2027 – 2028

Kahnawà:ke's Community Wellness Plan Initiative (CWPI) – Funding Guidelines

For more information, please contact the External Project Coordinators:

Lois Montour and Carsyn Meloche

LoisM@kscskahnawake.ca and CarsynM@kscskahnawake.ca

Telephone: 450-632-6880

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

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THE COMMUNITY WELLNESS PLAN INITIATIVE (CWPI)

Beginning in 2025-26, Onkwata'karitáhtshera decided to gather its different funding opportunities, including the Community Health Plan Initiative (CHPI) and Child and Family Services (CFS), into one global umbrella initiative called the Community Wellness Plan Initiative (CWPI). More information on the background of CHPI and CFS is available in Appendix F. The Community Wellness Plan Initiative is described below.

Background

In 2022-23, Onkwata'karitáhtshera, along with 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 one Community Wellness Plan (CWP).

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 CWP aims to transform and improve Kahnawà:ke's health and social services for the next ten years through a collective vision of healthy, happy and vibrant Kahnawa'kehró:non.

The Community Wellness Plan

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

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

The domains include:

1. **Tsi Niionkwarihò:ten tánon Kanien'kéha (Our Ways – Culture and Language)**
2. **Child and Family Wellness**
3. Mental and Emotional Wellness
4. Ka'nikonhrí:io (Good Mind) and Healthy Coping
5. Takwa'a:shon (Cancer) Prevention and Wellness Support
6. Ahsatakaríteke (To Be Well – Healthy living and prevention)
7. Skén:nen (Peace) and Wellness
8. Trauma, Resilience, Healing and Ka'shatsténhsera (Empowerment)
9. Environmental Stewardship, Land and Food Sovereignty
10. Wellness of Special Needs Individuals and Their Caregivers
11. Housing and Poverty (Socioeconomic Determinants of Health)
12. Governance Principles

These are all equal in terms of their importance towards community wellness with those bolded being the foundational domains. Each domain also contains defined areas for action, called subdomains, which can be found below in Table 1.

Through CWPI, Onkwata'karitáhtshera's goal is to support and empower community members in accessing health and wellness resources through initiatives led by and for Kahnawa'kehró:non, but to do so with the intention of fostering self-sustainability. Onkwata'karitáhtshera believes that long-term success is achieved not through continued reliance on external support, but through the development of strategies that ensure the ongoing success of a project or initiative even if funding were to be reduced or phased out.

Table 1: Areas for Action (Subdomains) of each CWP domain.

Domain 1: Tsi Niionkwarihò:ten tánon Kanien'kéha (Our Ways – Culture and Language)	• Coordination of language and cultural 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
Domain 2: Child and Family Wellness	• Initiatives that support and keep families together (family preservation) • Supports for healthy relationships and bonds within families
Domain 3: Mental and Emotional Wellness	• 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, and new or expecting parents

Domain 4: Ka'nikonhrí:io (Good Mind) and Healthy Coping	• Supports for community members experiencing substance misuse and addictions or compulsions, including for their families • Promotion of healthy coping strategies and keeping a good mind • Initiatives to reduce the harms associated with substance use and addiction • Wholistic initiatives that support this domain
Domain 5: Takwa'a:shon (Cancer) Prevention and Wellness Support	Supports for community members on their cancer journeys, including: • Prevention • Screening • High-quality, culturally anchored cancer care • Survivorship • Palliative or end-of-life care • Wellness of families and caregivers of those with cancer
Domain 6: Ahsatakaríteke (To Be Well – Healthy living and prevention)	• 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
Domain 7: Skén:nen (Peace) and Wellness	Building peace by addressing the following forms of violence and abuse: • Family violence, including intergenerational abuse, intimate partner violence and gender-based violence • Lateral violence between community members • Sexual violence • Racism, including structural and systemic violence
Domain 8: Trauma, Resilience, Healing and Ka'shatsténhsera (Empowerment)	• 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 • Utilizing or promoting trauma-informed approaches
Domain 9: Environmental Stewardship, Land and Food Sovereignty	• Community-based climate change mitigation and adaptation approaches • Supports for food security and food sovereignty, including traditional cultural practices • Land-based experiential learning

