

2026-2027 Funding Guidelines

Kahnawà:ke Community Wellness Plan Initiative
(CWPI)



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Onkwata'karitáhtshera

(for all people to be concerned in the area of good health)

Community Wellness Plan Initiative (CWPI)

Starting in 2025-26, Onkwata'karitáhtshera has decided to gather its different funding opportunities of Community Health Plan Initiatives (CHPI)ⁱ and Child and Family Services Funding (CFS)ⁱⁱ, into one global umbrella initiative, called the **Community Wellness Plan Initiative (CWPI)**.

In 2022-2023, Onkwata'karitáhtshera and many partners undertook the evaluation of the 2012-2022 Community Health Plan, and the development of the next 10-year plan. The results of the evaluation recommended to work more wholistically and consolidate health and social services planning activities under a **Community Wellness Plan**. The purpose of the Community Wellness Plan is to provide the vision and pathway for a shared journey towards enhanced health, wellness and well-being for all Kahnawa'kehró:non. Grounded in perspectives of wholistic health and wellness, the Community Wellness Plan aims to transform and improve Kahnawà:ke's health and social services for the next ten years through a shared vision of healthy, happy and vibrant Kahnawa'kehró:non.

The Community Wellness Plan's principles are transparency, accountability and trust, and it's underpinned by our cultural teachings. The Plan centers Tsi niionkwarihò:ten tánon Kanien'kéha (Our Ways – Culture and Language) as both a cause of wellness and as a result of wellness. Kanien'kehá:ka culture and Kanien'kéha are vital to the health, wellness and well-being of Kahnawa'kehró:non.

The Community Wellness Plan has eleven domains that include its principles, areas that continue to be sustained and built upon from previous health plans, and the social determinants or root cause domains which are reflected for the first time.

The domains are:

- **Tsi niionkwarihò:ten tánon Kanien'kéha (Our Ways – Culture and Language)**
- **Child and Family Wellness**
- Mental and Emotional Wellness
- Ka'nikonhrí:io (Good Mind) and Healthy Coping
- Takwa'a:shon (Cancer) Prevention and Wellness Support
- Ahsatakaríteke (To Be Well – Healthy living and prevention)
- Skén:nen (Peace) and Wellness
- Trauma, Resilience, Healing and Ka'shatsténhsera (Empowerment)
- Environmental Stewardship, Land and Food Sovereignty
- Wellness of Special Needs Individuals and Their Caregivers
- Housing and Poverty (Socioeconomic determinants)

These domains are all equal in terms of their importance towards community wellness, with those bolded being the foundational domains. Each domain contains different areas for action with more detail and definitions.

Starting in 2025-26, applications are streamlined into one application form, combining the Community Health Plan Initiatives (CHPI) funding, and the Child and Family Services (CFS) funding.

The table below summarizes the areas for action (called subdomains) in each wellness domain.

Domain	Area for Action
Tsi niionkwarihò:ten tánon Kanien'kéha (Our Ways – Culture and Language)	<ul style="list-style-type: none"> • Coordination of language and culture initiatives • Cultural safety and cultural competency in health, social and education sectors • Supports for intergenerational language use at home, in schools, in workplaces and other settings • Supporting first language speakers and second language learners, including Elders and parents
Child and Family Wellness	<ul style="list-style-type: none"> • Initiatives that support and keep families together (family preservation) • Supports for healthy relationships and bonds within families
Mental and Emotional Wellness	<ul style="list-style-type: none"> • Grief support • Supports for mental and emotional wellness of gender diverse (trans*) and 2-spirit, lesbian, gay, bisexual, asexual, queer and questioning community members • Suicide prevention • Clinical conditions including Attention Deficit/Hyperactivity Disorder (ADD/ADHD), Autism Spectrum Disorder (ASD) and Fetal Alcohol Spectrum Disorder (FASD) • Care for severe and persistent mental illness conditions • Supports for different life phases, including teens and youth, Elders, new or expecting parents
Ka'nikonhrí:io (Good Mind) and Healthy Coping	<ul style="list-style-type: none"> • Supports for community members experiencing substance use issues and addictions or compulsions, including problem gambling and their families • Promotion of healthy coping strategies and keeping a good mind • Initiatives to reduce the harms associated with substance use • Wholistic initiatives that support this domain
Takwa'a:shon (Cancer) Prevention	Supports for community members on their cancer journeys, including:

