening are then assessed against the criteria below.

Funding priority(ies) (see [Application form sections, Section 2](#) in these Guidelines for Applicants) and Project information (see [Application form sections, Section 3](#) in these Guidelines for Applicants):

- Project, including objectives and activities, align with CFP priorities.
- Project objectives are clear, realistic and achievable.
- Target population group(s) are well-described and the total reach is realistic. Project ensures the expected impact on the target group aligns with project activities.
- The target population is defined as the population who will be directly impacted by this project rather than the group who will ultimately benefit downstream.

- Geographic location(s) and setting(s) are well described and relevant.
- Work Plan justifies project duration and scope, including amount of money requested, geographic location and complexity of activities.
- Work Plan provides an accurate representation of what the project involves, and demonstrates feasibility within the requested duration.
- Identified partnerships are appropriate and sufficient to support the proposed project.

Project details (see [Application form sections, Section 4](#) in these Guidelines for Applicants):

- Evidence of a need for the project is well described and supported, including references to literature, public health data, community oral accounts from Elders or other sources.
- Rationale for the proposed approach is clear and supported.
- Potential risks are identified, comprehensive, and appropriate to the scope of the project.
- Measures to address the identified risks (i.e., risk reduction strategies) are relevant and could realistically reduce negative impacts on achieving the desired outcomes of the project.
- Project involves People with Lived and Living Experience (PWLLE) and/or Peer/Experiential Workers in the development, delivery and evaluation of the project, and their roles are clearly outlined. If not, applicant provides a clear justification for why PWLLE are not included in project activities.
- Project targets both linguistic communities OR if not, provides a clear justification. If the project targets Indigenous communities, services are offered in the relevant Indigenous language(s).
- Project demonstrates how determinants related to gender, age, race, ethnicity, socioeconomic status, ability, sexual orientation, migration status, and geography may contribute to the way a population accesses or is exposed to project activities, and how the project would address any potential concerns.
- Project clearly demonstrates the ability for demographic data to be collected on the target population (may be highlighted also in Evaluation section).

Evaluation plan and contribution to SUAP outcomes (see [Application form sections, Section 5](#) in these Guidelines for Applicants):

- The alignment between project objectives/activities and SUAP outcomes is clearly demonstrated.
- Expected project results (outcomes) are well-described, including how the proposed project will positively impact SUAP program outcomes.
- Data collection and analysis methods, including the collection of demographic data, are clearly described and realistic.
- It is clear in the PME description that the project will effectively track and measure the proposed target population and project objectives (i.e., the project can realistically measure its objectives).

Knowledge mobilization (see [Application form sections, Section 6](#) in these Guidelines for Applicants) and Sustainability (see [Application form section, Section 7](#) in these Guidelines for Applicants):

- Anticipated barriers to implementation of the project and appropriate mitigation strategies are described.
- Proposal clearly describes how the project will be tailored to the target audience and/or local or geographic context.
- Proposal includes a clear description of how implementation of the project will be monitored

and how monitoring information will be used on an ongoing basis to make improvements to the project.

- Proposal includes a description of how the project will be sustained after the Health Canada funding ends. If the project is not sustainable, reasons are clearly outlined and the proposal includes detailed plan for a smooth project wind-down.

Budget and details (see [Application form sections, Section 8](#) in these Guidelines for Applicants):

- Budget and Details align with proposed project activities and work plan.
- Budget and Details provides enough information to properly assess amounts requested.
- Funding requested from Health Canada (total budget) combined with other sources of confirmed and/or anticipated funding is appropriate to support the proposed project with demonstrated value for money.

The total assessment score is one consideration for final funding decisions. Other departmental considerations, such as available funding and geographic distribution will also influence the final selection of applications.

Communications with Health Canada

SUAP will make every effort to answer questions. SUAP will keep applicants informed on the processing of their submissions in accordance with the following standards.

Acknowledgment

Within three business days of submitting your application, you will receive an electronic notification that SUAP has received your submission.

Final decision

SUAP will communicate with applicants to provide them with a final decision on whether the application will proceed or not for negotiation of a contribution agreement. All final decisions will be communicated electronically using the email address provided in the application form. Ensure the email address included in the application form is accurate and valid.

All funding decisions communicated will be final; there is no appeal process. Projects deemed strong but not funded during this process may be retained in case future funding opportunities arise.

Contribution agreement

Health Canada is under no obligation to fund any application submitted through this CFP or to fund the entire scope or duration of a proposed project.

Furthermore, applicants must recognize that this is time limited funding and not meant to provide long term sustainability. Once funding has ended, there is no guarantee further funding will continue.

If you are successful in this CFP process, Health Canada will provide an overall supporting role and monitor project progress to ensure that the terms of the contribution agreement are met. Organizations that receive SUAP funding do not act on the Government of Canada's behalf. Health Canada will not use contribution funding to acquire a needed good or service that supports the Department's operations.

Expenditures incurred prior to Health Canada written approval will not be reimbursed.

Approved projects may require an ethics review. A research ethics board that adheres to the Tri-Council Policy Statement ([Ethical Conduct for Research Involving Humans](#)) must approve all projects that involve research with humans before the research portion of the project begins. Research is defined as an activity designed to:

- test a hypothesis or answer a specific research question;
- draw conclusions;
- extend knowledge using scientific methods and standardized protocols, systematic collection or analysis of data, or other types of inquiry.

Research may rely upon quantitative methods or qualitative approaches such as participatory action research, narrative inquiry, or discourse analysis.

Research involving humans as “research participants” includes research with:

- living individuals;
- human remains, cadavers, embryos or fetuses;
- human biological materials such as tissues, organs, blood, DNA;
- information from or about humans such as, information obtained through questionnaires or from records of non-living humans that are not in the public domain.

The following are examples of activities that may be considered research, depending on their purpose: questionnaires, surveys, enhanced/novel surveillance, collection of data or biological materials, use of databanks or bio-banks.

If applicable, successful applicants must use the research ethics board affiliated with their organization. For applicants that do not have access to an ethics review board, contact the SUAP program for support.

Questions

For transparency and fairness, Health Canada cannot provide personalized advice on applications or project ideas for this funding process. However, we do understand that you may have questions. We invite you to send any questions you may have to: suap-puds@hc-sc.gc.ca. SUAP will compile questions and post answers applicable to all directly on the SUAP website on a weekly basis.

For any additional questions related to the CFP, contact SUAP via email: suap-puds@hc-sc.gc.ca. While SUAP will make every effort to respond to each inquiry in a timely fashion, we cannot guarantee a response to questions received after November 15, 2023.