Domain 10: Wellness of Special Needs Individuals and Their Caregivers	• Supports for individuals with special needs or disabilities, and their caregivers • Inclusion initiatives
Domain 11: Housing and Poverty (Socioeconomic Determinants of Health)	• Supports to reduce poverty and income insecurity • Supports to address the housing shortage, including accessibility, affordability, safety and cultural considerations • Addressing impacts of housing and poverty on health
Domain 12: Governance Principles	• Supporting principles of transparency, accountability, and trust within governing structures • Supports for community decision-making and resource allocation • Governance structures and practices based in Tsi Niionkwarihò:ten and core cultural teachings

ONKWANÁ:TA, IONKWATA'KARÍ:TE' – OUR COMMUNITY, OUR HEALTH (VOLUMES 1, 2, 3, & KEY INDICATOR UPDATE) [1]

In addition to the Community Wellness Plan, Kahnawà:ke also has various health portraits (linked below) that provide real data allowing the community to better understand today's health issues and work together toward improving overall health within Kahnawà:ke.

These are meant to be used as resources by local agencies and community members.

Table 2: Topics Covered in Kahnawà:ke's Health Portraits

Topics covered in Volume 1 (2018):	**Topics covered in Volume 2 (2023):**
➢ Diabetes & Diabetes Prevention ➢ Cancer & Cancer Prevention ➢ Tobacco Smoking and Smoke Exposure ➢ Substance Use and Addiction	➢ Early Childhood and Family Wellness ➢ Injuries and Injury Prevention ➢ Mental Wellness and Mental Illness ➢ Methods and Data Sources

[1] Health Portrait Volume 1 (2018)
Health Portrait Volume 2 (2023)
Key Indicator Update (2024)
Health Portrait Volume 3 (2025)

Topics covered in Volume 3 (2025): ➢ Tsi Niionkwarihò:ten tánon Kanien'kéha (Traditional ways, culture and language)	**Topics covered in the Key Indicator Update (2024):** ➢ Demographics ➢ Early Childhood and Family Wellness ➢ Cancer ➢ Diabetes ➢ Mental Wellness and Mental Illness

CWPI ELIGIBILITY – INFORMATION FOR APPLICANTS

Eligible Recipients and Projects

Eligible recipients include

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

Eligible projects must include at least one element of:

- Care and treatment;
- Lifestyle supports;
- Child protection, guardianship or support;
- Supporting a child in care or 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 however are currently not eligible to receive funding through CWPI.

Eligible Project Costs

To be eligible, expenses detailed in the project budget must:

- Be directly attributable to project activities.
- Be cost-effective and necessary.
- Be incurred and paid within the relevant fiscal year.
- Have the ability to be supported by appropriate documentation.

**Note: all project costs are subject to review and approval by the Selection Committee during the Selection Process.*

Allowable Project Costs

- Salaries and benefits, including Mandatory Employer-Related Costs (MERCs). Must adhere to CWPI guidelines[2] (See footer for details)
- Honorariums and stipends (Must adhere to current KSCS Policy)
- Contract fees (i.e., guest speakers, consultants, trainers, etc.)
- Operation costs (i.e., Office supplies, printing, etc.)
- Program costs
- Travel, food and beverage essential to the project (Must adhere to current KSCS rates)
- Sports related expenses, including registration fees, venue rental costs and fees supporting equitable access to sport

Requiring Special Approval

- Incentive and / or promotional items
- Capital expenditures (i.e., Infrastructure, additions, vehicles, equipment, etc.)

