



Substance Use and Addictions Program (SUAP) Application Form

2021 Call for Proposals

Completing the form

Health Canada collects information for the purpose of evaluating funding applications for contributions. The information contained in the Application for Funding may be accessible under the provisions of the Access to Information Act. All personal information will be protected in accordance with the Privacy Act.

The SUAP Guidelines for Applicants is available at:
www.canada.ca/en/health-canada/services/publications/healthy-living/substance-use-addictions-program-call-for-proposals-guidelines-applicants-2021.html

All fields marked with an asterisk * are mandatory.

This PDF form is intended to be completed and submitted using a computer. Please do not print it, fill it in and send it by other means.

The description fields on this form use scroll bars and are limited only by the number of characters specified in each field.

This document includes the following sections:

How to submit your proof of eligibility and the application form

Section 1 – Organization identification

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How to submit your proof of eligibility and the application form

Submitting your proof of eligibility - You will find a button to attach and submit your proof of eligibility in Section 1 – letter (e). When clicking on the button to select the files at your computer, your PDF reader (Foxit, Adobe Reader, etc.) may show a warning message to add the current file to a privileged location or enable all features. Please add this file to a privileged location or enable all features so you can attach the requested documents along with your application form.

Submitting your application form - After filling all the required fields and attaching the requested documents, please click on the “Submit Application” button. Your email client will open with a copy of your filled application form.



Section 1 – Organization identification

Organization identification

a) **Legal name*** Organization's full name, as it appears on legal documents

b) **Operating name** If different from legal name

c) **Primary address**

Street number and name*

City or Town*

Province or Territory*

Postal code*

Telephone number*

Extension

Organization e-mail address*

Website address

d) **Primary Contact**

Full name*

Position*

E-mail address*

Telephone number*

Extension

e) **Proof of eligibility**

Use this section to attach your organization's proof of eligibility document(s) or web link(s) where eligibility information can be found.

If necessary, include the web link(s) where eligibility information can be found

Section 2 – Funding priority(ies)*

Please select all applicable funding priorities which apply to your project:

Funding priority 1

Funding priority 4

Funding priority 2

Funding priority 3



Section 3 – Project target populations(s) Please select all that apply

a) Target group(s)*

Indigenous Peoples
Racialized peoples and communities
2SLGBTQIA+ peoples and communities
Youth
People living with pain
People who use illegal and toxic drugs
People who work in the trades or in physically demanding professions
Men aged 25 to 59
People who use drugs alone
People in poverty or experiencing economic insecurity
People experiencing housing insecurity or homelessness
People who have been in contact with various justice systems
People with lived and living experience of substance use as well as their families

People with experience of living with chronic pain
Frontline health, social and harm reduction workers

Other (please specify, max. 1000 characters with spaces)

b) Official language(s)*

English
French
Both

c) Gender(s)*

Male
Female
Non-binary

d) Age group(s)*

15 - 24 years
25 - 34 years
35 - 44 years
45 - 54 years
55 - 64 years
65 - 74 years
75 years and over

e) Total anticipated number to be reached* Insert only numbers

f) Target population description* Describe the project target population(s), including both primary and secondary audiences and how they will be involved in the project. max. 1000 characters with spaces



Section 4 – Project information

a) Project title*

b) Project duration and requested funding amount

Duration* In months

Total requested* Only numbers

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

Source Type the source's legal name	Amount Only numbers	Cash	In-kind

Additional sources Use this field to provide additional sources if needed. Max. 1000 characters with spaces

d) Project summary* Briefly summarize the proposed project. Max. 4000 characters with spaces

e) Objectives* Describe the objective(s) of the proposed project, including a description of the nature of the problem that the proposed project will aim to address. Max. 4000 characters with spaces



f) Key activities* Describe the key activities that will contribute to achieving your project objectives. Max. 4000 characters with spaces

g) Key outputs* Describe the key outputs (knowledge products and/or learning opportunities) that will be produced. Max. 4000 characters with spaces

h) Geographic location(s)* List the cities and provinces/territories in which the project will be implemented. Max. 1000 characters with spaces

i) Project setting(s)* Describe the setting(s) in which the project will be implemented. Max. 2000 characters with spaces

j) Scope* Please select one

National

Province/Territory

Community

k) Meaningful engagement of people with lived and living experience and/or peer/experiential workers* Describe how People with Lived and Living Experience and/or Peer/Experiential Workers will be involved in the development, delivery and evaluation of the project. Max. 4000 characters with spaces



