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**AT-2000/2001-018-ST**

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**THIS STACKED CONTRIBUTION AGREEMENT**

made in duplicate

**BETWEEN:** **HER MAJESTY THE QUEEN** in Right of Canada  
("Her Majesty"), as represented by the Minister of  
Health ("the Minister")

**AND:** **MUSHUAU INNU BAND COUNCIL**, a Native  
organization incorporated under the laws of the  
Province of Newfoundland/Labrador ("the  
Recipient").

**WHEREAS** the Recipient recognizes the need to increase the participation of First Nations people in the implementation, provision and promotion of the following Department of Health programs:

- (1) **Provision of Health Services Program (Controllable);**
- (2) **Provision of Health Services - Non-Insured Health Benefits Programs;**
- (3) **Building Healthy Communities Program: Home Care Nursing, Mental Health and Solvent Abuse Program;**
- (4) **National Native Alcohol and Drug Abuse Program - Prevention**
- (5) **Brighter Futures Program; and**
- (6) **Canada Prenatal Nutrition Program**

**WHEREAS** the Recipient wishes to consolidate funding for these programs and has submitted to the Minister service projects especially designed to meet this need ("the Projects");

**WHEREAS** Her Majesty recognizes that the Recipient will incur financial obligations in connection with the Projects;

**AND WHEREAS** Her Majesty wishes to assist in the funding of the Projects.

**THEREFORE**, Her Majesty and the Recipient agree as follows:

**Projects**

1. (1) The Projects shall consist of the objectives and activities set out in the Appendices entitled Objectives and Activities.
- (2) The Recipient shall, as part of the Project, submit to the Minister the activity reports as set out in the Appendices entitled Objectives and Activities.

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**Duration**

2. (a) This Agreement shall commence on April 1, 2000 ("the effective date") and expires on March 31, 2001 ("the expiry date").
- (b) Notwithstanding the expiry date of this Agreement, it is intended by both parties to renew it at its term, subject to appropriations of funds by Parliament. Discussions for its renewal shall commence at least ninety (90) days prior to the expiry date.

**Contribution**

3. (1) Subject to section 23, the Minister agrees to make a contribution to the Recipient of an amount not to exceed **SIX HUNDRED FIVE THOUSAND SIX HUNDRED SIXTY SEVEN DOLLARS (\$605,667.00)** ("the Contribution") to carry out the objectives and activities of this Agreement.

- (2) The Contribution is for the following programs and amounts:

**(a) Provision of Health Services (Controllable)**

(i) Health Board and Health Coordination Services	\$27,792.00
(ii) Community Health Representative Services	\$30,226.00
(iii) Community Health Nursing Services	\$185,331.00
(iv) Support Services to Community Health Programs	\$19,542.00
(v) Operations and Maintenance of Facility	<u>\$6,129.00</u>
<b>Total Health Services:</b>	<b>\$269,020.00</b>

**(b) Provision of Health Services (Non-Insured Health Benefits)**

(i) Medical Transportation	\$22,875.00
(ii) Management and Support	<u>\$28,053.00</u>
<b>Total NIHB:</b>	<b>\$50,928.00</b>

**(c) Building Health Communities Program**

(i) Home Care Nursing	\$10,500.00
(ii) Mental Health	\$58,169.00
(iii) Solvent Abuse Program	<u>\$9,800.00</u>
<b>Total BHC:</b>	<b>\$78,469.00</b>

**(d) National Native Alcohol and Drug Abuse Program**

(i) Prevention	\$130,166.00
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**(e) Brighter Futures Program**

\$70,939.00

**(f) Canada Prenatal Nutrition Program**\$6,145.00**TOTAL CONTRIBUTION:****\$605,667.00**

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- (3) The Contribution shall be paid as follows :
- (a) an initial advance:
- (i) in the amount of **ONE HUNDRED FIFTY ONE THOUSAND FOUR HUNDRED SIXTEEN DOLLARS (\$151,416.00)** equal to the estimated cash flow of the Recipient, set out in the Appendix "B" entitled "Budget(s) and Cash Flow", for the first three (3) month term of this Agreement; and
- (ii) payable within twenty (20) days after the effective date of this Agreement or the signing of this Agreement whichever is later.
- (b) subsequent advances:
- (i) paid in accordance with budget items set out in the Appendix "B" entitled "Budgets and Cash Flow"; and
- (ii) subject to adjustments, if any, based on the accounting for the previous advances and financial reports received as per subsections 4.(1) and (2).
- (4) **Failure to submit Activity Reports for all programs listed, as set out in subsection 1.(2) and the Appendices entitled Objectives and Activities of this Agreement, will result in the nonpayment of subsequent advances for this Project until the outstanding reports are submitted.**
- (5) **Failure to submit Financial Expenditure Reports within the time-frames set out in Appendix "A" entitled "Report of Program Expenditures" will result in non-payment of subsequent advances for this project until the outstanding financial expenditure reports have been submitted**
- (6) The Recipient shall ensure that all claims are net of any Input Tax Credits or other forms of rebate of Harmonized Sales Tax (HST) to which the Recipient may be entitled.

#### Financial Reports

4. (1) The Recipient shall submit to the Minister actual expenditures for each of the budget items set out in the Appendix "B" entitled "Budgets and Cash Flow" as per requirement specified in Appendix "A" entitled "Report of Program Expenditure"; and
- (2) The Recipient shall submit to the Minister one month after the expiry date of this Agreement the final report of actual expenditures for each of the budget items set out in the Appendix "A" entitled "Report of Program Expenditure" and Appendix "B" entitled "Budgets and Cash Flow". The Minister shall not be obliged to pay any claims or other costs submitted after the final financial report.

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5. For each of the budget items set out in this Agreement, funds have been included to cover the Recipient portion of the statutory benefits for the Recipient employees needed to manage and deliver the programs outlined in this Agreement. The Recipient must remit the employees' and employer's share in accordance with any legislation related to each statutory benefit. The employee benefits that the Minister may fund are: the Employment and Unemployment Insurance, the Workers' Compensation, the Canada Pension Plan and any Provincial Health Insurance Premiums.
6.
  - (1) The Recipient shall not transfer funds between any of the budget items shown in the Appendix "B" entitled "Budgets and Cash Flow" without the prior written approval of the Minister.
  - (2) Transfers of funds are not permitted between programs outlined in subsection 3.(2).
7.
  - (1) The Recipient shall, halfway through the term of this Agreement, identify any potential underspending of funds and shall immediately inform the Minister in writing.
  - (2) If an underspending is identified, the Recipient may, subject to agreement by the Minister, reallocate the funds to other health related projects of the Recipient. This may necessitate an amendment to the agreement.

#### Audit

8. The Minister reserves the right to audit or cause to have audited the accounts and records of the Recipient to ensure compliance with the terms and conditions of the Agreement. The scope, coverage and timing of such audit shall be as determined by the Minister and if conducted may be carried out by employees of the Department or its agent(s).
9. The Recipient shall, with respect to this Agreement and its audit:
  - (1) account for and record all financial transactions in accordance with the clauses of this Agreement and with generally accepted accounting principles;
  - (2) keep and maintain all accounts, records, and supporting documentation until an audit has been completed or the Recipient has been notified in writing by the Minister that such accounts, records and supporting documentation may be disposed of;
  - (3) provide all accounts, records and supporting documentation to the Minister's representative when conducting an audit or an inspection and provide all necessary assistance for such audits and inspections; and
  - (4) reimburse any unallowed expenditures as determined by the audit.
10.
  - (1) Subject to subsection 10.(2), for audit purposes, the Recipient is not required to provide receipts for overhead for an amount equivalent to 5% of the total amount for each program under this Agreement; and

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- (2) With respect to overhead for the Non-Insured Health Benefits (NIHB) Programs the amount for which receipts are not required is limited to 5% of the amount provided for administration costs under the NIHB component of the Agreement.

#### **Confidentiality**

11. (1) The Recipient shall ensure that any information of a confidential nature, relating to the affairs of the Minister or Her Majesty, to which the Recipient or its officers, servants or agents become privy, shall be treated as confidential.
- (2) The Minister shall ensure that any information of a confidential nature, relating to the affairs of the Recipient to which the Minister or his officers, servants or agents become privy, shall be treated as confidential in accordance with the Access to Information Act.
12. (1) The Recipient shall ensure that all information of a personal medical nature to which the Recipient or its officers, servants or agents become privy, shall be treated as confidential.
- (2) The Minister shall ensure that all information of a personal medical nature to which the Minister or his officers, servants, or agents become privy, shall be treated as confidential in accordance with the Privacy Act.
- (3) The Recipient shall maintain relevant health related records in an appropriate confidential manner.

#### **Liability and Indemnification**

13. (1) The Recipient and its employees, its officers, elected and appointed, servants, agents, representatives, or subcontractors, shall be liable for its negligent acts or omissions and will so indemnify Her Majesty. This indemnity will cover legal costs if Her Majesty has to defend or settle a claim on the Recipient's behalf.
- (2) Her Majesty and her officers, elected and appointed, servants, agents and representatives shall be liable for her negligent acts or omissions and will so indemnify the Recipient and its employees, its officers, elected and appointed, servants, agents, representatives, students or subcontractors. This indemnity will cover legal costs if the Recipient has to defend or settle a claim on Her Majesty's behalf.