Ineligible Project Costs

- Administration costs
- Operation costs (i.e., Utilities)
- Retroactive funding
- Contingency
- Supplement to core funding (meaning services you already provide)
- Capital expenditures on private land
- All other sports-related expenses
- Private business expenditures (i.e., Rent, utilities, monthly subscriptions or membership fees, etc.)
- Personal travel
- Personal education

Eligible Length of Project

Projects must not exceed one year (52 weeks). All projects must start on or after April 1st, 2027, and end by March 31st, 2028. Funding, reporting and application cycles are organized to align with the fiscal year.

Application

The CWPI Application consists of five sections (all appendices are found at the end of this document):

[2] Any role with a salary over $25,000 per year must submit a job description with their application. The job description should include a job title, a brief description of the role, and its duties. It is recommended that all staff hired have Mohawk Self-Insurance (MSI) coverage.

- Project Details
- Appendix A – Evaluation Framework
- Appendix B – Budget
- Appendix C – Communications Plan
- Appendix D – Other Fundraising Activities

All applicants must complete all required sections of the application in order to be considered for funding for the upcoming fiscal year.

All applicants must reapply annually. Funding is granted on a yearly basis and, therefore, cannot be guaranteed beyond each cycle.

If your organization has previously received funding for a project, you are required to submit your final evaluation report from the previous year to be considered for further funding opportunities.

Please note that any projects received after the deadline for submission will not be considered.

Selection and Appeals

Once submitted, each proposal is organized and reviewed by Onkwata'karitáhtshera's External Project Coordinators to ensure it is complete and includes all required information. All applications then go on to the Selection Committee for review and decision. The Selection Committee is formed from existing members of Onkwata'karitáhtshera's Table Committee, with its membership being subject to annual review.

The Selection Committee receives all applications and assesses the proposed projects based on several factors, including: the proposal's completeness, its alignment with Kahnawà:ke's Community Wellness Plan, the number of applications received, and the total funding available for community projects in that fiscal year. After review, the Committee formalizes their funding recommendation for evaluation by the KSCS Board of Directors. The Board of Directors will similarly assess each proposal, consider the Selection Committee's recommendation and issue a final decision. The Board ultimately retains final authority on project funding decisions.

Once decisions are made, the project coordinator named in the application will receive a letter outlining next steps. Applicants whose proposals are rejected may appeal the decision by following the appeals process described here. Please note that appeals are reviewed independently of the Selection Committee by an Appeals Committee composed of other Onkwata'karitáhtshera Table members.

REQUIREMENTS FOR SELECTED PROJECTS

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.

Reporting and Evaluation Expectations

Reporting requirements included in the contract agreement are:

- Projects must address community wellness by referring to at least one of the Community Wellness Plan domains.
- Projects may be required to make a presentation to Onkwata'karitáhtshera regarding their project's progress during the course of the fiscal year in an annual networking session.
- Projects will be required to submit quarterly reports to the Onkwata'karitáhtshera Secretariat that demonstrate progress toward approved project objectives.
- Projects must submit financial reporting in the format and frequency specified in the funding agreement. Funds must only be used for approved project expenses as outlined in the funding agreement.
- Projects must report any other revenues, fundraising, and / or donation activities occurring on an ongoing basis.
- Once approved, any project changes must be requested through 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. Please see "Approved Projects: Final Evaluation Guidance" for an explanation of what would be required within a final evaluation report.

