

# CULTURAL SAFETY PARTNERSHIP FUND ANNUAL REPORT

## DCI Number/Fiscal Year:

HC-P141 (2023-2024)

## Purpose:

This report should be completed by funding recipients. The Fund will focus on addressing anti-Indigenous racism in health systems from the ground up by supporting community and regional-level Indigenous-led cultural safety initiatives to strengthen cultural safety and address systemic barriers in health and with other service providers (police, justice, social services). Information collected in this report will be used by the program to track the status of projects, highlight the outcomes achieved, and identify any gaps or barriers experienced. Please consult your First Nations and Inuit Health Branch representative (national or regional office) for more information.

## Reporting Period:

The report should be used for reporting information for previous fiscal year and should be submitted annually, within 90 days of the end of the Fiscal Year.

## Due Date:

July 29, 2024

## Field Definitions:

Field	Definition
<b>Identification</b>	
Recipient Name	The name of organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Recipient Number	The number assigned by Indigenous Services Canada / Crown-Indigenous Relations and Northern Affairs Canada to organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Region	Select the region in the drop-down menu from which the recipient is reporting.
<b>Contact</b>	
Given Name Family Name Title/Position Mailing Address (Number/Street/Apartment/P.O. Box)	The name and contact information of the responsible official to verify the content and information contained in this report.  A valid postal code is in the upper case in the format 'A#A#A#'.

Field	Definition
City/Town Province/Territory Postal Code Telephone Number Extension Email Address	A valid telephone number includes the 3 digit area code in the format '###-###-####'. A valid email address may be in upper or lower case in the format 'a@a.a'.
<b>Reporting Period</b>	Indicate the reporting period from and to dates from the drop-down calendar. Dates are in the format of 'Year-Month-Day'.
<b>Project Information</b>	
Project Name	Provide the name of the project.
Project Partnership - Partner Name - New or Existing	Identify each partnership involved in this project, and indicate whether it is an existing partnership or new to this project. Indigenous organizations could partner with other Indigenous organizations, provincial/territorial governments, mainstream health systems partners, other mainstream organizations, universities and colleges, subject matter experts, etc. (Insert additional rows as needed)
Project Objective	Describe any project objectives that have been achieved, or are in progress.
Challenges/Barriers	Identify any gaps, challenges or barriers experienced with this project.
Feedback	Provide feedback on engagement process with the Government of Canada in the space below. This may include satisfaction with content and relevance of information provided, comfort with engagement approach and participants, ability to provide input and be heard/respected, etc.  <b>Note:</b> If any final products have been developed, please include a copy as part of this report. This can include an internet link, a digital copy, or a hard copy.
<b>Supporting Documents</b> (if applicable)	This table allows you to identify the supporting document(s) being submitted and the method of submission.
Title	Enter the name of the supporting document.

Field	Definition
Submission Method	<p>From the drop-down list, select the method by which additional documents will be submitted. The options include:</p> <ul style="list-style-type: none"> <li>- Attachment</li> <li>- Email</li> <li>- Facsimile</li> <li>- Mail</li> <li>- By Hand/Courier</li> </ul> <p>If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the 'Attach File' button changes to 'Remove File'. To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.</p>
<b>Declaration</b>	
Given Name Family Name Title/Position Date (YYYYMMDD)	<p>The given name, family name and title/position of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year Month Day'.</p>