#### **Termination**

14. The Agreement may be terminated by either party giving ninety (90) days' notice in writing to the other party.
15. (1) The Recipient shall refund to the Receiver General for Canada:
- (a) within thirty (30) days of the termination or expiry of this Agreement any monies advanced to the Recipient and not expended prior to the termination or expiry of this Agreement; and

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- (b) forthwith, upon written request by the Minister, any monies advanced to the Recipient for which, in the opinion of the Minister, no satisfactory evidence has been furnished by the Recipient that the monies have been expended in accordance with this Agreement.
- (2) Her Majesty may withhold from any amount due under this Agreement or any subsequent Contribution Agreement between Her Majesty and the Recipient:
- (b) any monies that the Recipient is under an obligation to refund to the Receiver General for Canada pursuant to subsection 15.(1); and
  - (c) any monies received by the Recipient under the terms of a previous Contribution Agreement between Her Majesty and the Recipient:
    - (i) that have not been expended by the termination or expiry of that previous Contribution Agreement and that have not been refunded to the Receiver General for Canada, or
    - (ii) for which, in the opinion of the Minister, no satisfactory evidence has been provided by the Recipient that they have been expended in accordance with that Agreement.
- (3) Any amount that the Recipient is under an obligation to refund to the Receiver General for Canada under subsection 15.(1) shall be a debt owing to Her Majesty.
16. (1) Where the Recipient :
- (a) becomes bankrupt or insolvent;
  - (b) has a receiving order made against it;
  - (c) makes an assignment for the benefit of its creditors;
  - (d) is petitioned into bankruptcy;
  - (e) is placed in receivership or liquidation;
  - (f) has an order made or a resolution passed for its winding up;
  - (g) takes the benefit of any statute then in force relating to bankrupt or insolvent debtors; or
  - (h) fails to immediately satisfy any judgement rendered against it for which a stay of execution or similar remedy has not been granted,
- Her Majesty may, by giving notice in writing to the Recipient:
- (i) terminate forthwith this Agreement;

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- (j) direct the Recipient to repay forthwith to the Receiver General for Canada all or part of the Contribution made pursuant to this Agreement; or
  - (k) withhold all or part of monies due or accruing due under this Agreement.
- (2) Where Her Majesty issues a direction pursuant to paragraph 16.(1)(j), the Recipient shall, forthwith, repay to the Receiver General for Canada the amount directed to be paid.

**Default/Remedial Action**

17. (1) That, for the purposes of this Agreement, the Recipient shall be deemed to be in default in the event:
- (a) the Recipient defaults in any or all of its obligations hereunder, including, without limitation, failing to meet the general or program terms and conditions or technical requirements of this Agreement; or
  - (b) in the Minister's sole opinion the health, safety, or welfare of the members of the community is being endangered; or
  - (c) the auditor of the Recipient funded by the Department of Indian Affairs and Northern Development, gives a denial of opinion with respect to the financial claim of the Recipient in the course of conducting an audit and that such denial applies also to this Agreement.
- (2) That in the event the Recipient is in default and the funds identified to meet the objectives of this Agreement are used for other purposes, the Minister may:
- (a) withhold any funds otherwise payable under this Agreement; or
  - (b) immediately terminate this Agreement on notice to the Recipient; or
  - (c) an auditor gives a denial of opinion or adverse opinion on the financial claim of the Recipient in the course of an audit conducted pursuant to section 8 or such other audit as may be conducted by the Recipient. As a result of its statutory requirements where it is incorporated or as may be funded by the Department of Indian Affairs and Northern Development where such denial also applies to this Agreement.
  - (d) take such other action as the Minister deems necessary; or
  - (e) require the Recipient to take any other action as the Minister deems necessary;
- it being understood and agreed that the Minister may exercise any one or more of the remedies set out herein as the Minister in the Minister's sole discretion determines appropriate to fully and properly cure the default of the Recipient with regard to this Agreement.
- (3) That in the event the Recipient defaults under any of its obligations under this Agreement, the Recipient agrees to:

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- (a) abide by any action the Minister may take in response to such default; or
- (b) comply with any action the Minister may require the Recipient to take to remedy such default.

#### Copyright

18. (1) In this section,
- "material" includes anything that is created or developed by the Recipient in the course of implementing, providing or promoting the programs under this Agreement, and in which copyright subsists.
- (2) Copyright in the material shall vest in the recipient.
  - (3) The Recipient grants to Her Majesty a non-exclusive, irrevocable, Canada-wide, fully-paid and royalty-free license to use, copy, translate or distribute the material to the public for any governmental purpose.
  - (4) Copyright in the translated version of the material shall vest in Her Majesty.

#### Notices and Addresses

19. (1) In this Agreement where any notice, request, direction, or other communication is required to be given or made by Her Majesty or the Minister, or the Recipient, it shall be in writing and shall be deemed sufficiently given if sent by registered mail, or by telegram or facsimile, or by delivery in person, to the other party at the following address:

**If to Her Majesty or the Minister:**

Regional Director  
Atlantic Region  
Indian and Inuit Health Services  
Medical Services Branch  
Department of Health  
18<sup>th</sup> Floor, Maritime Centre  
Suite 1801, 1505 Barrington Street  
HALIFAX, Nova Scotia  
B3J 3Y6

Phone: (902) 426-6201  
Fax: (902) 426-8675

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**If to the Recipient:**

Chief  
Mushuau Innu Band Council  
Utshitmassits  
Labrador, Newfoundland  
A0P 1A0

Phone: (709) 478-8827

Fax: (709) 478-8936

**Advances direct deposit to:**

Royal Bank of Canada  
P.O. Box 880, Station "B"  
36 Grenfell Street  
Goose Bay, Labrador  
A0P 1E0

Phone: (709) 896-6510

- (2) Such notices, requests, directions or other communications shall be deemed to have been received ten (10) business days after mailing if sent by registered mail, and the following business day if sent by telegram, facsimile or delivery in person.
- (3) All advances shall be deposited, by the Minister, directly into the bank account identified by the Recipient. Changes to a financial institution number, a branch number or an account number into which the deposit is being made will require the Recipient to complete a new form which is to be forwarded to the Minister's representative.

**Minister's Representative**

20. The Minister designates the Regional Director, Atlantic Region, Indian and Inuit Health Services of the Medical Services Branch of the Department of Health as his representative for the purposes of this Agreement.

**Special Provisions and Applicable Laws**

21. The Recipient shall not assign or subcontract this Agreement or any part of it without the prior written approval of the Minister.
22. his Agreement shall only be amended in writing by mutual consent of the Minister and the Recipient.
23. In accordance with section 40 of the Financial Administration Act (R.S.C. 1985, c. F-11), payment hereunder is subject to there being an appropriation for the fiscal year in which any commitment hereunder would come due for payment.
24. No member of Parliament shall be admitted to any share or part of this Agreement or to any benefit arising from it.

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25. This Agreement sets forth the entire agreement and understanding between Her Majesty and the Recipient and supersedes and cancels all previous negotiations, agreements, commitments and writings in respect of the Projects
26. This Agreement shall enure to the benefit of Her Majesty and the Recipient and each of their respective heirs, executors, administrators, successors and assigns.
27. (1) The mere failure of either the Minister or the Recipient to give notice to the other of the breach or non-fulfilment of any provision of this Agreement shall not constitute acceptance of the breach or non-fulfilment.  
  
(2) The acceptance of a breach or non-fulfilment of any provision of this Agreement shall not constitute acceptance of a further breach or non-fulfilment of the same provision nor shall it constitute acceptance of the breach or non-fulfilment of any other provision of this Agreement.
28. This Agreement shall be interpreted in accordance with the laws in force in the Province of **Newfoundland/Labrador**.
29. The Recipient shall carry out their obligations under this agreement in accordance with the laws in force in the Province of **Newfoundland/Labrador**.
30. This is an Agreement for the performance of a service and the Recipient is engaged under the Agreement as an independent contractor for the sole purpose of providing a service. Neither the Recipient nor any of the Recipient's personnel is engaged by the Agreement as an employee, servant or agent of Her Majesty. The Recipient agrees to be solely responsible for any and all applications, reports, payments, deductions, or contributions required to be made including those required for Canada Pension Plans, Employment Insurance, Workers' Compensation or Income Tax.

**Official Languages**

31. The Recipient is responsible for clearly identifying the clientele of the project and, if applicable, taking the necessary measures to respect the spirit of, and meet its obligations under Parts IV and V of the Official Languages Act and pursuant regulations and to apply the policies in the context of its own mandate.

**Documents Constituting the Agreement**

32. This Agreement consists of:
  - (1) the preamble;
  - (2) the provisions of the Agreement;
  - (3) the documents attached hereto, marked Appendix "A" and entitled "Report on Program Expenditures";
  - (4) the documents attached hereto, marked Appendix "B" and entitled "Budgets and Cash Flow";  
and

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(5) the documents attached hereto, marked Appendices "C", "D", "E", "F", "G" and "H" entitled "Objectives and Activities".

THIS STACKED CONTRIBUTION AGREEMENT has been executed on behalf of the Recipient and on behalf of Her Majesty by their duly authorized officers.

