



HEALTH SERVICES INTEGRATION FUND (HSIF) ANNUAL PROJECT REPORT

Privacy Statement

This statement explains the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection and use of personal information are in accordance with the [Privacy Act](https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. We will use your personal information in order to respond to your requests and/or program requirements. The collection and use of your personal information provided to Indigenous Services Canada for selected program/funding reporting and administration purposes are authorized by program specific legislation and required for your participation. The information collected is described by program specific Personal Information Banks (PIB) detailed at [Info Source](https://www.sac-isc.gc.ca/eng/1353081939455) (https://www.sac-isc.gc.ca/eng/1353081939455). For further details about applicable legislative authority, PIB description and/or to notify us about incorrect information or to withdraw participation after submitting your information, contact the departmental Public Enquiries Contact Centre at 1-800-567-9604. If you require clarification about this statement, contact our Privacy Coordinator at 819-997-8277. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

Section 1: Project Profile

Identification

Recipient Name

Recipient Number

Region

Contact (person who can be contacted for further information about the report)

Given Name

Family Name

Title

Telephone Number

Extension

Email Address

Project information

Project name

Project Start Date (YYYYMMDD)

Project End Date (YYYYMMDD)

Does this project involve more than one community?

Yes

No

If Yes, please specify the names of the communities involved.

1.

Have you previously received HSIF funding for this project?

Yes

No

If Yes, please specify the funding year(s)

Section 2: Progress on project partnerships

Will partners be involved in this project?

Yes

No

If Yes, please identify the partners involved in this project and their respective contribution(s) to this project by completing the table below.



1. Partner name

Partnership status	Partnership progress
Partner contribution (select all that apply)	
<input type="checkbox"/> Contribution funding	<input type="checkbox"/> Personnel
<input type="checkbox"/> In-kind support (e.g. office space, equipment)	<input type="checkbox"/> None
<input type="checkbox"/> If Other, specify:	

Section 3: Project outcomes

Is this project supporting the achievement of closer integration of federally funded and provincial/territorial health services targeting First Nations and Inuit communities?	<input type="radio"/> Yes	<input type="radio"/> No
Is this project improving the access to health services?	<input type="radio"/> Yes	<input type="radio"/> No
Is this project supporting the incremental progress towards greater First Nations/Inuit management and control over health service design and delivery?	<input type="radio"/> Yes	<input type="radio"/> No

Please identify the specific products that have resulted from this project by inputting them into the table(s) below, as applicable

Project outcomes - Knowledge products

Knowledge products are the results of activities like engagement, research and analysis aimed at identifying needs, engaging stakeholders, creating partnerships, and establishing new governance bodies. Examples of this include environmental scans, needs assessments, joint work plans, integrated service delivery and governance models.

1. Knowledge products

Type of knowledge product
Number produced
Brief description of knowledge product

Project outcomes - Partnership documents

Partnership documents are the products of partnerships, typically in the form of a signed document, where all parties have agreed to a new set of policies, procedures and/or guidelines that work towards achieving the goal(s) of the project. Examples of this include formalized memoranda of understanding, protocols, agreements, frameworks, and other arrangements.

1. Partnership documents

Type of partnership document
Number of partnership documents
Brief description of partnership document

Project outcomes - Integration

Integration outcomes represent newly integrated institutions, programs, activities, standards or practices that result from this project. It can include health institutions integrated to provide services to Indigenous communities, the ownership and control of health programs transferred to Indigenous communities/ organizations, multiple service providers integrated into single entity to provide services at the aggregate community level, or integration of culturally appropriate services and traditional healing methods into health care service delivery for Indigenous people.

1. Integration

Type of integration outcome



Number of integration outcomes

Brief description of integration outcome

Project outcomes - Other (if not listed in one of the tables above)

1. Other

Type of outcome

Number

Brief description of outcome

Section 4: Project considerations / Other Details

Project status

If Delayed, please identify any concerns with respect to completing the project on time. This can include any obstacles encountered in completing project activities including partnership or financial aspects affecting the project (e.g., timing of annual budget allocations)

Once complete, will this project continue to sustain its work (i.e. partnerships, integration outcomes and improved health services to the communities) without continued HSIF support? Yes No

Do you anticipate requiring further funding to sustain the initiative? Yes No

If Yes, please identify potential sources of funding

If applicable, identify the anticipated next steps planned for the upcoming fiscal year for this project

Do you have any additional comments or other feedback regarding this project?

Supporting Documents (if applicable)

Title	Submission Method

Declaration

The information provided is accurate to the best of my knowledge.

Given Name	Family Name
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Title	Date (YYYYMMDD)
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TO BE COMPLETED BY INDIGENOUS SERVICES CANADA REPRESENTATIVE

I,	have read the contents of this report and have taken any necessary action(s).	Date (YYYYMMDD)
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Comments