- l) Official language requirements*** Describe how the project complies with the Official Language Requirements outlined in the SUAP Guidelines for Applicants. Max. 2000 characters with spaces

- m) Sustainability*** Health Canada funding is time-limited. Please indicate what measures you will take to ensure that needs addressed by the project are met through alternate measures after the end of the funding period. Please note any anticipated enablers or barriers related to sustainability. 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. Max. 4000 characters with spaces

Section 5 – Evidence and need

- a) Evidence and need*** Describe the evidence and need (overdose data, service gaps, research evidence, statistics, surveys, literature reviews, needs assessments, etc.) for the project's activities, communities of focus and target populations. Explain, if applicable, how your community is underserved. Max. 4000 characters with spaces

- b) Similar initiatives or new approach*** Describe how this project complements or builds on other similar initiatives; or, describe how this project is an innovative/new approach to health promotion, prevention, harm reduction or treatment. Max. 4000 characters with spaces



Section 6 – Performance measurement and evaluation

Contribution to SUAP indicators and evaluation requirements* Describe how your project aligns with SUAP outcomes listed in the SUAP Guidelines for Applicants, including appropriate indicators, noting data collection methods. Also explain how the project will positively impact SUAP outcomes. Max. 4000 characters with spaces

Section 7 – Organizational and collaboration capacity

- a) **How is your organization well-positioned to carry out this work?*** Describe why your organization is best positioned to undertake this project. Include information about your organization's relevant skills, interests, experience with subject matter and target population(s), financial and/or human resource capacity. Max. 4000 characters with spaces

- b) **Indicate below the names of the partners you will work with during the project and describe their role and contribution.**

Name of partner organization Type the partner's legal name	Partner's role

Additional partners Use this field to provide additional partners if needed. Max. 1000 characters with spaces



Section 8 – Sex and gender-based analysis

Integration of sex and gender-based analysis* How has sex and gender-based analysis (SGBA) been integrated into the project, including data collection? For reference, see the continuum of gender considerations in programs and policies in the SUAP Guidelines for Applicants. Max. 2000 characters with spaces

Section 9 – Summary work plan

Activities*	Start date*	End date*	Outputs*

Additional activities Use this field to provide additional activities if needed. Max. 1000 characters with spaces



Section 10 – Budget and narrative* For not relevant categories, please enter not relevant as narrative and zero as the FY amount

Budget expenditure categories	Federal fiscal year (FY) = April 1 to March 31			Totals
	Narrative (Max. 1000 characters with spaces/narrative)	FY 1	FY 2	
Personnel / Salaries and Benefits				
Contractual employees				
Travel & Accommodations				
Materials & Supplies				
Equipment				
Rent & Utilities				



Performance Measurement & Evaluation				
Other				
Room/Space rental				
Total contributions from Health Canada - Total budget				



Section 11 – Approval / Declaration*

The undersigned on behalf of the organization declares that:

- The information in this application and all accompanying documents are accurate and complete;
- No current or former public servant for whom the Health Canada Values and Ethics Code, the Values and Ethics Code for the Public Sector, the Treasury Board Secretariat Policy on Conflict of Interest and Post-Employment and the Conflict of Interest and Post-Employment Code for Public Office Holders applies, shall derive any direct benefit from this funding request including any employment, payment or gifts, unless the provision and receipt of such benefits is in compliance with such codes and policy.
- Individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Conflict of Interest Code for Senators, the Conflict of Interest and Post-Employment Code for Public Office Holders or any other values and ethics codes applicable within provincial or territorial governments or specific organizations, cannot derive any direct benefit resulting from this funding request unless the provision or receipt of such benefit is in compliance with such legislation and codes;
- Project activities will be undertaken in compliance with all applicable statutes, regulations, orders, standards and guidelines;
- Project activities are not being supported, directly or indirectly (including through funding or in-kind contributions), by entities involved in the manufacture, production, advertising or sale of pharmaceutical, tobacco, vaping or cannabis products; and
- The funding request is made on behalf of the organization named in Section 1 with its full knowledge and consent.

I acknowledge that Health Canada may share this funding request with other organizations (including provincial/territorial Ministries of Health) as part of its review and approval process. I acknowledge that should this funding request be approved, funding will be conditional upon the organization signing a written agreement with Health Canada.

Name: _____ Title: _____

Signature: _____ Date: _____