Copyright / Patent

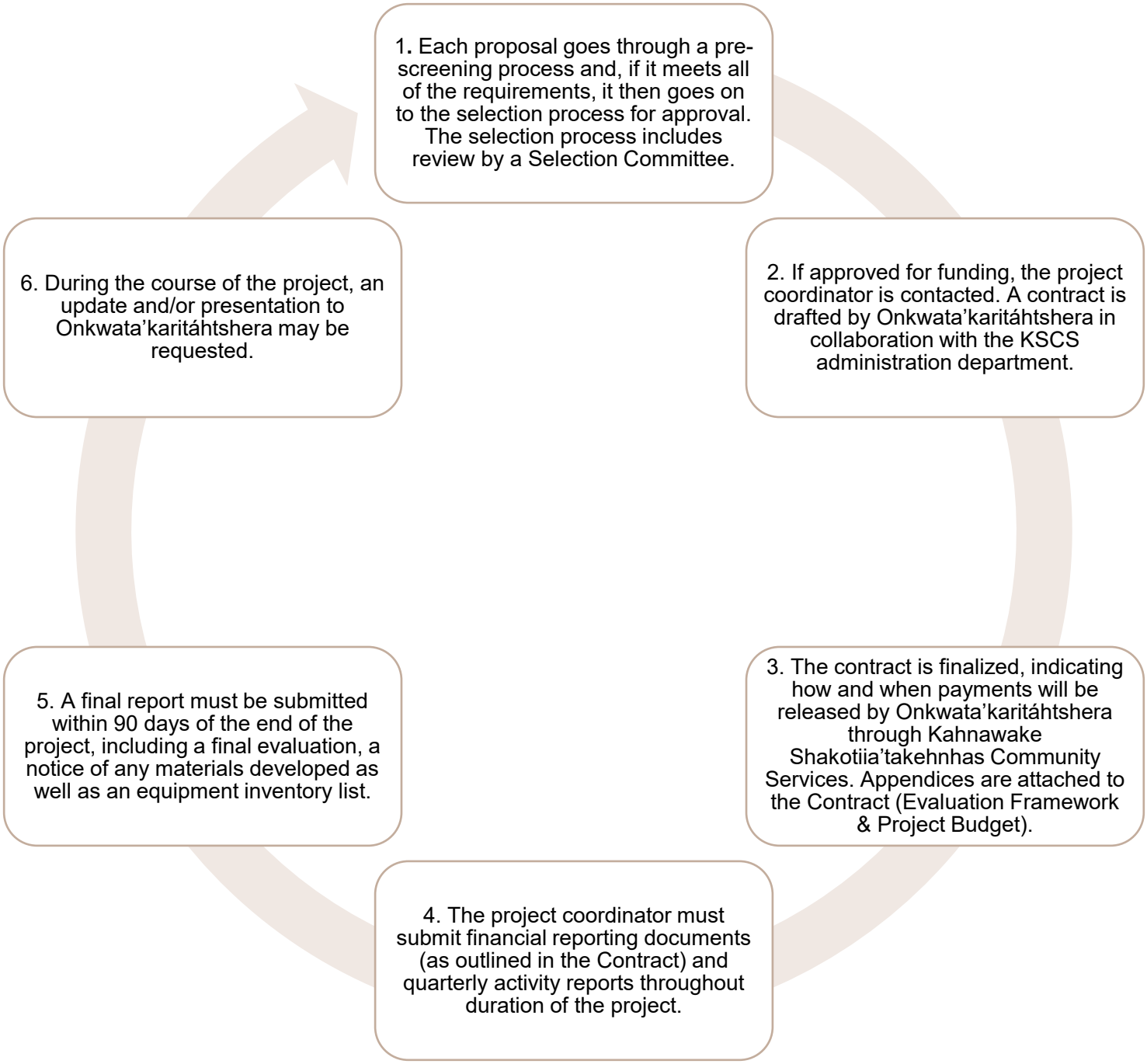
All materials developed from funded projects become the property of the community of Kahnawà:ke and can be accessed by any community member. A public list of funded projects is maintained by the Onkwata'karitáhtshera Secretariat, and we reserve the right to refer community members to specific projects.

Non-Compliance

Failure to comply with funding, reporting, and / or audit requirements may result in:

- Suspension or termination of funding;
- Requirement to repay ineligible or unsupported expenditures; and / or
- Ineligibility for future funding until compliance is achieved.

SELECTION AND PROJECT IMPLEMENTATION PROCESS



APPROVED PROJECTS: FINAL EVALUATION GUIDANCE

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

We also encourage the continuous use of the evaluation framework (Appendix A) to plan, track and evaluate your work. It may be used as a communication tool at all stages of the project: at the beginning to plan, at mid-points to assess and adapt, and at the end to update and reflect on any changes that occurred.