and Wellness Support	<ul style="list-style-type: none"> • Prevention • Screening • Cancer care that is culturally-anchored and high-quality • Survivorship • Palliative or end-of-life care • Wellness of families and caregivers of those with cancer
Ahsatakaríteke (To Be Well – Healthy living and prevention)	<ul style="list-style-type: none"> • Addressing wholistic healthy living and prevention of chronic conditions, including mental, emotional, spiritual, physical and environmental aspects • Preventing chronic diseases • Promoting healthy living and balance • Strengthening quality and access to primary health care
Skén:nen (Peace) and Wellness	<p>Building peace by addressing the following forms of violence and abuse:</p> <ul style="list-style-type: none"> • Family violence, including intergenerational abuse, intimate partner violence and gender-based violence) • Lateral violence within and between community members • Sexual violence • Racism, including structural and systemic violence
Trauma, Resilience, Healing and Ka'shatsténhsera (Empowerment)	<ul style="list-style-type: none"> • Promoting positive self-esteem, connection to community and identity • Promoting and revitalizing language and culture • Healing from traumas through collective efforts • Empowerment and capacity-building • Trauma-informed approaches
Environmental Stewardship, Land and Food Sovereignty	<ul style="list-style-type: none"> • Community-based climate change mitigation and adaptation approaches • Supports for food security and food sovereignty, including traditional cultural practices • Land-based experiential learning
Wellness of Special Needs Individuals and Their Caregivers	<ul style="list-style-type: none"> • Supports for individuals with special needs or disabilities, and their caregivers • Inclusion initiatives
Housing and Poverty (Socioeconomic determinants)	<ul style="list-style-type: none"> • Supports to reduce poverty • Supports to address the housing shortage

We encourage applicants to learn more about the domains relevant to your proposal, by visiting our website at [Onkwa.org/community-wellness-plan](https://onkwa.org/community-wellness-plan).

Onkwaná:ta Our Community / Ionkwata'karí:te Our Health Volume 1 &2 ¹

The Kahnawà:ke Health portraits provide real data that allows the community to better understand today's health issues and to work together towards improving health for community members. It is meant to be used by local agencies and community members.

Topics covered in Volume 1:

- Diabetes & Diabetes Prevention
- Cancer & Cancer Prevention
- Tobacco Smoking and Smoke Exposure Substance Use and Addiction

Topics covered in Volume 2:

- Early Childhood and Family Wellness
- Injuries and Injury Prevention
- Mental Wellness and Mental Illness
- Methods and Data Sources

Eligibility - Information for Applicants

Eligible Recipients and Projects

Community members, community groups, and multi-disciplinary committees including health, social, education, and recreation sectors.

To be eligible, projects must include at least one element of:

- care and treatment,
- lifestyle supports,
- child protection, guardianship and support,
- maintaining a child in care and post majority care,
- prevention (early, primary, secondary or tertiary), promotion, education or language and culture

Projects that consist of or include needs assessments or feasibility studies, *may* be considered eligible, on a case-by-case basis.

Research projects are currently *not* eligible to receive funding through CWPI.

¹ [Onkwaná:ta Our Community/ Ionkwata'karí:te Our Health 2018 Volume 1](#)

[Onkwaná:ta Our Community/ Ionkwata'karí:te Our Health 2023 Volume 2](#)

Project Requirements

Reporting other revenues, fundraising, donations on an ongoing basis

Projects must explain how they will address the wellness of children, youth, families or community members (Child and Family Wellness domain), and at least one other Community Wellness Plan domain. These can include:

- **Mental and Emotional Wellness:** Activities that address mental health issues and prevention; can include assessments, after-school programming, culturally appropriate supports, supports for the successful transition of Kahnawa'kehró:non youth into adulthood and independence.
- **Ka'nikonhrí:io (Good Mind) and Healthy Coping:** Activities addressing substance misuse and addictions, including alcohol, cannabis, illicit drugs and prescription drugs. Includes prevention, harm reduction, early intervention and treatment.
- **Ahsatakaríteke (To Be Well – Healthy living and prevention of chronic diseases)**
 - Activities addressing chronic illnesses including diabetes, cardiovascular disease (hypertension), obesity and their intersections with other health conditions and determinants such as poor mental health, cancer, substance misuse, trauma, violence and environmental health.
- **Wellness of special needs individuals and their caregivers:** Activities that support inclusion, accessibility and wellness for the full range of special needs and disabilities
- **Takwa'a:shon (Cancer) Prevention and Wellness Support:** Activities that support community members with cancer, and their families, along the cancer journey
- **Skén:nen (Peace) and Wellness:** Activities addressing family, lateral, sexual and systemic violence by building peace
- **Trauma, Resilience, Healing and Ka'shatsténhsera (Empowerment):** Activities promoting connection to community and culture, collective healing and trauma-informed approaches
- **Environmental Stewardship, Land and Food Sovereignty:** Activities including climate change adaptation, food security and food sovereignty, and land-based experiential learning
- **Tsi niionkwarihò:ten tánon Kanien'kéha (Our Ways – Culture and Language):** Activities that support increased retention and development of identity, culture, language, ceremony or traditions; traditional medicine and wholistic healing

- Housing and Poverty: Activities that address the social determinants of well-being that strengthen family, support wholistic health and improve well-being.