FOR THE RECIPIENT

[Signature]  
Witness

[Signature]  
Chief  
Mushuau Band Council  
Mark King, chief  
(Print Name)

April 10/2000  
Date

George Gregoire  
Councillor

[Signature]  
Councillor

George Gregoire  
(Print Name)

Sebastien Piuas  
(Print Name)

\_\_\_\_\_  
Councillor

.....  
(Print Name)

FOR HER MAJESTY  
[Signature]  
Witness

[Signature]  
Regional Director, Atlantic Region  
Indian and Inuit Health Services  
Medical Services Branch  
Department of Health (Canada)

[Signature]  
Date

CERTIFIED  
funds are available pursuant to  
Section 32.1) of the  
Financial Administration Act.  
[Signature]  
Authorized Signature

APPENDIX "A"

REPORT ON PROGRAM EXPENDITURES  
 APRIL 1, 2000 TO MARCH 31, 2001  
 MUSHUAM INNU BAND COUNCIL

PROGRAM AND ACTIVITIES	BUDGET	ACTUAL EXPENDITURES			TOTAL
		APR-SEP	OCT-DEC	JAN-MAR	
<b>PROVISION OF HEALTH SERVICES PROGRAM:</b>					
1. Health Board and Health Coordination Services	\$27,792.00				
2. Community Health Representative Services	\$30,228.00				
3. Community Health Nursing Services	\$185,331.00				
4. Support Services to Community Health Programs	\$19,542.00				
5. Operations and Maintenance of Facility	\$6,125.00				
<b>TOTAL HEALTH SERVICES:</b>	<b>\$269,020.00</b>				
<b>NON INSURED HEALTH BENEFITS PROGRAM</b>					
1. Medical Transportation	\$22,875.00				
2. Management and Support Services	\$28,053.00				
<b>TOTAL NIHB:</b>	<b>\$50,928.00</b>				
<b>BUILDING HEALTH COMMUNITIES PROGRAM:</b>					
1. Home Care Nursing	\$10,500.00				
2. Mental Health	\$68,169.00				
3. Solvent Abuse Program	\$9,800.00				
<b>TOTAL BHC:</b>	<b>\$78,469.00</b>				
<b>BRIGHTER FUTURES PROGRAM</b>					
1. Action for Children	\$70,939.00				
<b>CANADA PRENATAL NUTRITION PROGRAM</b>					
	\$6,145.00				
<b>NNADAP</b>					
1. Prevention	\$130,166.00				
<b>TOTAL CONTRIBUTION</b>	<b>\$605,867.00</b>				

RECIPIENT SIGNING AUTHORITY \_\_\_\_\_

DATE \_\_\_\_\_

The Recipient shall not transfer funds between any of the budget items without the prior written approval of the Minister.

APPENDIX "B"

BUDGET AND CASH FLOW

APRIL 1, 2000 TO MARCH 31, 2001

MUSHUAU INNU BAND COUNCIL

1. BUDGET:

1. Provision of Health Services Program

1. Health Board and Health Coordination Service	\$27,792.00
2. Community Health Representative Services	\$30,226.00
3. Community Health Nursing Services	\$185,331.00
4. Support Services to Community Health Progra	\$19,542.00
5. Operations and Maintenance of Facility	\$6,123.00
<b>TOTAL HEALTH SERVICES:</b>	<b>\$269,020.00</b>

2. Non-Insured Health Benefits

1. Medical Transportation	\$22,875.00
2. Management and Support	\$28,053.00
<b>TOTAL NIHB:</b>	<b>\$50,928.00</b>

3. Building Healthy Communities Program

1. Home Care Nursing	\$10,500.00
2. Mental Health	\$58,169.00
3. Solvent Abuse	\$2,800.00
<b>TOTAL BHC:</b>	<b>\$78,469.00</b>

4. National Native Alcohol and Drug Abuse Program

1. Prevention	\$130,166.00
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5. Brighter Futures Program

1. Action for Children	\$70,939.00
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6. Canada Prenatal Nutrition Program

	\$5,145.00
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**GRAND TOTAL:** \$605,667.00

2. CASH FLOW

	<u>Health Services</u>	<u>NIHB</u>	<u>BHC Home Care</u>	<u>BHC Mental Health</u>	<u>BHC Solvent Abuse</u>	<u>Brighter Futures</u>	<u>NNADAP</u>	<u>Prenatal</u>	<u>TOTALS</u>
(1) April	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
(2) May	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
(3) June	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
<b>INITIAL ADVANCE</b>	<b>\$87,254.00</b>	<b>\$12,732.00</b>	<b>\$2,825.00</b>	<b>\$14,541.00</b>	<b>\$2,451.00</b>	<b>\$17,736.00</b>	<b>\$32,641.00</b>	<b>\$1,536.00</b>	<b>\$151,418.00</b>
(4) July	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
(5) August	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
(6) September	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
(7) October	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
PLEASE NOTE: IN ORDER TO AVOID INTERRUPTION OF CASH FLOW ADVANCES, A REPORT ON PROGRAM EXPENDITURES AND ACTIVITY REPORTS <APRIL - SEPTEMBER> ARE DUE BY OCTOBER 15, 2000									
(8) November	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
(9) December	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
(10) January	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
PLEASE NOTE: IN ORDER TO AVOID INTERRUPTION OF CASH FLOW ADVANCES, A REPORT ON PROGRAM EXPENDITURES AND ACTIVITY REPORTS <OCTOBER - DECEMBER> ARE DUE BY JANUARY 15, 2001									
(11) February	\$22,418.00	\$4,244.00	\$875.00	\$4,847.00	\$817.00	\$5,912.00	\$10,847.00	\$512.00	\$50,472.00
(12) March	\$22,422.00	\$4,245.00	\$875.00	\$4,852.00	\$813.00	\$5,907.00	\$10,849.00	\$513.00	\$50,475.00
(13) GRAND TO	\$269,020.00	\$50,928.00	\$10,500.00	\$58,169.00	\$9,800.00	\$70,939.00	\$130,166.00	\$6,145.00	\$605,667.00

A FINAL REPORT OF PROGRAM EXPENDITURES AND ACTIVITY REPORTS <JANUARY - MARCH>  
ARE DUE BY APRIL 30, 2001

**OBJECTIVES AND ACTIVITIES**  
**PROVISION OF HEALTH SERVICES (CONTROLLABLE)**

**APPENDIX "C"**

**1. HEALTH BOARD AND HEALTH COORDINATION SERVICES**

**(1) OBJECTIVE**

- (a) To provide health programs to the Recipient members of the Mushuau Innu and raise the level of health awareness and services in Utshitmassits.
- (b) To raise the level of health and healthy lifestyles of the Recipient members.

**(2) ACTIVITIES**

- (a) The Recipient shall utilize the funds, as provided in this Agreement to ensure the provision of health programs with appropriately trained staff.
- (b) The Recipient shall ensure that health needs are identified and priorities are set for the health programs, and health programs are coordinated.
- (c) Promote good health and healthy lifestyles through active participation in activities.

**2. COMMUNITY HEALTH REPRESENTATIVE (CHR) SERVICES**

**(1) OBJECTIVE**

To administer a Health Services Program that enhance the health and well-being of First Nation/Inuit people living within the Band's area.

**(2) ACTIVITIES**

- (a) The Recipient shall utilize the funds, as provided in this Agreement to ensure the provision of a Community Health Representative (CHR) program with appropriately trained staff;
- (b) The Recipient shall ensure that health needs are identified and priorities are set for the CHR program;
- (c) The Recipient shall ensure that the CHR program will consist of services selected from the following health areas:
  - (i) Maternal Health
  - (ii) Infant Care
  - (iii) Pre-School Health
  - (iv) School Health
  - (v) Communicable Disease
  - (vi) Chronic Disease
  - (vii) Elders

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- (viii) Community Development
- (ix) Environmental Health
- (x) Administration

Please note: the Band has the flexibility to add other appropriate services to this list and/or delete them.

2. COMMUNITY HEALTH NURSING SERVICES

(1) **OBJECTIVE**

To administer a Health Services Program that enhances the health and well-being of First Nation/Inuit .

(2) **ACTIVITIES**

- (a) The Recipient shall utilize the funds as provided in this Agreement to ensure the provision of a Community Health Nursing Program with a registered nurse with the competencies and skills to carry out a community health program. This nurse must also be currently registered and a member in good standing of the Province of Newfoundland/Labrador Registered Nurses Association and be covered by that Association's malpractice insurance;
- (b) The Recipient shall ensure that health needs are identified and priorities are set for the Community Health Nursing Program;
- (c) The Recipient shall ensure that the Community Health Nursing Program will consist of services selected from the following health areas:
  - (i) Maternal and Child Health
  - (ii) Chronic Disease Control
  - \*\* (iii) Communicable Disease Control (including immunizations)
  - (iv) Pre-School Health Programs
  - (v) Nursing Care Program
  - \*\* (vi) Environmental Health
  - (vii) Mental Health
  - (viii) Elders
  - (ix) Emergency Services
  - (x) Nursing Management
  - (xi) Infant Care

\*\* These are mandatory programs which must be provided.

Note: The Band has the flexibility to add other appropriate services to this list and/or delete them.

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**3. REPORTING REQUIREMENTS**

- (a) The Recipient shall ensure that the following mandatory reports are completed and sent to the Regional Nursing Officer, Medical Services Branch, Atlantic Region.
- |       |                             |   |
|-------|-----------------------------|---|
| (i)   | Birth Information           | monthly                                 |
| (ii)  | Mortality Information       | monthly                                 |
| (iii) | Stillbirth Notification     | monthly                                 |
| (iv)  | Notification Disease Report | monthly (summary of incidents reported) |
| (v)   | Immunization Report         | calendar year                           |
- (b) The Recipient shall ensure that the Incident Report is completed and forwarded immediately after an incident to the Regional Nursing Officer.
- (c) The Recipient shall submit to the Minister a Report on Program Expenditures and Activity Report, attached as Appendix "C-1", by **October 15, 2000, January 15, 2001 and April 30, 2001.**

**4. SUPPORT SERVICES TO COMMUNITY HEALTH PROGRAMS****(1) OBJECTIVE**

The Recipient shall utilize the funds, as provided in this Agreement to ensure that Support Services are provided for the Health Programs.