Process Evaluation

In general, process questions describe the project as it took place. On the Evaluation Framework (Appendix A), the Resources, Activities and Outputs can help answer these questions. Process questions help us understand and communicate what took place and how this may have contributed to the impacts of the project.

Process questions may include:

- A 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? What resources or materials were produced, if any?
- Any adaptations that were made from the original plan or proposal
    - How did the project adapt or change over time and why?
- Additional topics of interest would be:
    - Explaining how and where Kanien'kehá:ka values and culture were incorporated into the project.
    - Explaining if your project budget was sufficient and if all activities were implemented as planned. If you experienced any shortcomings, describe how it was resolved. Similarly, if you experienced surpluses, explain.

Impact Evaluation

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 might include:

- Did your project accomplish the outputs and ultimate outcomes as proposed? Why or why not? (Drawing on your Objectives, Indicators and Ultimate Outcomes in Appendix A – Evaluation Framework)
- What changes have you observed or heard 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 or wellness domain(s) that you had planned to address?

Lessons Learned

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 what advice would you give to someone else?
- Which areas would you streamline or expand upon?
- What is the need for next year? (if applicable)

APPENDIX A – EVALUATION FRAMEWORK

Your responses to the questions below will create an evaluation framework for your project. An evaluation framework is a tool that helps everyone involved in the project develop a shared understanding of the project's purpose, goals, and the steps needed to achieve these goals. It is meant to support transparency, reflection, and a shared understanding of how your project will address the Community Wellness Plan domain(s) you identified.

Please note: your responses to these questions, along with your budget, allow the Selection Committee to make an informed decision about your project. Please be as descriptive as possible and feel free to jump between questions prior to finalizing the application.

Issue and Rationale:	A description of the health or wellness domain(s) to be strengthened, or issues to be addressed through your project. Include your rationale, which is your line of reasoning or logic, for choosing your initiative and describe its connection to the health or wellness domain(s). **Prompts:** Why did you choose this initiative to address the issue? What kind of impact are you hoping your project will have on the community? Please also note the group of people your initiative will reach (your target audience) and how you intend to recruit participants from your target audience for your project.
Goal:	Your goal is the impact you are intending to have throughout the whole of your initiative. Your initiative's goal reflects the project's purpose and priorities. It is a result you can notice and measure. A goal is made up of one or more objectives (steps taken within a fixed timeframe). **Prompts:** What big-picture, long-term impact is your initiative trying to make? What change are you aiming to create from the start to the end of your initiative? What is your vision for the future and what role will your initiative play? **Example:** • "I want to provide my fitness class to moms in Kahnawà:ke in order to provide a space for mothers to get together and strive toward overall improved mental wellness and connection, while also working on physical fitness."