The Child and Family Wellness domain includes:

- Sports, Recreation and Exercise: Activities that engage youth, families and community in wellness activities related to wholistic health.
- Early Childhood Wellness: Activities to meet the needs of children and their caregivers, including land-based or cultural activities.
- Other wholistic wellness initiatives

Project costs

Allowable project costs include:

- Salaries and benefits, including Mandatory Employer-Related Costs (MERCs). Must adhere to CWPI guidelines²
- Honorariums and stipends
- Contract fees for (guest speakers, consultants, trainers)
- Operation costs (office supplies, printing)
- Travel essential to the project (adhering to current KSCS travel and per diem rates)
- Evaluation costs

Special approval is required for:

- Incentive/promotional items
- Capital expenditures (for example infrastructure, additions, vehicles, equipment)

² Any role with a salary over \$25000 per year must submit a job description with their application. It is recommended that all staff hired have Mohawk Self-Insurance (MSI) coverage.

Ineligible project costs are:

- administration costs
- retroactive funding
- contingency
- supplement to core funding (meaning services you already provide)
- Capital Expenditures on private land
- Private business expenditures (rent, utility bills, monthly subscriptions/membership fees, etc.)

Length of Project

Maximum of one year, (52 weeks). Multi-year projects are possible but not guaranteed continuous funding, instead you must reapply annually. **All projects must start on or after April 1st, 2026 and end by March 31st, 2027.** Funding, reporting and application cycles are organized to align with the fiscal year.

**If your organization previously received funding for this project, you are required to submit your final evaluation report (April 1, 2024-March 31, 2025) from the previous year to be considered for funding.*

Please note that any projects received after the deadline will not be considered for approval until the next round of applications in May 2026.

Requirements of Projects Selected

1. Agreement

Projects selected for funding must enter into a funding agreement (contract) with Onkwata'karitáhtshera. The agreement contains the terms and conditions between the Project and Onkwata'karitáhtshera. Failure to meet the terms within the contract can result in termination of the contract and project.

2. Reporting and Evaluation

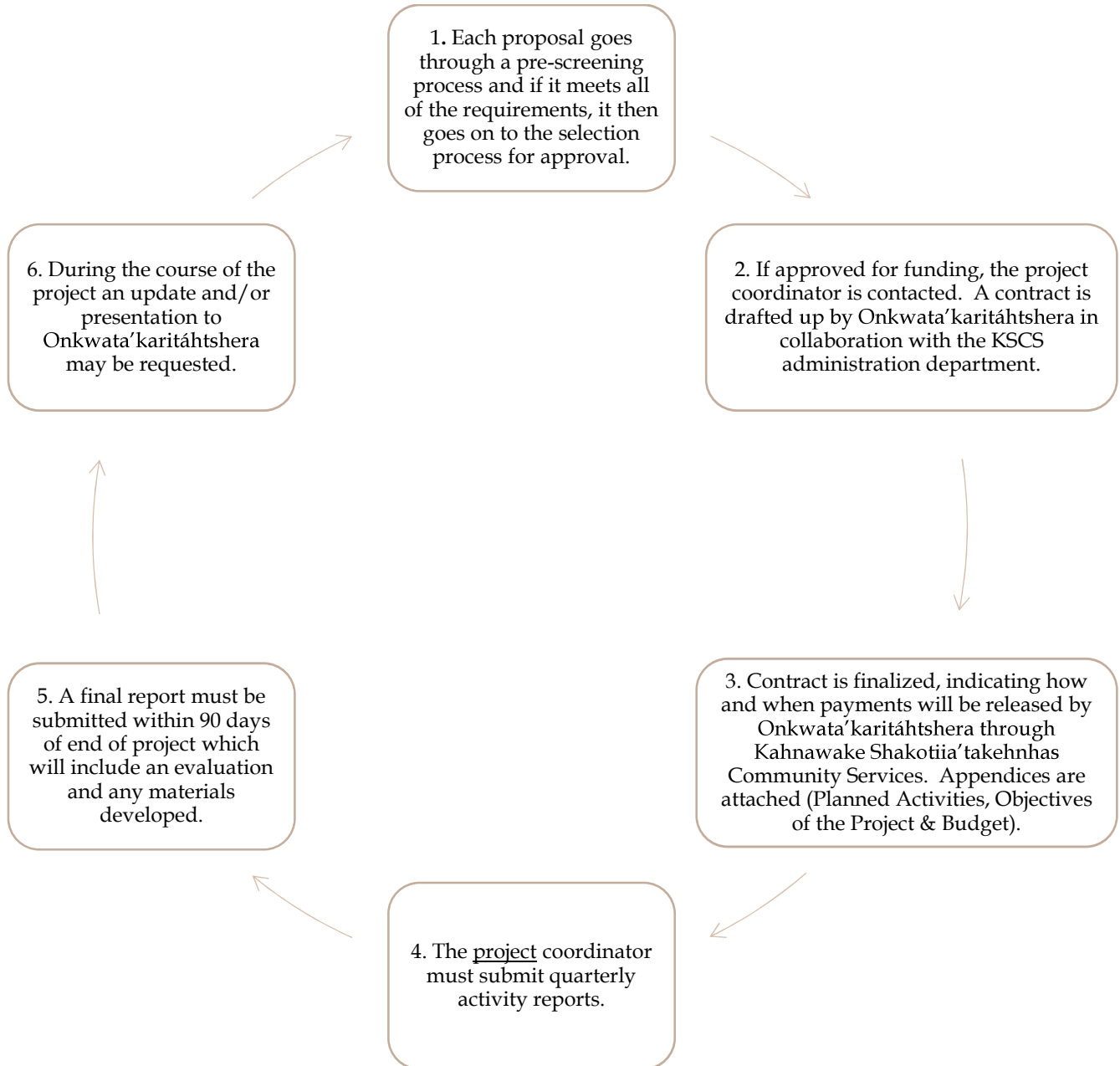
Reporting requirements included in the contract agreement are:

- Projects may be required to make a presentation to Onkwata'karitáhtshera regarding their progress during the course of their project in an annual networking session.
- Projects must submit activity and budget reports quarterly to the Onkwata'karitáhtshera Secretariat, in order to receive payments for expenses. Depending on the nature of the project, this may include receipts and statements.
- Any changes to the project must be reported to the Onkwata'karitáhtshera secretariat.
- A final report must be submitted within 90 days of end of project and include the following: evaluation of project, inventory list of any capital expenditures acquired, and copies of all resource materials developed during the course of the project.
- To support the development of the final report, we have included the evaluation framework and guidance in Appendix A,B, C & D. We encourage the use of the evaluation framework to plan, track and evaluate projects. We recommend using the evaluation framework as a communication tool throughout the project: at the beginning to plan the project, at mid-points to assess and adapt as needed, and at the end to update and reflect on any changes that occurred.
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3. Copyright/Patent

All materials developed from funded projects become the property of the community of Kahnawà:ke and can be accessed by any community member. A public list of funded projects is maintained by the Onkwata'karitáhtshera Secretariat and we reserve the right to refer community members to specific projects.

Steps for Selection Process and Project Implementation



APPENDIX A

Evaluation Guidance

This section contains guidance that may be helpful for project evaluation, including sample questions. Projects are also free to pose and answer their own evaluation questions that address the project's final processes, outcomes, and impacts.

In general, process questions describe the project as it took place. On the Evaluation Framework, the Resources, Activities and Outputs can help answer these questions. These questions help us understand and communicate what took place, that may have contributed to the impacts of the project. Process questions can include:

- A brief summary of project implementation, successes and challenges (what did you do and how, which resources did you use, who worked with you, who participated or benefitted, when and where did it take place, and what resources or materials were produced, if any?) and any adaptations that were made from the original plan or proposal (how did the project adapt or change and why?).
- Additional questions of interest are:
 - Explain how and where Kanien'kehá:ka values and culture were incorporated into project.
 - Was your project budget sufficient and were all activities implemented as planned? Explain. If you experienced any shortcomings, please describe how you resolved. If you experienced surpluses, explain.

Impact or outcome questions address how your project created a change, benefit or otherwise met your goals to address the issue that motivates your project. These questions can include:

- Did your project accomplish the outputs and ultimate outcomes as proposed? Why or why not? (Drawing on Indicators and External Factors in the Evaluation Framework to explain.)
- What changes have you observed or heard about, among individuals or groups who participated in the project? These changes can be short, medium or long-term.
 - Which changes did you expect to see?
 - Were there any unexpected changes?
- Did your project reach its goal? To what extent? Why or why not? Describe any successes or challenges.
- What impact did your project have on the health priorities that you had planned to address?

We also encourage projects to share any lessons learned and expected needs for future years.

