Health Canada   Santé Canada

Protected A when completed

Oral Health Access Fund call for proposals application for funding: Stream 1: Oral health education and training May 2024

To assist with your application, OHAF has created an applicant guide that provides supplementary instructions for some core components of this application form.

All fields in this document are required*, except for section 13.

Table of contents

Canada

Section 1 – Applicant information

1. **Legal name**. Full names of the institution and training program, as they appear on legal documents.

Institution:

Training program:

2. **Is your training program offered by an institution included on Canada's Designated Learning Institutions list?**

    Yes

    No

    If you selected 'No', please attach proof of your school's legal status. This can include Articles of Incorporation (federal or provincial), business licence, CRA charitable number or business number, etc.

3. **Name under which your institution operates** (If different from legal name).

4. **Institution's address and contact information**.

Street number and name:	City or town:
Province or territory:	Postal code:

Website address:

5. **Training program's authorized primary contact for the project**. Please ensure this person has legal signing authority on behalf of the institution.

    Does this person have signing authority for this project?

    Yes

    No

Full name:	Position/Title:	
E-mail address:	Telephone number:	Extension:

    Please indicate this person's preferred language of communication:

    English

    French

Protected A when completed

6. **Describe the mandate of your training program (**max. 500 characters with spaces).

7. **Number of persons staffed by your training program**. This includes staff and volunteers.

1 to 4	50 to 99
5 to 9	100 to 199
10 to 19	200 to 499
20 to 49	500+

8. **M-30 legislation.** Please refer to Part 2 of the Applicant Guide for further instruction.

If your organization is not located in Quebec, please select the third option below ('My training institution is not located in Quebec').

If your training institution is located in the province of Quebec, refer to the *Act Respecting the Ministère du Conseil Exécutif* (the Act) found on the Secrétariat du Québec aux relations Canadiennes site. We encourage you to seek confirmation of your institution's status with the Government of Quebec **prior to submitting an application for funding from OHAF.**

Indicate whether your institution corresponds to the definition of 'School Body' or any other 'Body' as defined in Section 3.6.2 of the Act:

Yes, my training institution corresponds to the definition of one of the 'Bodies' per Section 3.6.2 of the Act.

No, my training institution does not correspond to the definition of one of the 'Bodies' per Section 3.6.2 of the Act.

My training institution is not located in Quebec.

9. **Does the institution have monies owing to the Government of Canada?** Your response will not impact your eligibility for funding.

Yes

No

If yes, please provide the following information: Government of Canada department or agency owed, Government program owed, the amount owing ($CAD), and the nature of the amount owed (taxes, penalties, overpayment, etc.). OHAF may use this information to assess the capacity of your institution to fulfill the obligations of the proposed project and in the related funding agreement. A sample template is provided below should you wish to use it.

Government department/agency owed	Government program owed	Amount owing (CAD $000,000)	Nature of the amount owed (taxes, penalties, overpayment, etc.)

Protected A when completed

Section 2 – Project summary

1. **Project title**:

2. **Project duration.** Project can receive funding for up to three consecutive fiscal years, starting April 1, 2025. All projects must be completed by March 2028. No projects can begin until approved by Health Canada and a funding agreement is in place. Anticipated dates below are the dates you could begin and end if approved for funding.

   Anticipated start date (yyyy-mm-dd): | Anticipated end date (yyyy-mm-dd):

3. **Total funding amount requested.**

   Estimated Total Project Cost (CAD$): | Total amount requested from Health Canada (CAD$):

4. **Project summary.** Briefly summarize the proposed project (max. 1000 characters with spaces).

Section 3 – Applicant capacity

1. **Program competencies.** Explain how your training program is well-positioned to carry out this work. Describe why your training program has the capacity and experience needed to successfully undertake this project.
   (max. 2000 characters with spaces).

2. **Governance and delivery capacity.** Provide a description of your training program, including governance and capacity to carry out projects (i.e., staff's work experience, financial administration/management, subject matter expertise, etc.) (max. 2000 characters with spaces).