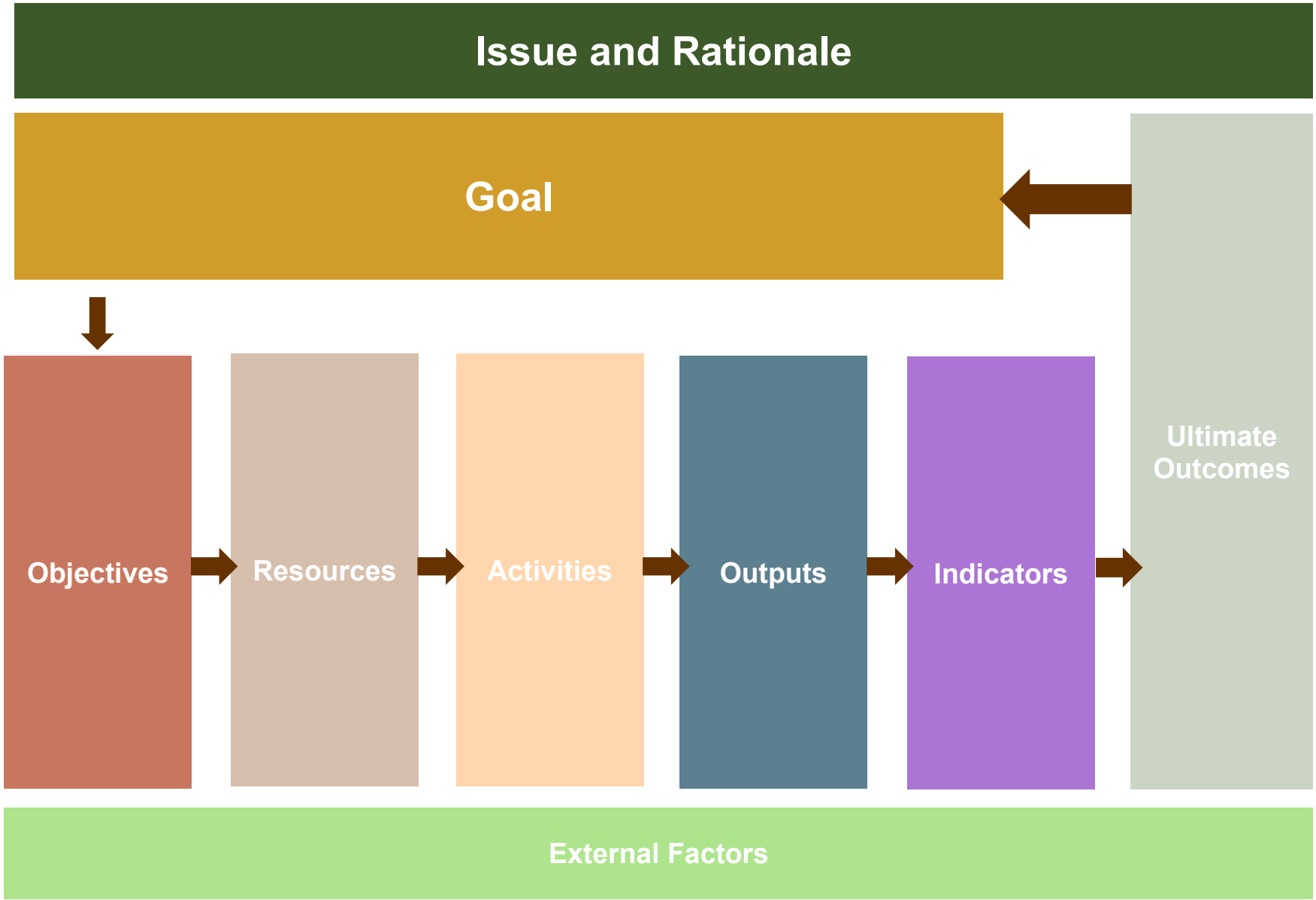
Objectives:	An objective is something you plan to achieve that contributes towards accomplishing your goal. Another way to describe it is a milestone or key area of work. Objectives are the tools that help us with planning and strategic activities. We try to set objectives that are: specific, measurable, achievable, relevant and time-bound (SMART). What are the milestones or key areas of work on the way towards achieving your goal? **SMART** • Specific: Describing a specific action, behaviour, outcome, or achievement that's observable. • Measurable: It has data or indicators associated with it so we can measure progress and revaluate when necessary. • Achievable: Realistic within the project timeframe, something you are prepared to meet. • Relevant: Aligned with your values, overall goal and strategy, and your target audience. • Time-bound: Having a realistic, but ambitious timeframe to achieve your objective. **Examples:** • I will aim to have at least 10 community members participate in my fitness classes throughout the month of June. • Through my project, I will help at least 5 community members develop their beading skills to where they are able to create earrings independently. • Through my project, my team will be able to provide funding to at least 10 local athletes pursuing athletics at school in the next year.
Resources:	Resources are what you need to meet your objectives and project goal. List the resources or inputs that will be dedicated to, or consumed by, the initiative, such as: • People, including those who will carry out the initiative, resource person(s), other groups and / or organizations involved in the project and their roles (i.e.: consultants, professionals, facilitators, trainers, coordinators, volunteers, etc.) • Materials • Salaries • Other **Prompts:** Who will be undertaking the project activities? What supports will those people receive (compensation, materials, resource persons)? What is your group's mission or mandate, if applicable?