- What are the main lessons learned, if you plan to run the project again or would give advice to someone else?
- Which areas would you streamline or expand on?
- What is the need for next year? (if applicable)

APPENDIX B

Evaluation Framework 2026-2027

Note: This evaluation framework is meant to be a tool for those involved in your initiative to build a common understanding about its plans, the work being done, and the difference the initiative is making. It's meant to be approached in the spirit of team building, co-construction, self-reflection and building an understanding of the bigger picture and areas for growth or development.

The different domains in this evaluation framework are interconnected and as you fill in the fields you might go back and forth between them. You can start with any box. There will be some knowns and some unknowns. Using this evaluation framework is an iterative process that is meant to be a conversation revisited on a regular basis.

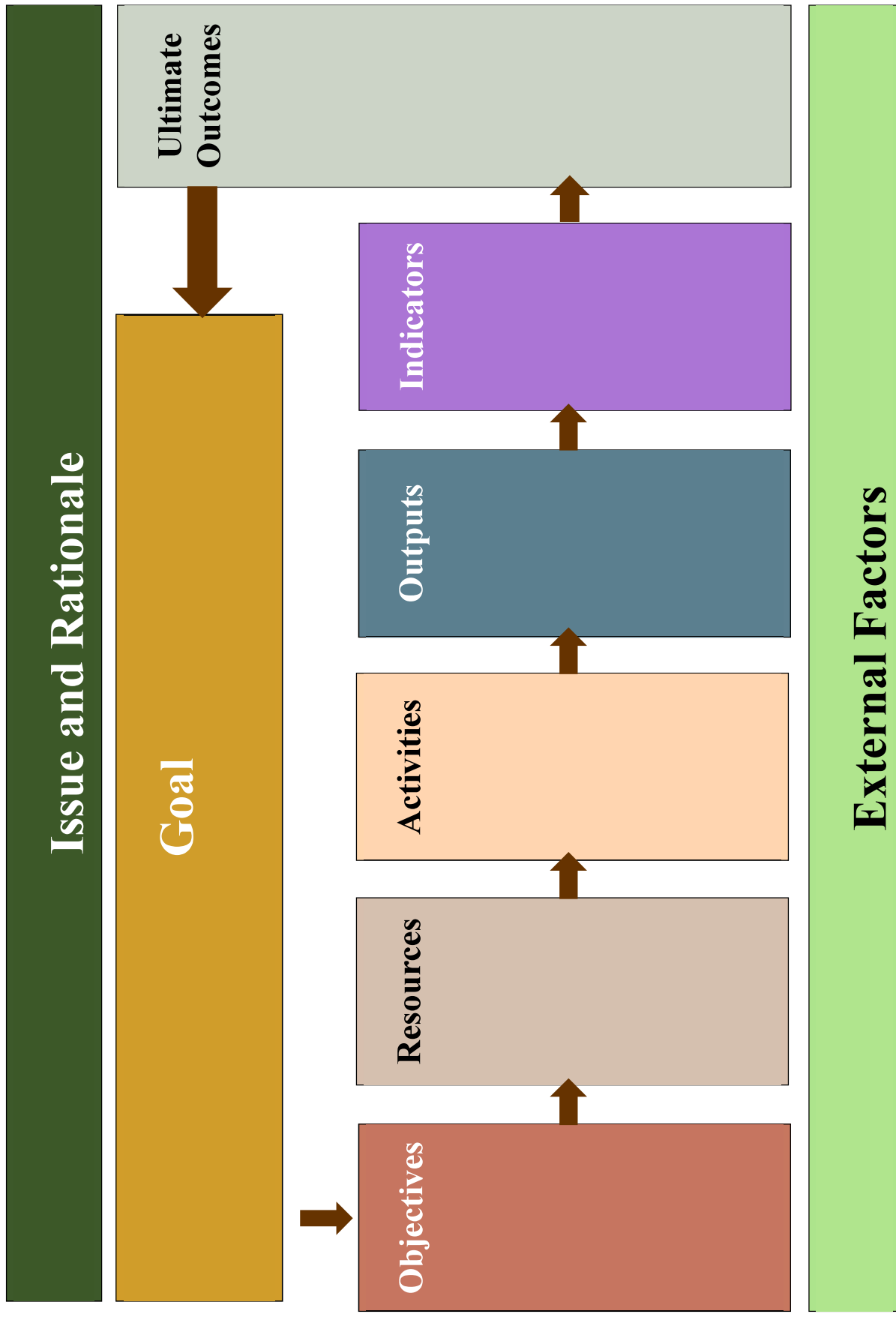
<p>Issue and Rationale:</p>	<p>A description of the health or wellness domain areas to be strengthened or issues to be addressed, and the group of people your initiative will reach. Include your rationale, which is your line of reasoning or logic of why you chose this initiative and its connection to the health or wellness domain.</p> <p><i>Why did you choose this initiative to address the issue?</i></p>
<p>Goal:</p>	<p>Your goal is the impact you are intending to have through the whole of your initiative. Your initiative's goal reflects your project's purpose and priorities. Your goal is a result you can notice and measure. A goal is made up of one or more objectives, that are steps taken within a fixed timeframe.</p> <p><i>What big-picture, long-term impact is your initiative trying to make?</i> <i>What change are you aiming to create from the start to the end of your initiative?</i> <i>What is your vision for the future and what role will your initiative play?</i></p>