**(2) ACTIVITIES**

The Recipient will ensure that Support Services will consist of activities selected from the following areas:

- (a) being available at the Melville Hospital;
- (b) meeting all incoming planes carrying Innu clients/patients;
- (c) attending rounds as required by the staff of the hospital;
- (d) obtaining necessary services for Innu clients/patients; and
- (e) submitting monthly reports to the Band Council.

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(3) **OBJECTIVE**

Provide referral services for Innu clients/patients by:

(4) **ACTIVITIES**

- (a) making appropriate travel, accommodation, meals, and ground transportation arrangements;
- (b) getting the appropriate approvals from NIHB Medical Services Branch;
- (c) explaining the Non-Insured Health Benefits to hospitalized patients for whom travel is to be arranged; and
- (d) submitting detailed monthly reports to the Recipient Council.

(5) **OBJECTIVE**

To provide clerical support for medical services by:

(6) **ACTIVITIES**

- (a) To assist in registering all new Recipient members for both MCP and the Innu Nation identification cards.
- (b) To assist Recipient staff re: revisions/additions to the list of recognized Recipient members which is to be submitted monthly to the Department of Indian Affairs.
- (c) To assist the CHR in completing his/her monthly reports.
- (d) To assist the CHR in putting on workshops, information sessions, etc., as required.
- (e) To provide other support services to the Health Programs as required.

5. **PROVISION OF JANITORIAL AND BUILDING SERVICES**

(1) **OBJECTIVE**

The Recipient shall utilize the funds, as provided in this Agreement, to ensure that janitorial services are provided to the Health Facility.

(2) **ACTIVITIES**

The Recipient shall ensure that the following services are provided to the building and grounds:

- (a) sweep, dust and vacuum stairs, floors and landings **daily**.
- (b) vacuum walk-way mats and clean entrances and lobbies **daily**.

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- (c) clean, disinfect and ensure washrooms are provided with required supplies **daily**.
  - (d) wipe counters, empty and clean waste receptacles and dust furniture and baseboards **daily**.
  - (e) spot clean interior glass, walls and partitions **daily**.
  - (f) sweep uncarpeted floors **daily**.
  - (g) polish counters, damp-mop stairs and landings, shampoo walk-way mats and spot-clean furniture **on a weekly basis**.
  - (h) spray-buff high-traffic areas **every two weeks**.
  - (i) vacuum furnishings **monthly**;
  - (j) damp-mop floors, **as necessary**, for a clean appearance **during the winter months**.
  - (k) dust venetian & vertical blinds and scrub & refinish floors **as necessary**.
- (3) GROUNDS/SNOW REMOVAL:
- (a) provide all labour, materials, supplies and equipment to maintain lawns, flower beds, trees and shrubs.
  - (b) provide parking facilities and access thereto as required by the Minister, and maintain same in good condition at all times.
  - (c) promptly clear and remove ice and snow from all outdoor parking areas, roadways, walks, steps and fire escapes leading to and from the premises.
- (4) WATER/SEWER:
- (a) Provide adequate lavatory and washroom accommodation complete with all necessary supplies.
  - (b) Supply and pay for sufficient quantities of hot and cold water for the premises.
  - (c) Pump effluent from septic tank annually or as necessary.
- (5) HYDRO
- (a) Provide and pay for adequate electricity to the premises and promptly replace lamps, ballasts, fuses and circuit breakers as required and at Recipient's expense.
  - (b) Provide and pay for domestic fuel, heating, air conditioning and lighting to and for the premises in order to maintain reasonable comfort standards and keep common areas well lit.

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(6) **MINOR MAINTENANCE:**

- (a) Perform minor carpentry, plumbing, mechanical and electrical repairs and maintenance of equipment in a prompt manner and as required.
- (b) Test and maintain safety, emergency, fire detection and protection equipment (fire extinguishers, fire alarm systems and sprinkler systems) and keep same operational at all times.
- (c) Provide preventative maintenance inspections and replace filters and v-belts as required.
- (d) Complete and submit fuel reports as required to Nurse in Charge.

(7) **WASTE GARBAGE REMOVAL**

- (a) Remove all waste paper and other waste material from the premises at least once daily.
- (b) Dispose of garbage from the facility, at landfill site, as necessary, disinfect containers and clean garbage storage shed as required.

(8) **INSURANCE**

Maintain liability insurance coverage of at least TWO MILLION DOLLARS (\$2,000,000.00) for all personnel employed by the Recipient in order to satisfactorily provide the services described herein.

(9) **SUPPLIES:**

- (a) Provide all materials for the cleaning of the premises, the furnishings therein, the windows of the premises and the common areas.
- (b) Provide adequate lavatory and washroom supplies at all times.

(10) **MISCELLANEOUS:**

- (a) Haul equipment and supplies.
- (b) Perform miscellaneous duties as required.

- (11) The Recipient shall provide the right of ingress and egress for the Minister's employees, servants and agents and the use of areas in and about the lands and buildings.

APPENDIX "C-1"

WORKPLAN/PROGRESS ACTIVITY REPORT

FIRST NATION:

PROGRAM:

OBJECTIVE:

TARGET GROUP :

NUMBER IN TARGET GROUP:

FISCAL YEAR:

ACTIVITY	EVALUATION

- REPORTING PERIOD:  APRIL - SEPTEMBER  
 OCTOBER - DECEMBER  
 JANUARY - MARCH

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPENDIX "D"

**OBJECTIVES AND ACTIVITIES**  
**PROVISION OF HEALTH SERVICES**  
**(NON-INSURED HEALTH BENEFITS PROGRAMS)**

**MEDICAL TRANSPORTATION**

1. (1) The Non-Insured Health Benefits (NIHB) program provides:
  - (a) Innu living on Crown Land with ground transportation to the nearest appropriate medical or health related facility located outside Utshitmassits in order to receive medical and other health related services; and
  - (b) in exceptional circumstances where provincial health care programs do not provide the required service within the province or the normally recognized service area, transportation assistance will be provided to registered Indians and Inuit, to access the nearest appropriate location in Canada.
- (2) The Recipient will assume administrative responsibility for providing Medical Transportation for all medical appointments to on reserve Registered Indians according to the Indian Register maintained by the Department of Indian Affairs.
2. (1) **BENEFITS**
  - (a) Medical ground transportation will be provided to NIHB clients to access health services.
  - (b) Medical ground transportation will also be provided for approved escorts, when required, for legal or medical reasons.
- (2) **EXCLUSIONS**
  - (a) Medical transportation will not be provided in the following circumstances including, but not limited to:
    - (i) for compassionate travel;
    - (ii) for return to the reserve or home community if the Medical Services Branch (MSB) client has discharged himself/herself from a health services program against medical advice before the completion of the treatment course;
    - (iii) for the sole purpose of pick-up or delivery of pharmaceutical or health care aids, or both; and
    - (iv) if it is not to the nearest appropriate health facility.

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3. **ASSISTANCE CRITERIA**

- (1) Assistance in the provision of transportation for eligible MSB clients and approved escorts will be in accordance with the Transportation Directive of the NIHB program and on the following terms and conditions:
- (a) the transportation, including the use of escorts, must be pre-authorized by a Recipient or MSB designated authority;
  - (b) certification that health care services have been accessed by the client must be obtained by the MSB client from the health care provider or his/her representative. The certification slip must be given to the Recipient or MSB designated authority immediately after the trip;
  - (c) where pre-authorization has not been obtained by the MSB client for transportation related to health emergencies, some or all transportation costs may be reimbursed where medical justification is provided and approved after the fact by a designated Recipient or MSB designated authority; and
  - (d) local transportation assistance is limited to and from the nearest pick-up point when the client is travelling by public transportation (airplane, bus or train) to a distant medical facility for admission or consultation by appointment.

4. **MANAGEMENT PRACTICES**

The administration of transportation benefits is governed by the following management practices:

(1) **Means of Transportation**

- (a) The most economical means of transportation will always be used, having regard to the urgency of the situation. When more than one eligible patient is travelling to the same location, maximum space in vehicles must be used and the rate charged must be for one trip; individual charges for each eligible patient are not acceptable.

(2) **Escorts**

- (a) Unless there is a medical or legal reason why an escort should stay longer, or it is more practical financially to have the escort stay longer, the escort shall return to the community by the earliest reasonable means.
- (b) The Recipient or the Community may provide extended travel status for non-medical escorts in the following situations:

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- (i) where the patient is an infant under two (2) years of age and is being nursed, he or she shall be accompanied by the mother;
- (ii) where there may be a physical difficulty or where a language barrier exists;
- (iii) where the patient is a minor and legal consent is required; or
- (iv) where the patient has been declared "mentally incompetent" by a court of competent jurisdiction and legal consent is required.

(3) **Use of Private Vehicles**

- (a) Use of private vehicles should be pre-authorized by the Recipient or an MSB designated authority.