	Examples: • People (such as organizers, volunteers, teachers, coaches, etc.), • Materials (i.e., beads, posters, a venue, gym equipment, books, T-shirts, etc.), • Salaries (honoraria or compensation for individuals lending their time to the initiative).
Activities:	Your activities are the actions your initiative will take to achieve your objectives. For example, if my objective is to have at least 10 people participate in my fitness class, then what are the actions I need to take to make sure this happens? **Prompts:** What will be the primary tasks or basic actions that your team will take? How will you effectively promote your initiative to ensure participation among your target groups? How are participants selected or recruited? **Examples:** • Promoting the class on social media, creating digital posters to spread the word about the class, emailing people to inquire about their interest, etc. • Other actions I might take would be developing a workout plan for the fitness class that describes what the class will entail and the schedule of the day.
Outputs:	Outputs are the tangible, direct products of your initiative's activities. They could include statistics, printed/published materials, video/film, a treatment model, brochure, poster, training manual, booklet, protocol, unpublished report, etc. **Prompts:** What will be the short-term results of your initiative's activities? When an activity is completed as you planned, how will you show that? **Examples:** • Participant artwork, other printed materials, a video, a treatment plan, a poster, a training manual, a teaching booklet, certain statistics, proof of number of workshops held, a participant sheet noting the number of participants who registered or signed in, meeting notes, etc.
Indicators:	Indicators are pieces of information that can be gathered and measured to say if your objectives were achieved, and to what extent they were achieved. Indicators have a direction (they increase or decrease) and an amount (a number). **Prompts:** How will you measure and track your progress towards the objectives of your initiative? How will you show that your activities were completed as planned? How will you show that your objectives were achieved?

	Examples:
	• Number of participants per day / session / month
	  ○ If the objective is "I'd like to have 200 people participate in my initiative in total," then the indicator could be "the number of participants per session."
	• Number of applicants not selected or recruited for the project
	• Benefits to Participants
	  ○ Change in knowledge, awareness or skills over time
	  ○ Change in wellness before vs after the initiative
	  ○ Change related to the project's SMART objectives
	• Benefits to Community
	  ○ Change in community resources, knowledge or capacity
	  ○ Partnerships or relationships developed between groups
	  ○ Sharing of knowledge or other resources between groups
	  ○ Contributions to the Community Wellness Plan domains

Ultimate Outcomes:	The changes or health and wellness impacts your initiative is aiming to create. These are the changes to wellness in an organization, the community, among families, and / or among individuals. The ultimate outcomes should link back to your goal and your indicators. **Prompts:** What changes are you expecting to see in the community's health and / or wellness as a result of your initiative? How will you show the ultimate outcome your project had?
External Factors:	Any other influences on the initiative's results; circumstances beyond your or your team's control (contextual factors). **Prompts:** What could potentially influence the success of your initiative, in a positive or negative way, that is out of your control? **Examples:** • Bad weather impacting participation at outdoor training sessions. • High cost of living impacting participation or ability to purchase supplies. • Sudden disinterest from community members in participating in the activity. • Similar initiative being offered outside of the community (competition). • No other similar initiative being offered (within or outside of the community (presents a need). • Availability of venue for class.

Below, the Evaluation Framework is represented in a cycle to show how its various aspects link together. See the detailed descriptions for each domain above.



APPENDIX B – BUDGET DEVELOPMENT

Each applicant will be required to prepare and submit a budget along with their application for the Community Wellness Plan Initiative funding. The budget must adhere to the eligible project costs noted in this document and provide detailed descriptions of how each line item contributes to the project's objectives. The Selection Committee utilizes the information in your application to gather a complete understanding of the funding amount being requested.