<p>Objectives:</p>	<p>An objective is something you plan to achieve that contributes towards accomplishing your goal. Another way to describe it is a milestone or key area of work. Objectives are the tools that help us with planning and strategic activities. We try to set objectives that are: specific, measurable, achievable, relevant and time-bound (SMART).</p> <p><i>What are the milestones or key areas of work on the way towards achieving your goal?</i></p> <p>Specific: <i>Describing a specific action, behaviour, outcome, or achievement that's observable</i></p> <p>Measurable: <i>It has data or indicators associated with it so we can measure progress and reevaluate when necessary</i></p> <p>Achievable: <i>Realistic within the timeframe and something you are prepared to meet</i></p> <p>Relevant: <i>Aligned with your values, overall goal and strategy, and your target audience</i></p> <p>Time-bound: <i>Having a realistic but ambitious time-frame to achieve your objective</i></p>
<p>Resources:</p>	<p>Resources are what you need to meet your objectives and goals. List the resources or inputs that will be dedicated to or consumed by the initiative, including:</p> <ul style="list-style-type: none"> - People, including who will carry out the initiative, and resource person(s), other groups or organizations who will be involved in the project and their roles (i.e.: consultants, professionals, facilitators, trainers, coordinators, volunteers) - Time - Materials - Funds - Other resources <p>Attach terms of reference, job descriptions or C.V.</p> <p><i>Who will be undertaking the activities? What supports will those people receive (compensation, materials, resource persons)?</i></p> <p><i>What is your group's mission or mandate, if applicable?</i></p>
<p>Activities:</p>	<ul style="list-style-type: none"> • Your activities are the actions your initiative will take to achieve your objectives. • Your communication plan or strategy is essential for your initiative's success. A plan including channels, schedule, audiences and materials must be provided (see template in Appendix C). <p><i>What will be the primary tasks or basic actions that your team will take?</i></p>

	<p><i>How will you effectively promote your initiative to ensure participation among your target groups?</i> <i>How are participants selected or recruited?</i></p>
<p>Outputs:</p>	<p>Outputs are the tangible, direct products of your initiative’s activities. They could include statistics, printed/published materials, video/film, treatment model, brochure, poster, training manual, booklet, protocol, other resource material, unpublished report, etc.</p> <p><i>What will be the short-term results of your initiative’s activities?</i> <i>When an activity is completed as you planned, how will you show that? e.g. number of workshops held, number of participants who registered or signed in, meeting notes, poster, protocol.</i></p>
<p>Indicators:</p>	<p>Indicators are pieces of information that can be gathered and measured to say if your objectives were met, and to what extent they were met. Indicators have a direction (increase or decrease) and amount (a number).</p> <p><i>How will you measure and track your progress towards the objectives of your initiative?</i> <i>How will you show that your activities were completed as planned?</i> <i>How will you show that your objectives were achieved?</i></p> <p>Examples of indicators:</p> <ul style="list-style-type: none"> - Number of participants each day/per session - Number of applicants not selected or recruited - Benefits to participants <ul style="list-style-type: none"> o Change in knowledge, awareness or skills over time o Change in wellness before and after the initiative o Change related to the project’s SMART objectives above - Benefits to community (if possible to measure) <ul style="list-style-type: none"> o Change in community resources, knowledge or capacity o Partnerships or relationships developed o Sharing of knowledge or other resources o Contributions to the Community Wellness Plan domains
<p>Ultimate Outcomes:</p>	<p>The changes or health/wellness impacts the initiative is aiming to create. They are changes to wellness in the organization, community, families, and individuals. The ultimate outcomes should link back to your goal and your indicators. Include an evaluation plan to capture these ultimate outcomes.</p> <p><i>What changes are you expecting to see in the community’s health/wellness as a result of your initiative?</i> <i>How will you show the ultimate outcome your project had?</i></p>

External Factors:	Other influences on the initiative’s results; circumstances beyond your or your team’s control (contextual factors). <i>What could potentially influence the success of your initiative, in a positive or negative way, that’s out of your control?</i>
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This representation of the Evaluation Framework shows how the domains of the framework can be linked together in a cycle. See detailed descriptions of each domain, above.