Section 4 – Rationale

1. **Funding priority: training and capacity building.** This priority focuses on addressing competency gaps in the knowledge and skills of students and/or oral health care professionals related to the treatment of targeted populations; and/or to help oral health training institutions adapt to provide students with sufficient hands-on training opportunities.

    Indicate which elements of the funding priorities your project will address (select all that apply):

    Knowledge and skills gaps of students

    Knowledge and skills gaps of practitioners

    Program adaptation to ensure students continue to have sufficient hands-on training opportunities

2. **Objectives.** Describe the objective(s) of the proposed project, including a description of the barriers to oral health care access that the proposed project will aim to address. (max. 2000 characters with spaces).

3. **Evidence and need.** Describe the evidence of need for the project's activities and geographical focus (description should include available data, research or survey evidence, findings from literature reviews, needs assessments, etc. that is available). Please include an explanation of how the results of this project will benefit the oral health of the targeted population(s) (max. 4000 characters with spaces).

4. **Sustainability.** Health Canada funding is time-limited. Please indicate what measures you will take to ensure an enduring legacy of the project (if applicable), such as integration into existing programming, diversifying funding, or revenue sources. 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. 2500 characters with spaces).

5. **Existing or new approach.** If this project complements or builds on other similar initiatives or if this project expands upon an existing initiative, including a provincial, territorial, or municipal program, please describe how. If this project is a new and/or innovative approach to training and capacity building, please describe how (max. 2000 characters with spaces).

Section 5 – Reach and beneficiaries

1. **Project scope** (choose one):

    National (the proposed project reaches three or more provinces or territories)

    Provincial/Territorial

    Municipal

    Community

2. **Geographic location.** List the rural location and/or city(ies), and the province(s)/territory(ies) in which the project will be implemented. This may be different than the location of your school (max 1000 characters with spaces).

3. **Student reach**. If your project involves students, indicate how many students in total will the project reach. Please describe the student body: what year of their studies they will be in, duration of their training program, and stage of study (undergraduate, graduate, continuing studies, etc.). If your project does not involve students, please leave this section blank.

    Number of students:

    Description of the student body:

4. **Professional reach.** If your project involves practicing professionals, indicate how many professionals in total will the project reach and what year of practice they are in, if known. If your project does not involve practicing professionals, please leave this section blank.

    Number of professionals:

    On average, years in practice of the professionals (if known):

    0-5 years

    6-10 years

    11+ years

5. **Oral health training reach.** Which field(s) of study and/or practice will be a part of the project? (select all that apply)

Dental assisting	Dentistry
Dental hygiene	Denturism
Dental technology	Other (please specify, max. 300 characters with spaces):
Dental therapy	

6. **Targeted population(s) that will be reached by the project.**

a. **Population description** (select all that apply):

Children	Persons with disabilities
Indigenous peoples	Rural and remote community(ies)
Newcomers to Canada	Seniors
Official language minority community(ies)	Other (please specify, max. 300 characters with spaces):
People experiencing homelessness	

b. **Language(s)** (select all that apply):

English

French

Other (please specify):

c. **Age group(s)** (select all that apply):

Under 5 years	45 – 54 years
6 – 12 years	55 – 64 years
13 – 17 years	65 – 74 years
18 – 24 years	75 – 84 years
25 – 34 years	85 years +
35 – 44 years	Unknown

7. **Targeted population reach.** Approximately how many people in the targeted population(s) will the project plan to reach?

Protected A when completed

8. **Integration of sex and gender-based analysis**. How has sex and gender-based analysis plus (SGBA+) been integrated into the project, including data collection? For further instruction, please see Part 2 of the Applicant Guide (max. 2500 characters with spaces).

Protected A when completed

Section 6 – Partnerships

Will you work with partners on this project?

Yes

No

If you selected 'Yes', please provide a summary of the partners who will work with you on the project. The summary must include their names and a description of their role and contribution. There is no need to include details of financial contributions from partners—this information will be requested in section 9 – Budget and section 10 – Cash and in-kind contributions. A sample template is provided below should you wish to use it.