(4) **Indemnification**

- (a) Whether the Recipient vehicles and drivers or private vehicles are used to provide transportation pursuant to this Agreement, the Recipient shall ensure that all drivers have a valid Provincial Driving Permit, are insured, carry public liability, property damage and all perils insurance to indemnify and save harmless the Department from any charges, claims or demands that may arise from the use of these vehicles.
- (b) Moreover, where the Recipient vehicles and drivers are used, the Recipient shall ensure that each vehicle used to provide transportation is licensed under provincial regulations and insured as a public carrier, carries public liability, property damage and all perils insurance to indemnify and save harmless the Department from any charges, claims or demands that may arise from the use of these vehicles.
- (c) In addition of the foregoing insurance, the Recipient agrees to indemnify and save harmless the Department against all claims, demands, actions or suits whatsoever arising out of any act or omission of any of its members, trustees, or contractors pursuant to this Agreement.

5. **REIMBURSEMENTS PRACTICES**

(1) **Meals and Accommodation**

- (a) Provision of meals and accommodation for MSB clients and non public servant escorts will be in accordance with the regional directives and guidelines.
- (b) Medical Transportation shall be reimbursed to the nearest appropriate medical facility in accordance with the regional directives and policies.

(2) **Use of Private Vehicles**

- (a) Private mileage will be paid at 9.5 cents per kilometre.

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(3) **Reimbursement of Claims**

- (a) The recipient must submit claims on a monthly basis.
- (b) Reimbursement will be made in accordance with the budget set out in Appendix "B", "Budget(s) and Cash Flow".

(4) **Record keeping**

- (a) The recipient shall maintain the following records and make them available for inspection or audit by the Minister or his representative:
  - (i) date of trip;
  - (ii) surname and given name of MSB clients;
  - (iii) date of birth;
  - (iv) client identification number (INAC number, Recipient name and Family number or MSB number);
  - (v) point of departure and arrival;
  - (vi) medical reason for which the trip was pre-authorized, such as ground transportation between boarding home and physician or dentist offices, hospitals or clinics as necessary; and
  - (vii) certification slip confirming that health services have been accessed by the MSB client.

6. **Management and Support Services**

- (1) The Recipient shall utilize the funds as provided in this Agreement to ensure that Referral Services are provided for the Non-Insured Health Benefits - Medical Transportation.
- (2) The Recipient will ensure that the Referral Services will consist of activities in the following areas:
  - (a) the implementation of the Medical Program;
  - (b) medical transportation reports;
  - (c) correspondence;
  - (d) typing;
  - (e) record keeping;
  - (f) log appointments for patients;

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- (g) keeping drivers informed of patients' appointments;
- (h) answering the telephone;
- (i) arranging long distance trips;
- (j) patient referrals;
- (k) referrals to medical liaison officers in Halifax area; and
- (l) arranging non-insured services for patients and what ever else may be required in the medical area.

**7. REPORTING REQUIREMENTS**

- (a) The attached Appendix "D-1", Medical Transportation Log or own Band Transportation Log must be completed monthly and submitted to the Minister by **October 15, 2000, January 15, 2001 and April 30, 2001.**
- (b) The attached Appendix "A", "Report on Program Expenditures" are due by **October 15, 2000, January 15, 2001 and April 30, 2001.**





## OBJECTIVES AND ACTIVITIES

## APPENDIX "E"

## NATIONAL NATIVE ALCOHOL AND DRUG ABUSE PROGRAM

1. ALCOHOL AND DRUG PROGRAM

## (1) OBJECTIVE

To administer an Alcohol and Drug Abuse program that enhances the health and well-being of First Nation/Inuit/Innu.

## (2) ACTIVITIES

- (a) The Recipient shall utilize the funds, as provided in this Agreement, to ensure the provision of a National Native Alcohol and Drug Abuse Program with appropriately trained staff;
- (b) The Recipient shall ensure that community needs regarding substance abuse are identified and priorities are set for the NNADA Program;
- (c) The Recipient shall ensure that the NNADA Program will consist of services relevant to your program from the following areas:
  - (i) Prevention (counselling services and information sessions)
  - (ii) Assessment and Referral
  - (iii) Aftercare
  - (iv) Community Development
  - (v) Liaison
  - (vi) Health Promotion
  - (vii) Administration
  - (viii) Youth Program
  - (ix) Treatment

**Note:** The Recipient has the flexibility to add other appropriate services to this list and/or delete them.

2. REPORTING REQUIREMENTS

- (a) The Recipient shall submit to the Minister the objectives and activities for the NNADAP Program - Prevention for fiscal year 2000/2001 by **June 30, 2000**.
- (b) The attached Appendix "A" entitled "Report on Program Expenditures" are due by **October 15, 2000, January 15, 2001 and April 30, 2001**.
- (c) The Annual Prevention Activity Report, attached as Appendix E-1 shall be submitted to the Minister on the forms provided by and in the manner specified by the Minister by **April 30, 2001**.
- (d) The Recipient shall submit to the Minister the objectives and activities for the NNADAP Program - Prevention for fiscal year 2001/2002 by **January 31 2001**.

## APPENDIX "E-1"

**THE PREVENTION PROJECT ACTIVITY REPORTING SYSTEM**  
**INSTRUCTIONAL MANUAL**

**INTRODUCTION**

Information is required to make decisions and to support arguments such as those put forth for the justification of the NNADAP programs. Information is obtained by sorting, organizing, and summarizing the data or facts pertaining to events, persons, or things associated with the program. These forms are the instruments by which this data is recorded. The intention of this reporting system is to record a history of the activities of the program with the intention of correlating these results with those obtained through other sources.

**PREVENTION PROJECT PROFILE**

**Project Name:** Enter the name by which the project is known.

**Region and Zone:** Enter the name of the region and zone in which the project is located.

**Mailing Address:** Enter the address to which correspondence with the project should be mailed.

**Contact Person:** Enter the name and telephone number of the person with whom all initial contact should be made.

**Type of Project:** Circle the code that indicates the type of your project.

**Location:** Circle the type of communities that the project serves.

**Funding:** Record the planned budget for the current fiscal year, indicating those funds received from the NNADAP program and those funds that you expect to obtain through Other means (fund raising projects, etc.).

**Staffing:** Record the number of program workers (male and female), administration staff, and other staff that you plan to employ during the current fiscal year.

**Community Coverage:** List the names of all the communities which receive services through your project. Include the population of each community. Indicate whether the community receives services from a resident NNADAP worker or a visiting NNADAP worker by recording an "R" or "V" respectively in the last column after each community name.

**PROJECT ACTIVITY REPORT (Primary, Secondary and Tertiary Prevention Activities)**

Use a copy of the forms as a tally sheet to record when an activity occurs.

On the top of each form record the project name, region, zone, and the period for which the report applies.

For average attendance at activities record an estimated average. If a majority of the community attended most of the activities of the type in question then record, TC, for total community.

For all Primary, Secondary, Tertiary prevention activities indicate, by circling the appropriate letter, the target group of the activity's intention by most of the occurrences of the activity in question. The letters represent:

G - general public      W - women      Y - youth (less than 24 years old)

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**Primary Prevention Activities**

Record all activities that result in the community wide distribution of preventative information. These activities are mainly intended to prevent initial abuse.

**Public Awareness Campaigns:** Record the number of times you had a campaign. Record one campaign even if the campaign lasted a week.

**Public Meetings and Public Speaking:** Record the number of times you attended or spoke at a public meeting and indicate the average number of people that attended.

**Develop School Curriculum:** Record the number of times you met with school officials to create a component of the school's curriculum that deals with the abuses of alcohol, drugs, or solvents.

**School Program:** Record the number of times that you assisted a school teacher in teaching the effects of alcohol, drug, or solvent abuse.

**News Media Work:** Record the number of times television, radio or newspapers (Recipient newsletter) were used to distribute information.

**Sponsor Spiritual Event and Sponsor Cultural Event:** Record the number of times you sponsored these types of events and record the average attendance at these events.

**Other Activity:** Record the number of other primary activities that you used to distribute preventative information to the community. If appropriate indicate the average number of people that would receive the information.

If the intention of the program was to stress one type of abuse more than others by these activities, indicate this by circling the type of abuse that was stressed.

**Secondary Prevention Activities**

Record all programs or events that offer an activity as an alternative to abuse. These activities are mainly intended to prevent abuse before it becomes a serious problem.

For all other secondary activities, record the number of times the activity was held and indicate the average number of people that attended.

If the intention of the program was to stress one type of abuse more than others by these activities, indicate this by circling the type of abuse that was stressed.

**Tertiary Prevention Activities**

Record all activities that involve the NNADAP program staff working directly with individuals, families, or groups. These activities are mainly intended to stop or prevent further abuse.

**Counselling:** Record the number of counselling sessions that were held. For family and group counselling indicate the average size the groups that were counselled. The abuser who is the subject of the counselling session should be used to determine the target group.

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**A.A., Alanon, Alateen Groups:** Record the number of times you attended a meeting of these organizations and indicate the average attendance at those meetings.

**Crisis Intervention:** Record the number of times that a NNADAP worker had to intervene in a crisis situation because alcohol, drug or solvent abuse is involved.

**Outreach and Support Visits:** Record the number of visits that a NNADAP worker made.

**Referrals:** Record the number of persons that were referred to each of the services indicated on the form.

For all other tertiary activities, record the number of times the activity was held and indicate the average number of people that attended.

If the intention of the program was to stress one type of abuse more than others by these activities, indicate this by circling the type of abuse that was stressed.

