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| Culturally Based Holistic Day and Evening Addictions  Programming  **EXPRESSION OF INTEREST**  **PROPOSAL TEMPLATE** |

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| **Organization and Contact Information** | | | | |
| **Business name** | Click or tap here to enter text. | | | |
| **Program name** | Click or tap here to enter text. | | | |
| **Website** | Click or tap here to enter text. | | | |
| **Address** | Click or tap here to enter text. | | | |
|  | *Street Address* | | | |
|  | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
|  | *City* | *Province* | | *Postal Code* |
| **Mailing address** | Click or tap here to enter text. | | | |
| ***(if different)*** | *Street Address* | | | |
|  | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
|  | *City* | *Province* | | *Postal Code* |
| **Business number** | Click or tap here to enter text. | | | |
| **Organization contact** | Click or tap here to enter text. | | Click or tap here to enter text. | |
|  | First Name | | Last Name | |
| **Position** | Click or tap here to enter text. | | | |
| **Phone** | Click or tap here to enter text. | | | |
| **Email** | Click or tap here to enter text. | | | |

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| **Eligibility** |

The essential organizational criteria to be eligible for this EOI.

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| Confirmation that your organization is Indigenous-Led | YES |
| Confirmation that your organization is located and operating in Manitoba. | YES |
| Confirmation that you can begin delivering services within the preferred timeline (choose one of the below). | |
| * Less than three months since funding confirmation (decisions anticipated to be made in November 2024). | YES |
| * Between three to six months since funding confirmation (decisions anticipated to be made in November 2024). | YES |
| * More than to six months since funding confirmation (decisions anticipated to be made in November 2024). | YES |

\*All items must be checked in order to be eligible for the EOI.

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| **Consent to Share Information** |

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| The personal information collected in this form is required for the administration of the expression of interest (EOI) and will be shared with the EOI advisors and selection committee. The information may also be shared with other government departments/agencies with interest in your project. The information will not be discussed with any other third parties except as allowed by The Freedom of Information & Protection of Privacy Act. Please check the box if you understand and provide consent. | YES |

**Current Organization/Programming:**

Provide a brief description of your organization including:

* Goals, visions, and mission statements
* Organization’s objectives
* Current services provided (if applicable), service model and the number of years of experience implementing similar projects in scope and size
* Annual Report (if applicable)
* Indigenous cultural supports you currently provide to participants
* Any other services provided

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| **Service Model and Implementation Planning:** |
| Briefly describe the geographic location that your services will cover.  Click or tap here to enter text. |
| Briefly describe the types of individuals you will serve (i.e. women, men, families with children).  Click or tap here to enter text. |
| Please estimate how many people are expected to participate per session, how long each session would last, and how many sessions would occur per year.  Click or tap here to enter text. |
| Briefly describe the timeline for this program to be operational.  Click or tap here to enter text. |
| Please include any information on the staffing required for this program (including qualifications).  Click or tap here to enter text. |
| Briefly describe your admission criteria. For example (but not required):   * + Abstinent from alcohol and drugs for a minimum of 72 hours.   + Self-referred or referred by an Addictions/Mental Health professional, organization or agency for participation in an Intensive Day Treatment Program. * Do you allow people who are receiving Opioid Agonist Treatment to participate?   + If so, what medical staffing is needed?   Click or tap here to enter text. |
| Please outline your proposed plan for providing culturally based holistic day and evening addictions programming, including the program components. For example, counselling services, group sessions, childcare, pre-treatment outreach, aftercare, traditional programming (examples: fishing, drum making, medicine picking, other land-based teachings, cultural ceremonies, and/or topic-specific educational/ knowledge sharing sessions).  Click or tap here to enter text. |

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| **Organization Experience:** |
| Please provide any previous experience planning for and implementing similar projects in scope and size. This should include any examples of evaluation outcomes and demonstrated steps taken to continuously evaluate and improve existing services to ensure the highest quality of care is being provided. Further, describe how your organization currently provides services to people impacted by substance use.  Click or tap here to enter text. |