Name of partner organization (the partner's legal name)	Description of the partner's role (max 300 characters, with spaces, per partner)

Section 7 – Workplan

1. **Key activities and workplan.** Describe the key activities and outputs that will contribute to achieving your project's objectives, including knowledge dissemination planning and products. For further instruction, please see Part 2 of the Applicant Guide (max. 10000 characters with spaces).

1. **Key activities and workplan** (**continued**)

2. **Describe how you will engage the targeted population(s) in the design and implementation of the project**.
   What role will members of the targeted population(s) play in the design of the project? What role will they play in its implementation? What steps will you take to facilitate those roles? (max. 1500 characters).

3. **Will your project require approval by a research ethics approval board or similar body?**

   Yes

   No

   If you selected yes, please provide a brief paragraph explaining the context. Please be sure to include your plan for securing this approval. Time for securing this approval should be built into your project's workplan
   (max. 1000 characters with spaces).

Canada

Section 8 – Performance measurement and evaluation

Performance measurement and evaluation plan. Please describe your project's key expected outcomes, along with success indicators. Please be sure to include the methods and timelines for data collection that will be used to track success indicators, and analysis that will be used to measure performance. At a minimum, you should include:

- Demographic data that will be collected about those reached by the project (gender, language, age, location, and self-identification as part of a targeted population).
- Impact data that will be collected (please refer to Part 2 of the Applicant Guide for the OHAF's outcomes).
- Plans for measuring knowledge dissemination activities that are outlined in your workplan.

In addition to including a robust evaluation plan, the proposal needs to elaborate on the measurement plans for knowledge dissemination activities. This elaboration needs to describe how outcomes and lessons learned will be shared broadly with relevant stakeholders.

For further instruction, please refer to Part 2 of the Applicant Guide (max. 10000 characters with spaces).

Performance measurement and evaluation plan (continued).

Section 9 – Budget

Project budget. Please provide a budget that outlines the project's planned expenditures. A sample budget template is provided below. Please see Part 2 of the Applicant Guide for further instruction. The budget you provide will be reviewed to determine if the forecasted expenditures are reasonable given the proposed activities, and whether the activities, if funded, would demonstrate value for money. Please do not include cash or in-kind contributions as these are captured in the next section.

Your budget must include the following components:
- planned expenditures under each of the following categories (please see the Applicant Guide for example expenditures under each category):
  - personnel salaries and benefits
  - contractual personnel
  - travel and accommodations
  - materials and supplies
  - equipment
  - rent and utilities
  - performance measurement and evaluation
  - capital expenditures
  - other costs (expenditures relevant to your project that do not fall under the categories in this list)
- a narrative for each category that explains what expenditures you are including under it
- per category, a sum of expenditures by fiscal year
- per category, a sum of all fiscal years' expenditures
- per fiscal year, a sum of all category expenditures
- a total sum of all expenditures (all categories summed together) for all fiscal years of the project

Protected A when completed

Budget expenditure categories	Federal fiscal year (FY) = April 1 to March 31				Totals
	Narrative (max. 350 characters with spaces)	**FY 1** (2025-26)	**FY 2** (2026-27)	**FY 3** (2027-28)	
Personnel Salaries and Benefits					
Contractual personnel					
Travel and accommodations					
Materials and supplies					
Equipment					
Rent and utilities					
Performance measurement and evaluation					
Other					
Total contributions requested from Health Canada (total budget)					-

Section 10 – Cash and in-kind contributions

1. **List other sources of confirmed and/or anticipated contributions (cash and/or in-kind) for the project**. A sample template is provided below. If you opt to use your own template, it must include the name of each source, the amount from each source, the fiscal year (April 1 – March 31) the amount will be given, and whether it will be cash or in-kind.

   Cash contributions refer to any money given to the project to support the purchase of goods or services. In-kind contributions refer to any non-cash good or service received at no cost (for example, by donation) for which you might otherwise have had to pay. Examples of in-kind contributions might include donated equipment, materials and supplies, expertise and staff time, and/or services and facilities. If your project is approved for funding, you will need to include a breakdown of both cash and in-kind contributions in the detailed budget of your funding agreement.