#### Program Management Activities

To count the number of times you spent performing a program management activity, count the number of meetings or the number of sessions that you spent at that activity. For example, if you spend every morning for a week (5 days) developing a new program then record five (5) for Program Development.

**External/Liaison Meetings:** Record the number of times you met with other service agencies to develop an ongoing working relationship.

**Program Development:** Record the number of sessions you and your staff have held to develop the programs used to deliver your service.

**Program Planning:** Record the number of sessions you spent on planning the deliverance of the programs and events.

**Program Fund Raising:** Record the number of times you attempted to raise funds for the project.

**Program Promotion:** Record the number of times you prepared or arranged for the advertising of a program or event.

**Correspondence and Reports:** Record the number of sessions you spent preparing correspondence or reports to the Recipient Council or regional and national offices of NNADAP.

#### Administration Activities

**NNADAP Meetings:** Record the number of times that you have met with other project, zone, regional, or national personnel of the NNADAP program.

**Council Meetings:** Record the number of times that you or your staff have attended council meetings.

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**Staff Meetings:** Record the number of times that the project staff have met for administration purposes rather than meeting to develop or plan programs.

**Other Admin. Meetings:** Record the number of times that your staff have met for administration purposes that cannot be considered a NNADAP, Council, or staff meeting.

**Staff Training:** Record the number of times one or more program workers was not able to perform program functions because they were being trained.

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GLOSSARY OF TERMS

**Project Profile** - the data elements that identify the project.

**Project Name** - the name by which the project is known.

**Region** - the name of the region in which the project is located.

**Zone** - the name of the zone in which the project is located.

**Mailing Address** - the address to which correspondence with the project should be mailed.

**Contact Person** - the name of the person with whom all initial contact should be made.

**Phone Number** - the telephone number of the Contact Person.

**Type of Project** - the possible project types are:

**Prevention: Service Delivery** - a project where the objectives are to prevent abuse with staff who are actively involved in providing counselling and other services to the population.

**Prevention: Supportive** - a project where the objectives are to prevent abuse with staff who are primarily providing technical or program assistance to several "service delivery" organizations, eg., conducting workshops.

**Planned Funding: NNADAP** - the budget funds from the NNADAP program as per the contribution agreement that were planned before the fiscal year.

**Planned Funding: Other** - the budget funds from sources other than the NNADAP program that were expected before the fiscal year.

**Actual Funding: NNADAP** - the actual amount of funds received from the NNADAP program that were expended during the fiscal year.

**Actual Funding: Other** - the actual amount of funds from sources other than the NNADAP program that were expended during the fiscal year.

**Planned Staffing** - the number of staff members that are planned to be used for the operation of the project before the fiscal year.

**Actual Staffing** - the number of staff members that were employed for the operation of the project for the fiscal year.

**Program Staff** - the staff members that work directly on the project programs, such as, project managers and counsellors.

**Administration Staff** - the office support staff, such as, secretaries, bookkeepers, office managers, etc.

**Other Staff** - this includes janitors, cooks, etc. that are employed and paid with project funds.

**Location** - the type of location that the project services. The categories to be used are:

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**On-reserve** - the communities are located on designated Indian reserve land.

**Settlement** - the communities are located in rural settlements or Crown land.

**Urban** - the communities are located in urban centres.

**Community Coverage** - a community that has access to the services of a NNADAP program project.

**Community Name** - the name by which the community is identified in the MEDICAL SERVICES BRANCH listing of communities by isolation (July, 1984).

**Population** - the population of the community that has access to preventative services of a NNADAP program worker.

**Resident Staff** - a community has resident staff if at least one NNADAP worker lives and works in the community.

**Visiting Staff** - a community has visiting staff if it receives regular visits by a NNADAP program worker.

**Average Attendance** - an average of the estimated number of persons that were present at the activity in question.

**Target Group** - the sector of the population at which the activity's intention is aimed. There are three sectors of the population that are of interest: General public (C), Women (W), and Youth (Y) - less than 24 years old.

**Project Activity Report** - a quarterly report indicating the number and types of activities undertaken by the project during that reporting quarter.

**Period** - the reporting period or fiscal quarter of the activities recorded expressed as the date of the last day of the quarter.

**Date** - the date on which the report was prepared.

**Primary Prevention Activity** - Taking action before serious problems start to develop. A primary prevention activity results in the community wide distribution of information. These activities are mainly intended to prevent initial abuse. The following activities are considered primary prevention activities.

**Public Awareness Campaigns** - a specifically planned and organized information "blitz" in the community. This may include one or more of the other primary activities.

**Public Meetings** - A scheduled meeting where the program worker has invited the members of the community.

**Public Speaking** - an primary activity where a program worker has been invited to speak at a gathering of community members.

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**Develop School Curriculum** - an primary activity where the program worker has met with school officials to create a component of the school's curriculum that deals with the abuses of alcohol, drugs, or solvents.

**School Program** - an primary activity where the program worker has assisted a school teacher in teaching the effects of alcohol, drug, or solvent abuse.

**News Media Work** - an primary activity where television, radio or newspapers (Recipient newsletter) is used to distribute information.

**Sponsor Spiritual Event** - a spiritual event where the NNADAP worker offers support of the event with the intention of making the community aware of the issues of abuse.

**Sponsor Cultural Event** - a cultural event where the NNADAP worker offers support of the event with the intention of making the community aware of the issues of abuse.

**Other Activity** - any activity, which cannot be considered as one of the above primary activities, that distributes preventative information to the community.

**Secondary Prevention activity** - Early intervention: dealing with an existing abuse problem at the earliest possible stage. A program or event that offers an activity as an alternative to abuse is a secondary prevention activity. These activities are mainly intended to prevent abuse before it becomes a serious problem. The following activities are considered secondary prevention activities.

**Recreational/Athletic** - a program or event organized or sponsored by your NNADAP project staff which is mainly recreational or athletic in nature.

**Spiritual** - a program or event organized or sponsored by your NNADAP project staff which is mainly spiritual in nature.

**Native Cultural** - a program or event organized or sponsored by your NNADAP project staff which is mainly cultural in nature.

**Social** - a program or event organized or sponsored by your NNADAP project staff which is mainly a social gathering.

**Other Community Program** - a program or event organized or sponsored by your NNADAP project staff which is not recreational, athletic, spiritual, cultural, or social in nature. It may be an intellectual event or a community service program, for example.

**Other Group's Program** - a program or event organized by another community organization in which NNADAP staff participate in the organization or operation of the program because the program meets the objectives of the NNADAP project.

**Discussion Groups** - a program or event organized by the NNADAP project staff where community members meet to discuss any topic (not necessarily alcohol, drug, or solvent abuse).

**Other Activity** - any activity, which cannot be considered as one of the above secondary activities, that offers an alternative to alcohol, drug, and solvent abuse.

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**Tertiary Prevention Activity - Maintenance:** helping people to prevent a problem from returning. An activity that involves the NNADAP program staff working directly with individuals, families, or groups is a tertiary prevention activity. These activities are mainly intended to stop or prevent further abuse. The following activities are considered tertiary prevention activities.

**Individual Counselling** - a tertiary activity where a NNADAP worker counsels an individual on a one-to-one basis.

**Family Counselling** - a tertiary activity where a NNADAP worker counsels the family of a known or potential abuser.

**Group Counselling** - a tertiary activity where a NNADAP worker counsels a group of known or potential abusers.

**A. A. Group** - a tertiary activity where a NNADAP worker assists an Alcohol Anonymous organization with such activities as obtaining resource speakers, supervising meeting facilities, etc.

**Alanon Group** - a tertiary activity where a NNADAP worker assists an Alanon organization with such activities as obtaining resource speakers, supervising meeting facilities, etc.

**Alateen Group** - a tertiary activity where a NNADAP worker assists an Alateen organization with such activities as obtaining resource speakers, supervising meeting facilities, etc.

**Crisis Intervention** - a tertiary activity where a NNADAP worker intervenes in a crisis situation because alcohol, drug, or solvent abuse is involved.

**Outreach Visits** - a tertiary activity where a NNADAP worker takes the initiative to make the first contact to an individual or family who could benefit from the prevention project's services.

**Support Visits** - a tertiary activity where a NNADAP worker visits a known or potential abuser to reassure those involved.

**Rehabilitation Referral** - a tertiary activity where a NNADAP worker refers an abuser to a rehabilitation centre or program.

**Detox Referral** - a tertiary activity where a NNADAP worker refers an abuser to a medical Detox centre.

**Medical Referral** - a tertiary activity where a NNADAP worker refers an abuser to a doctor or hospital for medical services.

**Social Service Referral** - a tertiary activity where a NNADAP worker refers an abuser to a social worker or social service agency.

**Recipient Service Referral** - a tertiary activity where a NNADAP worker refers an abuser to a beneficial service offered by the Recipient.

**Cultural Referral** - a tertiary activity where a NNADAP worker refers an abuser to a native cultural support group or person (elder).

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**Other Referral** - a tertiary activity where a NNADAP worker refers an abuser to a person, group or service that cannot be classified as one of the above referrals.

**Other Activity** - any activity, which cannot be considered as one of the above tertiary activities, where the NNADAP worker works directly with individuals, families, or groups.

**Program Management Activity** - an activity that is necessary for the planning and organization of the program in order that the project meets its objectives. The following activities are considered program management activities.

**External/Liaison Meetings** - a program management activity where a NNADAP worker meets with other service agencies to develop an ongoing working relationship.

**Program Development** - a program management activity where the NNADAP staff develop the programs to deliver their service.