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| **Program Sustainability:** |
| Outline alternate funding sources that are/could be leveraged to support sustainability, if applicable.  Click or tap here to enter text. |

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| **Performance Measurement:** |
| Please describe how you will measure success. Explain the types of data that will be collected, a plan to evaluate the performance of the program, and how this may impact the outcome of the service delivery. Please also include information on how you will manage a wait list.  Click or tap here to enter text. |

**Budget Breakdown:**

Please provide a detailed budget, including annual staff salaries, including benefits, resources, and any other relevant operational costs to support the delivery of the services, including other funding sources. Please adhere to the following Breakdown of Cost Per Space/Service:

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| Day Programming Standardized Funding Rate | $25/space/day |
| Other Expenses (i.e., Child Care, Food/Beverages and Supplies) | Approx. $35/space/day |
| **Total** | Up to a maximum **$60/space/day** |

Also detail necessary one-time capital, up to a maximum of **$250,000**.

**Budget Template:**

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| Budget Item | EFT | Salary including benefits | Ongoing Operational Funding | One-Time Funding | Total Amount requested |
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**Budget Item** – list each expense or type of expense

**EFT (Equivalent Full Time)** – the number of positions. For example, if one position is being hired, you would indicate 1.00. If a half time position is being hired, you would indicate 0.50. If three and a half of the same type of positions are being hired, you would indicate 3.50 EFT.

**Salary including Benefits** – This would be the salary for the number of EFTs, with up to 18% added for benefits. If you have a salary scale for different classifications of positions, please provide information on the salary scale in a separate document.

**Ongoing Operational Funding** – This is the amount of money needed for each to operate the program each year.

**One-Time Funding** – This is for items that will not be purchased each year, that need to be purchased before the program becomes operational. This can be minor capital one time funding for items such as furnishings, computers, or renovations; or one-time funding for items such as supplies that need to be purchased once before the program becomes operational.

**Sample Budget**:

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| **Budget Item** | **EFT** | **Salary including benefits** | **Ongoing Operational Funding** | **One-Time Funding** | **Total Amount requested** |
| Addictions Counsellors | 3.50 | XXXXXX.XX |  |  | XXXXX.XX |
| Elder or Knowledge Keeper | 1.00 | XXXXX.XX |  |  | XXXX.XX |
| Childcare Workers | 2.00 | XXXXX.XX |  |  | XXXXX.XX |
| Cook | 1.00 | XXXXX.XX |  |  | XXXXX.XX |
| Food |  |  | XXXXX.XX |  | XXXXX.XX |
| Office Supplies |  |  | XXXX.XX |  | XXXX.XX |
| Programming Supplies |  |  | XXXXX.XX |  | XXXXX.XX |
| Furnishings, computers (one-time, minor capital) |  |  |  | XXXXX.XX | XXXXX.XX |
| Renovations (one-time, minor capital) |  |  |  | XXXXXX.XX | XXXXXX.XX |
| One-Time Supplies |  |  |  | XXXXX.XX | XXXXX.XX |
| **Total** | **7.50** | **XXXXXX.XX** | **XXXXX.XX** | **XXXXXX.XX** | **XXXXXX.XX** |

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| **Declaration** |

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| Confirmation that your organization has reviewed and understands the funding guidelines. | YES |
| Following selection and approval, a service purchase agreement between the EOI Recipient and the Manitoba government will be co-developed. The Agreement will outline the terms and conditions with the EOI Recipient. This shall include but not be limited to tasks and deliverables; the eligible use of funds; maximum funding limits; service start date; publication terms, if any; agreement cancellation; payment processing including interim payment terms, if any; and reporting terms which typically contain interim and final reporting requirements. Confirmation that your organization is willing to sign an Agreement. | YES |

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| Date: | Click or tap to enter a date. | Name: |  |