Budget Categories for 2027-2028 include:

- Programming
- Salaries
- Operations
- Food and Beverage
- Travel
- Other

APPENDIX C – COMMUNICATIONS PLAN

The communications plan is a required aspect of the CWPI Application. The communications plan highlights who, when, and how your project will be reaching out to participants throughout the duration of your initiative.

A communications plan is a clear guide noting:

- Who will be receiving communications from your project team;
- Through what channels they'll be receiving these communications;
- How often they'll be receiving them;
- Who will be creating the materials; and
- What the materials will look like.

Example

Communication Objective	Recruitment of 25 participants for project
Medium or Channel	Creating a Facebook Event Creating posters to put up in the community (~ 10 posters) Radio PSA
Frequency	Facebook event posted for 10 days Posters up for 4 weeks prior to project start Radio PSA once a week, every week
Person Responsible	Project Coordinator
Target Audience	Local moms, local youth
Output	Facebook event page, poster
Start and End Dates	Between April and June 2027

Template

Communication Objective	
Medium or Channel	
Frequency	
Person Responsible	
Target Audience	
Output	
Start and End Dates	

APPENDIX D – OTHER FUNDRAISING ACTIVITIES

The fundraising activities report is not a required section within the CWPI application, unless your project intends on raising additional funds to that being requested in your budget. The fundraising activities report will describe your project team's additional efforts to raise money and note what it would go toward during your initiative.

A fundraising activities plan is a clear guide noting:

- All fundraising activities that will be taking place;
- The location of the fundraising activities (i.e., online, at a venue, etc.);
- How often or for how long the fundraising activity will be taking place;
- The amount of funds you anticipate raising; and
- The rationale for raising additional funds.

Example

Activity	Doing a raffle
Location	Through Facebook
Frequency	Once a month for two months
Projected Amount Raised	Best guess or based on the dollar amount if done in previous years
Rationale for Funds / Description of What the Funds will Go Towards	Offset project costs which are not included in funding budget, raise more money for cause the group contributes to (if applicable)

Template

Activity	
Location	
Frequency	
Projected Amount Raised	
Rationale for Funds / Description of What the Funds will Go Towards	

APPENDIX E – 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	Preventing the causes of a disease, disorder, trauma, marginalization or other harmful process through awareness, education and creating a healthy environment

Primary Prevention	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	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	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.

Examples

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.
    a. **Early Prevention:** includes positive language and cultural teachings for all Kahnawa'kehró:non youth in schools.
    b. **Primary Prevention:** includes having traditional counsellors available for those seeking mental and emotional wellness support, or language learning opportunities for youth.
    c. **Secondary Prevention:** might 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.
    d. **Tertiary Prevention:** might include traditional healing and medicine programs, and culturally anchored care for any health or social problem, for any disease or age group.

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.
    a. **Early Prevention:** integrating comprehensive sexual health education in all schools, for students and parents to learn, even before students become sexually active.
    b. **Primary Prevention:** vaccinating youth against certain infections, distributing safer sex supplies like condoms or PEP, and having a sexual health counsellor available.

c. **Secondary Prevention:** 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.
d. **Tertiary Prevention:** managing and preventing complications, for example rehabilitating neurological symptoms.

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 to 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: 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).

APPENDIX F – BACKGROUND CHPI AND CFS (2015 – 2025)

Community Health Plan Initiative

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 of addressing 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 CHPI call package and application were developed based on the health priorities as determined in the 2012-22 Community Health Plan.

Child and Family Services

The Child and Family Services (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.

CFS aims to:

- Provide early interventions in the lives of Kahnawa'kehró:non children and families living on reserve.
- Encourage and support the well-being of children, individuals and families through community interactions 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 Kahnawà:ke, funding recipients shall set out 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.

To carry out the objectives, we are seeking proposals that provide wellness activities for children, youth, families or community.