Source (type the source's legal name)	Amount ($XXX,XXX)	Fiscal Year(s) (20XX – 20XX)	Cash	In-kind

Additional Sources. Use this field to provide additional sources if needed (max. 2000 characters with spaces).

Section 11 – Privacy notice

I acknowledge and agree that:

The personal information provided to Health Canada will be collected by the Oral Health Access Fund (OHAF) under the *Department of Health Act* and handled in accordance with the *Privacy Act*.

Why are we collecting your information?

OHAF collects your personal information for the purpose of communicating a funding decision. If a proposal is funded, the information will be used for communications related to the administration of the project.

Will we use or share your information for any other reason?

Your personal information will be used to communicate with a funding recipient for documents required to conduct an evaluation and/or an audit, led by Health Canada or through an intermediary third party, to provide assurance on a recipient's compliance with a funding agreement and the program's effectiveness, including performance measurement. The information will also be shared with other level(s) of government as required if the project is receiving funding from another program.

What happens if you don't want to provide your personal information?

If you choose not to provide your personal information, OHAF will not be able to process your application and you will not be considered for funding support.

What are your rights?

You have the right to access and request a correction and/or notation to your personal information. You also have a right to complain to the Privacy Commissioner of Canada if you feel your personal information has been handled improperly. For more information about these rights, or about how we handle your personal information, please contact the ohaf-fasb@hc-sc.gc.ca.

For more information:

The collection of your personal information is described in Info Source at infosource.gc.ca. Refer to the class of record entitled Transfer Payments Programs for Organizations.

Protected A when completed

Section 12 – Authorization

As an authorized representative of the applicant, **I declare that**:

- I have signing authority for the training program
- this funding request is made on behalf of the school named in Section 1, with its full knowledge and consent
- 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 Ethics and 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
- the training program, and any person lobbying on its behalf is in compliance with the *Lobbying Act* (R.S.C., 1985, c. 44 (4th Supp.))
- the project complies with the Official Language Requirements per the *Official Languages Act* (R.S.C., 1985, c. 31 (4th Supp.)) (Please see 'How to Complete the application form' in the Applicant Guide for further information.)
- project activities will be undertaken in compliance with all applicable statutes, regulations, orders, standards, and guidelines
- individuals associated with the project will comply with all federal, provincial/territorial, and local laws applicable to them regarding non-discrimination and equal employment opportunity
- individuals associated with the project will act at all times in a manner that will not bring the Government of Canada's reputation into disrepute
- 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 oral health products
- if this project is approved and funded, I understand that the training program will be required to comply with the terms and conditions set out in the agreement

Name:	Title:
Signature:	Date (yyyy-mm-dd):

Section 13 – Feedback

If you would like to provide any feedback regarding this application tool and/or process, please include it below (max. 2000 characters with spaces):

Protected A when completed

Section 14 – Submission instructions

Please ensure that all sections are complete, and that all responses provided are accurate.

Before submitting, check that you have you included the following:

Proof of the legal status of your training program's school (Section 1) (Only applicable to those schools who do not appear on Canada's Designated Learning Institutions list.)

Any attachments or other documentation as indicated throughout the form.

To submit your application, email the completed application form to the Oral Health Access Fund at ohaf-fasb@hc-sc.gc.ca. The subject line should read: "Oral Health Education and Training Project Proposal".

To be considered for funding, all emailed applications must be received by 11:59 PM Pacific Daylight Time on July 31, 2024. The application form must be digitally signed and dated by the appropriate representative of the organization who has the legal authority to sign.

Alternatively, the application form can be mailed to the Oral Health Access Fund at:

The Oral Health Access Fund
Applications – Oral Health Education and Training
c/o Health Canada
Mail Stop 0905A
70 Columbine Driveway, Tunney's Pasture
Ottawa, Ontario
K1A 0K9

All applications submitted by mail must be post-marked no later than July 31, 2024.

Upon submission of this application the organization contact will receive an email confirming that the application has been received. If you do not receive the confirmation email within seven days, please email ohaf-fasb@hc-sc.gc.ca.

Thank you for your interest.