APPENDIX C

Communication Plan Example

Communication Objective	Medium or channels	Frequency	Person responsible	Target audience	Deliverable or output	Start and end dates
Example: recruitment of 25 participants	Example: Facebook event; posters in 10 community organizations and businesses; radio PSA; kiosks	Example: Facebook event posted for 10 days; radio PSA every week; kiosks at 5 community events	Example: project coordinator	Example: parents of eligible youth	Example: poster and facebook event link	April 1 – May 31 2025

Communication Plan Template

Communication Objective	Medium or channels	Frequency	Person responsible	Target audience	Deliverable or output	Start and end dates

APPENDIX D

Fundraising/Revenue Generating Activities Reporting (if applicable)

Activity (ex. Event, Rental or Donations)	Location	Frequency	Projected Revenue	Rational for Funds
<i>Example building/room rental, Tahiti Restaurant Fundraiser</i>		<i>Example weekend rental</i>	<i>Example dollar amount based on last years</i>	<i>Example to be used to offset?</i>

Fundraising/Revenue Generating Activities Reporting Template (if applicable)

Activity (ex. Event, Rental or Donations)	Location	Frequency	Projected Revenue	Rational for Funds

Glossary

Capital Expenditures: money with which a project uses to purchase/buy assets (major equipment, furniture, buildings).

Community Action Group: group of people with similar interests, experience or shared problems who organize services or advocate for services based on community needs.

Contingency: event that may or may not occur/something dependant on a probable event.

C.V. or Resume: document that outlines and details a person's work experience, educational background and can include professional associations, training, volunteer experience and personal information.

Early Childhood Development: in the wholistic sense, refers to the child's total well-being, in the family and extended family, in the community, in the physical health, in access to stimulation and security of loving and being loved. Healthy development is to enable children to have a good start in their early stages of development and that they have the opportunity to achieve their full potential.

Evaluation Framework (formerly Logic Model): the basis of the work plan of your project to assist you in program planning and measuring/tracking outcomes. The data will also help to evaluate your project effectively.

Feasibility Study: research process that determines how practical and realistic it is to implement plans, proposals, services, etc.

Fiscal year: a 12-month accounting period used for financial and reporting purposes. The fiscal year for CWPI projects is from April 1 of each year, until March 31 of the following year.

Framework: way of representing and picturing information, concepts and guidelines for working a campaign, an initiative, a program or project (i.e. this call package).

Goal: major targets for carrying out a mission. (Usually spans 5-7 years).

Honorariums: a payment given for professional services that are rendered nominally without charge. An honorarium is typically offered to the person providing services, not negotiated or requested in the same way that a stipend would be.

Levels of Prevention: Prevention means taking an action that stops something from arising or happening. Prevention can happen at different levels. When we think about prevention in the context of wellness and unwellness, here is what we mean by prevention:

- Early prevention is preventing the causes of a disease, disorder, trauma, marginalization or other harmful process through awareness, education and creating a healthy environment.
- Primary prevention is acting to boost resiliency and protect a person from a developing a disease, disorder, trauma, being marginalized or harmed through another process, preventing unwellness from occurring in the first place or having long-term adverse effects.
- Secondary prevention is when a person has been affected by a disease, disorder, trauma, marginalization or other process or event, and actions are taken to realize there is unwellness and catch it early, so that there are less serious consequences. Secondary prevention can take effect before there are event symptoms.
- Tertiary prevention is when a person is living with a disease, disorder, trauma, experience of marginalization or other harmful process or event, and measures are put in place to prevent complications and further damage or harm.
- **Example 1: Language and Culture are a domain of the Community Wellness Plan framework.** Language and culture support positive identity, self-esteem and connection to community, preventing isolation and promoting wholistic wellness. Disconnection from language and culture is linked to shame, imbalance, mental and emotional unwellness and many physical conditions including auto-immune conditions.

<p>Early prevention includes positive language and cultural teachings for all Kahnawa'kehró:non youth in schools.</p>	<p>Primary prevention includes having traditional counsellors available for those seeking mental and emotional wellness support, or language learning opportunities for youth.</p>	<p>Secondary prevention could include adult language programs, programs offering opportunities to reconnect with cultural ways, or trainings on trauma-informed organizations to repair and adapt the way of working to be less harmful.</p>	<p>Tertiary prevention can include traditional healing and medicine programs, and culturally-anchored care for any health or social problem, for any disease or age group.</p>
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Example 2: Sexually-transmitted infections are on the rise in many communities.

Sexually-transmitted infections can cause long-term health problems like chronic pain, infertility and other issues. They can also be dangerous for babies being born. If caught early, these long-term health problems are less likely to occur.