**Program Planning** - a program management activity where the NNADAP worker plans the deliverance of the programs and events.

**Program Fund Raising** - a program management activity where a NNADAP worker attempts to raise funds for the project.

**Program Promotion** - a program management activity where a NNADAP worker prepares or arranges for the advertising of a NNADAP program or event.

**Correspondence and Reports** - a program management activity where a NNADAP worker corresponds or prepares reports to the Recipient Council or regional and national offices of NNADAP.

**Administration Activity** - an activity that is necessary for the effective operation of the project.

**NNADAP Meetings** - an administration activity where the project staff meet with other project, regional, or national personnel of the NNADAP program.

**Council Meetings** - an administration activity where NNADAP staff attend council meetings.

**Staff Meetings** - an administration activity where the project staff meet for administration purposes rather than meeting to develop or plan programs.

**Other Administration Meetings** - any administration meeting that cannot be considered a NNADAP, Council, or staff meeting.

**Staff Training** - an administration activity that involved the training of one or more project staff member.

**Abused Substance** - the substance, the use of which, is being abused. The substances of concern are listed below. The use of more than one such substance may be abused in a given incident.

**Alcohol** - any liquid that contains alcohol such as beer, wine, and liquor.

**Drugs** - any prescription drug or illegal drug.

**Solvents** - any commercial product, such as gas, glue or cleaning products, that produces vapours which when inhaled (sniffed) can lead to a mind-altering effect.

APPENDIX "E-1"

NATIONAL NATIVE ALCOHOL AND DRUG ABUSE PROGRAM  
PREVENTION PROJECT PROFILE

Project Name: \_\_\_\_\_

Region: \_\_\_\_\_ Zone: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Type of Project (circle appropriate code):

Prevention: Service Delivery: PD      Prevention: Supportive: PS

FUNDING	PLANNED	ACTUAL
NNADAP		
OTHER		

STAFFING	PLANNED	ACTUAL
PROGRAM - MALES		
PROGRAM - FEMALES		
ADMIN. STAFF		
OTHER STAFF		

Location (circle appropriated category):

On-reserve: O      Settlement: S      Urban: U

Community Coverage:

(List all communities covered by this project)

COMMUNITY NAME	POPULATION	RESIDENT/VISITING
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL		

PROJECT ACTIVITY REPORT - PART I

Project Name: \_\_\_\_\_
Region: \_\_\_\_\_ Zone: \_\_\_\_\_
Period: \_\_\_\_\_ Date: \_\_\_\_\_

PRIMARY PREVENTION ACTIVITIES - Taking action before serious problems start to develop.

Table with 4 columns: Activity, NUMBER, AVERAGE ATTENDANCE, and TARGET GROUP (G, W, Y). Rows include Public awareness campaigns, Public meetings, Public speaking, Develop school curriculum, School program, News media work, Sponsor spiritual event, Sponsor cultural event, and Other activity.

If the intention of the program was to stress one type of abuse more than others by these activities, indicate this by circling the type of abuse:

ALCOHOL DRUG SOLVENT

SECONDARY PREVENTION ACTIVITIES - Dealing with an existing abuse problem at the earliest possible stage

Table with 4 columns: Activity, NUMBER, AVERAGE ATTENDANCE, and TARGET GROUP (G, W, Y). Rows include Recreational/Athletic, Spiritual programs, Native cultural programs, Social programs, Other community programs, Other group's programs, Discussion Groups, and Other activity.

If the intention of the program was to stress one type of abuse more than others by these activities, indicate this by circling the type of abuse:

ALCOHOL DRUG SOLVENT

**PROJECT ACTIVITY REPORT - PART II**

Project Name: \_\_\_\_\_

Region: \_\_\_\_\_ Zone: \_\_\_\_\_

Period: \_\_\_\_\_ Date: \_\_\_\_\_

**TERTIARY PREVENTION ACTIVITIES** - Helping people to prevent a problem from returning.

	NUMBER	AVERAGE ATTENDANCE	TARGET GROUP		
Individual counselling:	_____	_____	G	W	Y
Family counselling:	_____	_____	G	W	Y
Group counselling:	_____	_____	G	W	Y
A.A. Group:	_____	_____	G	W	Y
Alanon Group:	_____	_____	G	W	Y
Alateen Group:	_____	_____	G	W	Y
Crisis Intervention:	_____	_____	G	W	Y
Outreach visits:	_____	_____	G	W	Y
Support visits:	_____	_____	G	W	Y
Rehabilitation referrals:	_____	_____	G	W	Y
Detox referrals:	_____	_____	G	W	Y
Medical referrals:	_____	_____	G	W	Y
Social Service referrals:	_____	_____	G	W	Y
Recipient Service referrals:	_____	_____	G	W	Y
Cultural referrals:	_____	_____	G	W	Y
Other referrals:	_____	_____	G	W	Y
Other activity:	_____	_____	G	W	Y

If the intention of the program was to stress one type of abuse more than others by these activities, indicate this by circling the type of abuse:

ALCOHOL

DRUG

SOLVENT

**PROGRAM MANAGEMENT ACTIVITIES**

External/Liaison meetings: \_\_\_\_\_

Program fund raising: \_\_\_\_\_

Program development: \_\_\_\_\_

Program promotion: \_\_\_\_\_

Program planning: \_\_\_\_\_

Correspondence & reports: \_\_\_\_\_

**ADMINISTRATION ACTIVITIES**

NNADAP meeting: \_\_\_\_\_

Other admin. meetings: \_\_\_\_\_

Council meetings: \_\_\_\_\_

Staff training: \_\_\_\_\_

Staff meetings: \_\_\_\_\_

**OBJECTIVES AND ACTIVITIES  
BUILDING HEALTHY COMMUNITY PROGRAMS**

APPENDIX "F"

**1. MENTAL HEALTH SERVICES**

**(1) OBJECTIVES**

- (a) To help address gaps in the range of mental health services and activities related to crisis intervention and post intervention.
- (b) To develop and improve the community capacity to address mental health crisis situations through the direct intervention, guidance and/or support of qualified personnel.
- (c) To avoid the duplication or replacement of existing provincial responsibilities and services.

**(2) ACTIVITIES**

- (a) To identify and prioritize crisis mental health needs which would enable a quick and coordinated response to critical events such as suicide.
- (b) To develop a crisis management response plan which would require a contingency fund and mechanisms to respond to crisis situations.
- (c) To assist individuals, families and the community affected by a crisis through assessments, counselling, referral and/or training for community members.
- (d) To provide individuals, families and communities with aftercare and rehabilitation activities designed to help communities continue with the healing process in the aftermath of a crisis. Activities could include counselling, follow-up, education, awareness and training for community members.

**2. SOLVENT ABUSE PROGRAM**

**(1) OBJECTIVE**

To establish a continuum of solvent abuse services and programs with a focus on enhancing community-based programming.

**(2) ACTIVITIES**

- (a) To identify and prioritize needs for solvent abuse programming.
- (b) To develop and implement when required and where possible prevention/community development services; early intervention; community-based treatment services such as assessment, case management, and out patient treatment; and aftercare services for solvent abusers.
- (c) To provide additional treatment related services such as the pre and post treatment costs required by solvent abuse treatment centres.

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**3. HOME CARE NURSING PROGRAM****(1) OBJECTIVE**

To provide home nursing services to people in their own homes as part of a continuum of services which allows clients to remain in their homes after discharge from hospital or when experiencing acute or chronic illness.

**(2) ACTIVITIES**

- (a) To identify and prioritize home nursing services.
- (b) To develop and implement a home nursing services program based on the following client eligibility criteria, which would include:
  - level of priority;
  - physician recommendation;
  - program assessment;
  - determination that services are required for acute post-hospital care, short term active care, continuing active care, sustaining care, or palliative care;
  - determination that the client and the environment are suitable for the provision of home nursing care;
  - determination that persons such as family members and other programs are available to assist with the treatment program as necessary;
  - determination that services provided support the lowest cost alternative appropriate to meet the needs of individual clients.
- (c) To ensure that the provision of home nursing services are conducted by persons with the competencies, qualifications and skills to provide services such as nursing treatment, client assessments and care plans, coordinating with other resources, referral to other services, encouraging clients to be responsible for and participate in their own care, and providing information and training to avoid future illness.

**4. REPORTING REQUIREMENTS**

- (a) The Recipient shall submit to the Minister the objectives and activities for the Building Healthy Communities Program for fiscal year 2000/2001 by **June 30, 2000**.
- (b) The Recipient shall submit to the Minister a Report on Program Expenditures and Activity Report, attached as Appendix "F-1", by **October 15, 2000, January 15, 2001 and April 30, 2001**.
- (c) The Recipient shall submit to the Minister the objectives and activities for the Building Healthy Communities for fiscal year 2001/2002 by **January 31, 2001**.