<p>Early prevention of sexually-transmitted infections can include integrating comprehensive sexual health education in all schools, for students and parents to learn, even before students become sexually active.</p>	<p>Primary prevention includes vaccinating youth against certain infections, distributing safer sex supplies like condoms or PEP, and having a sexual health counsellor available.</p>	<p>Secondary prevention includes regular screening or testing among sexually active people, including PAP tests, screening all pregnant people for high-risk infections like syphilis, and preventing the spread of infections to partners.</p>	<p>Tertiary prevention includes managing and preventing complications, for example rehabilitating neurological symptoms.</p>
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Mandatory Employer-Related Costs (MERCs): Costs that employers are required to pay by law, such as Mohawk Self-Insurance, Canada Pension Plan (CPP), Employment Insurance (EI), Quebec Parental Insurance Plan (QPIP), vacation pay or other costs. Can be estimated to be 9.5% of total wages.

Mental Wellness: part of a person’s overall health involving self-esteem, self-worth and one’s ability to adapt and adjust to change.

Multi-disciplinary Committee: selected group of people who bring different views, knowledge, skills and expertise to a project that has a mutually conceived and adapted philosophy and strategy.

Needs Assessment: study and research process. It can find out what is the need, who has the need, how important is the need, and how many people are experiencing the need.

Objective: specifics by which the goals are achieved, and which are measurable in time and performance. (Usually 3 months -1 year).

Retroactive Funding: funding that is paid for something that has already been delivered (salaries, services, programs, etc.).

Stipend: Monetary compensation in a fixed amount, paid to offset costs or living allowance while attending a training or contributing to an initiative. A stipend is usually less than a salary and does not include benefits.

Terms of Reference: guidelines developed to operate a committee or project and identify mandate and authority.

Wholistic Approach: wholistic approach is an approach that looks at all parts of the person, encompassing the aspects of physical, mental, spiritual, emotional and social well-being and is based on the belief that the world has an impact on a person and vice-versa (environment).

ⁱ **BACKGROUND – 2015-2025** **Community Health Plan Initiative (CHPI)**

Onkwata'karitáhtshera made the decision in 2015 to combine Brighter Futures and Aboriginal Diabetes Initiative Funding into the Community Health Plan Initiative (CHPI) to support the goal to address the health priorities.

Onkwata'karitáhtshera is responsible for project selection, funding and networking of the Community Health Plan.

Onkwata'karitáhtshera grouped the seven **health priorities** into the following four areas:

1. **Mental Wellness:** Mental Health Issues and Addictions
2. **Chronic Disease:** Cardiovascular Disease (hypertension), Diabetes and Obesity
3. **Early Childhood and Wellness:** Learning/Developmental Disabilities
4. **Cancer**

The C.H.P.I. call package and application were developed based on the health priorities as determined in the 2012-22 Community Health Plan. Onkwata'karitáhtshera is currently in the process of evaluating the Community Health Plan and will be responsible for drafting a new plan by 1 April 2024. Given the timing of this evaluation and drafting, we are launching this Call for Proposals based on previous priorities and information contained in the current Community Health Plan.

ⁱⁱ **BACKGROUND - Kahnawà:ke Child and Family Services (CFS)**

The CFS program began in mid-2022 and is intended to provide resources and funding to support the wholistic and culturally appropriate delivery of prevention and protection services to meet the needs of children, youth and families in Kahnawà:ke. The CFS program funds eligible recipients to provide services that account for the distinct needs of First

Nations children, youth and families including cultural, historical and geographical circumstances. CFS also includes post-majority care services.

- Provide early interventions in the lives of Kahnawa'kehró:non children and families living on-reserve.
- Encourage and support well-being of children, individuals and families through community interaction and approaches.

The objective of the CFS program is to support thriving children, youth, young adults, families and communities by funding eligible recipients to deliver prevention and protection services, such as child protection, guardianship and support and child maintenance and care for children and families.

CFS outcomes will focus on safe, healthy, thriving children and families being supported by a community able to identify and address child and family needs.

In order to implement the CFS objectives for the Kahnawà:ke Community under the terms and conditions of this Agreement, the Recipient shall carry out the activities set out in the Activities section of this Schedule to achieve the following objectives:

- Families have greater access to culturally appropriate prevention and early intervention services.
- Service providers have adequate and predictable resources that allow for the development and delivery of culturally based child welfare standards and services including prevention services.
- First Nations children are connected to their families and their community.
- The overrepresentation of First Nations children in care is decreased compared to the proportion of non-Indigenous children in care in the overall population of children in Canada.
- First Nations children are free from severe physical danger and harm.

In order to carry out the Objectives, we are seeking proposals that provide wellness activities for children, youth, families or community.