HOME CARE NURSING PROGRAM (BHC)

ANNEX "F-1"

Band:	# of referrals in total:
Report: 1st <input type="checkbox"/> or 2nd <input type="checkbox"/> semester	# of short term referrals:
Date:	# of long term referrals:
Identify and prioritize your home nursing services:	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
Did you develop a Home Nursing Services Program? yes <input type="checkbox"/> no <input type="checkbox"/>	
If yes, please explain your Program:	
_____	
_____	
_____	
# of procedures done by Band Nurse:	# of procedures done by outside Nursing Agency:
Could you describe which type of procedures you were requested to perform?	
_____	
Did you have any problem doing these procedures? Please explain.	
_____	
Were the referrals dealt in a timely manner?	
_____	
Were the clients benefiting from an early discharge from the hospital?	
_____	
How many clients had to be returned to hospital for care, and why?	
_____	
What are the strengths and weaknesses associated with the development and implementation of the Home Care Nursing Program in your community?	
_____	
Are these projects replacing the gaps between provincial and federal services? Please explain.	
_____	
To what extent did each program meet the needs of the community?	
_____	
How did you measure the effectiveness of the program?	
_____	
Are there any alternative programs and services which could be considered?	
_____	

MENTAL HEALTH PROGRAM REPORT (BHC)

APPENDIX "F-1"

Band:	# of Projects:
Report: 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> semester	Projects started & completed this fiscal year:
Date:	Projects started & ongoing for next fiscal year:
Identify the crisis mental health needs that have occurred in your community in the last year. (Prioritize them as per their urgency)	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____
Do you have a crisis management response plan currently in place? yes <input type="checkbox"/> no <input type="checkbox"/>	
Do you have a crisis management team? yes <input type="checkbox"/> no <input type="checkbox"/>	
List your Mental Health projects for your community in the last 12 months. What were the objectives for each project?	
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
What are the strengths and weaknesses associated with the development and implementation of the Mental Health projects in your community?	
What are the short term benefits noticeable by the participants and the effects on their present life?	
Have you identified any long term benefits that result from projects in the past?	
Are these projects replacing the gaps between provincial and federal services? Please explain.	
To what extent did each project meet its objectives?	
How did you assess the effectiveness of each project?	
What have you learned about your projects that could be improved?	
Are there any alternative programs and services which could be considered?	

SOLVENT ABUSE PROGRAM (BHC)

APPENDIX "F-1"

Band:	# of Projects:
Report: 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> semester	Projects started & completed this fiscal year:
Date:	Projects started & ongoing in next fiscal year:
Identify and prioritize needs for solvent abuse in your community. (Prioritize them as per their urgency)	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
Has your community developed the capacities to respond effectively and efficiently to solvent abuse related crisis?	
List your Solvent Abuse projects for your community:	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
What are the strengths and weaknesses associated with the development and implementation of the Solvent Abuse projects in your community?	
Are these projects replacing the gaps between provincial and federal services? Please explain.	
To what extent did each project meet its objectives?	
How did you assess the effectiveness of each project?	
What have you learned about your projects that could be improved?	
Are there any alternative programs and services which could be considered?	

**OBJECTIVES AND ACTIVITIES  
BRIGHTER FUTURES PROGRAM**

**APPENDIX "G"**

**1. OBJECTIVE**

- (1) To administer Brighter Futures Programs that enhance the health and well-being of First Nations Innu living within the Recipients area.
- (2) To provide programs that have been identified as priorities by the Mushuau Innu Band Council.

**2. ACTIVITIES**

- (1) Utilize the funds, as provided in this Agreement to ensure the provision of Brighter Futures Program.
- (2) Ensure that community needs are identified and priorities set.
- (3) Ensure that the Brighter Futures Program consists of programs in the following areas:
  - (a) healthy babies
  - (b) injury prevention
  - (c) parenting
  - (d) mental health
  - (e) child development
  - (f) solvent abuse

**3. REPORTING REQUIREMENTS**

- (a) The Recipient shall submit to the Minister the objectives and activities for the Brighter Futures Program for fiscal year 2000/2001 by **June 30, 2000**.
- (b) The Recipient shall submit to the Minister a Report on Program Expenditures and Activity Report, attached as Appendix "G-1", by **October 15, 2000, January 15, 2001 and April 30, 2001**.
- (c) The Recipient shall submit to the Minister the objectives and activities for the Brighter Futures Program for fiscal year 2001/2002 by **January 31, 2001**.

BRIGHTER FUTURES PROGRAM

APPENDIX "G-1"

Band:	# of Projects:
Report: 1st <input type="checkbox"/> or 2nd <input type="checkbox"/> semester	Projects started & completed this fiscal year:
Date:	Projects started & ongoing in next fiscal year:
Objective of the Brighter Futures Program: To provide opportunity for First Nations to develop specific strategies for the mental health initiative which comprised of the following elements: mental health, child development, injury prevention, healthy babies and parenting skills.	
Identify the health needs in your community. (Prioritize them as per their urgency)	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____
List your Brighter Futures projects for your community:	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____
What are the strengths and weaknesses associated with the development and implementation of these projects in your community?	
What are the short term benefits noticeable by the participants and the effects on their present life?	
What long term effect has the projects had on the problems or needs identified by the participants or target group?	
Are these projects replacing the gaps between provincial and federal services? Please explain.	

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To what extent did each project meet its objectives?

How did you assess the effectiveness of each project?

What have you learned about your projects that could be improved?

Are there any alternative programs and services which could be considered?

OBJECTIVES AND ACTIVITIES  
CANADA PRENATAL NUTRITION PROGRAM

ANNEX "H"

1. GOAL

The cornerstone of the program is nutrition counselling, education and maternal food supplementation.

2. OBJECTIVE

To enable communities to develop or enhance comprehensive programs to improve the health of pregnant women and their infants up to one year after birth.

3. ACTIVITIES

- (a) The Recipient shall utilize the funds as provided in this Agreement to ensure the provision of the Canada Prenatal Nutrition Program.
- (b) The Canada Pre-natal Nutrition Program will encompass but is not limited to the following:
- (i) To plan, organize, and deliver a comprehensive prenatal nutrition program so as to improve the health of pregnant women and new born infants up to one year after birth.
  - (ii) To provide food nutrient supplement to high risk women in a manner determined by the community Pre-Natal Program.
  - (iii) To ensure that in the event a professional is hired, for example a nutritionist or other professional, that they be registered in their profession in the province of work.
  - (iv) To enhance existing programs without duplicating services already available in the community.
  - (v) To conduct community nutrition promotion which may include cooking classes, workshops on homemade baby foods, video presentations, support groups, newsletters, etc. for prenatal.
  - (vi) To increase the level, kind and frequency of nutritional counselling for first pregnancies, teenage pregnancies, women with excess or not enough weight gain, gestational diabetes, and women at risk.
  - (vii) To work in collaboration with the Nursing staff, Community Health Worker, Brighter Futures Coordinator, Women's Associations, Alcohol and Drug Prevention Programs and the high school nutrition program as appropriate.

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- (viii) To ensure the participation of all community members (participation of women, men, elders, adolescents and children) in the planning and delivery of the program.
  - (ix) To carry out an evaluation of the pre and postnatal nutrition program delivered to the pregnant women and their infants up to one years of age including all other related activities such as training, community involvement in the planning and delivery of the program.
  - (x) To identify and provide training as required of CHN, CHR, Nutritionist, as appropriate to CPNP Program.
  - (xi) To demonstrate in the Activity Report that the project planning and implementation included the active participation of target groups and special interest groups such as women and seniors, Brighter Futures, Alcohol and Drug.
  - (xii) To participate in the national evaluation process of the Canada Prenatal Nutrition program - First Nations and Inuit Component.
- (c) To provide Medical Services Branch with copies of all resource material developed for display at the CPNP Resource Centre.

#### 4. REPORTING REQUIREMENTS

- (a) The Recipient shall submit to the Minister the objectives and activities for the Canada Prenatal Nutrition Program for fiscal year 2000/2001 by **June 30, 2000**.
- (b) The Recipient shall submit to the Minister a Report on Program Expenditures and Activity Report, attached as Appendix "H-1", by **October 15, 2000, January 15, 2001 and April 30, 2001**.
- (c) The Recipient shall submit to the Minister the objectives and activities for the Canada Prenatal Nutrition Program for fiscal year 2001/2002 by **January 31, 2001**.

APPENDIX "H-1"

CANADA PRENATAL NUTRITION PROGRAM ACTIVITY REPORT

1. Contact: Telephone: Fax:

2. BAND/COMMUNITY:

This form is designed to assist in the planning of the national evaluation of the Canada Prenatal Nutrition Program. Reports to be returned to Medical Services Branch by October, January and April of this Agreement.

3. Amount of CPNP Funding for 2000/2001 fiscal year:

4. Number of pregnancies during the period from April 1, 2000 to March 31, 2001:

<u>High Risk</u>	<u>Low Risk</u>	<u>Total Pregnancies</u>	<u>Births</u>
------------------	-----------------	--------------------------	---------------

5. Staff involved:

Number of staff paid with CPNP funds: \_\_\_\_\_ full time \_\_\_\_\_ part time

6. (1) Description of Activities:

No. of Participants: \_\_\_\_\_ Cost of Activity: \_\_\_\_\_

Target Group(s) Involved: \_\_\_\_\_

(2) Description of Activities:

No. of Participants: \_\_\_\_\_ Cost of Activity: \_\_\_\_\_

Target Group(s) Involved: \_\_\_\_\_

(3) Description of Activities:

No. of Participants: \_\_\_\_\_ Cost of Activity: \_\_\_\_\_

Target Group(s) Involved: \_\_\_\_\_

Report Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Mail/Fax Report to:

Donna Collins  
Atlantic Coordinator  
Nutrition Programs IHHS  
Suite 1801, 18<sup>th</sup> Floor, Maritime Centre  
1505 Barrington Street  
Halifax, Nova Scotia B3J 3Y6

Tel: (902) 426-4118  
Fax: (902) 426-8675