

HEALTH SERVICES INTEGRATION FUND (HSIF) ANNUAL PROJECT REPORT

DCI number / Fiscal year:
HC-P022 (2024-2025)

Purpose:

This report provides a summary of the outcomes, the work completed to date and the results achieved for contributions funded under the Health Services Integration Fund (HSIF).

Reporting period:

for the coming fiscal year ending March 31st

Due date:

July 29, 2025.

Instructions:

The completed template should be sent to your Indigenous Services Canada contact via email. Please keep a copy for your records.

Field definitions:

| Field | Definition |
|---|--|
| Section 1: Project profile | |
| Identification | |
| Recipient name | The name of the organization that has received a transfer payment, or has been authorized to receive a transfer payment under Health Services Integration Fund (HSIF), and can be found in the contribution agreement. |
| Recipient number | The number assigned by Indigenous Services Canada to the organization that has received a transfer payment, or has been authorized to receive a transfer payment under HSIF, and can be found in the contribution agreement. |
| Region | From the drop-down list, select the ISC region to which this report is being submitted. |
| Contact | |
| <ul style="list-style-type: none">- Given name- Family name- Title- Telephone number- Extension- Email address | <p>The given name, family name, position title, telephone number and email address (if applicable) of the person who can be contacted for further information about the report.</p> <p>A valid telephone number includes the 3 digit area code in the format ###-###-####.</p> <p>A valid email address may be in upper or lower case in the format a@a.a.</p> |
| Project information | |
| Project name | Enter the title of the project as identified in the approved proposal, work plan, approval letter or funding agreement. |
| Project start/end date (YYYYMMDD) | Please state the expected duration of the project, including the start date and end date. |

| Field | Definition |
|--|---|
| Does this project involve more than one community? | If this project will involve more than one community, please specify the names of each community involved. Add a new row (click [+] on the left side) for each additional community. |
| Section 2: Project partnerships | |
| Will partners be involved in this project? If yes, please identify the partners involved in this project and their respective contribution(s) to this project by completing the table below. | If partners will be involved in this project, please identify them and their respective contribution(s) to this project by completing the table below. |
| Partner name | Please list all partners involved, i.e., the organization name involved in the partnership (e.g., province/territory, regional health authority, health service provider, community-based organization, etc.) Add a new row (click [+] on the left side) for each additional partner. |
| Partnership status | Please indicate the status of the project's partnerships (new or existing) as identified in the work plan, including the partnerships that are conceived and developed in the course of undertaking this project. Limit your assessment of the status to the interactions related to this project only and not the general state of your relationship or partnership. Do not report on the status of the partnerships your organization has with organizations not involved in the project. |
| Partner contribution | What is the nature of contribution from the partner for this project? Please select all that apply: <ul style="list-style-type: none"> - funding; - personnel or staff; - in-kind support (e.g., office space, equipment); - none; - other If other, please 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? | Is this project supporting the achievement of closer integration of federally funded and provincial/territorial health services targeting First Nations and Inuit communities? Answer yes or no. |
| Is this project improving the access to health services? | Is this project improving the access to health services? Answer yes or no. |
| Is this project supporting the incremental progress towards greater First Nations/Inuit management and control over health service design and delivery? | Is this project supporting the incremental progress towards greater First Nations/Inuit management and control over health service design and delivery? Answer yes or no. |

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|---|--|
| Is this project supporting the provision of culturally appropriate services? | Is this project supporting the provision of culturally appropriate services? Answer yes or no. |
| Please provide a brief summary of activities carried out during the fiscal year for this project and explanation for any deviations from the work plan. | This section allows you to provide a brief summary of activities undertaken during the fiscal year for this project and enables you to identify and explain any deviations from the work plan submitted for this project at the beginning of the fiscal year. This summary should be concise since there is a word limit of 1,000 words (approximately 3,000 characters) for this question. |
| Section 4: Project considerations/Other details | |
| Project status | What is the status of the project? Please select from the following: <ul style="list-style-type: none"> - completion on time; - completion ahead of schedule; - delayed If delayed, please identify any obstacles encountered in completing project activities on time including challenges related to partnership(s) or financial aspects affecting this project (e.g., timing or annual budget allocations). |
| Once complete, will this project sustain its work (i.e., partnerships, integration improved health services to the communities, etc.) without continued HSIF support? | Once complete, will this project sustain its work (i.e., partnerships, integration improved health services to the communities, etc.) without continued HSIF support? Answer yes or no. |
| Do you anticipate a need for further funding to sustain this project? | Do you anticipate a need for further funding to sustain this project? Answer yes or 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. | 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? | Do you have any additional comments or other feedback regarding this project? |
| Supporting documents (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. |
| Submission method | From the drop-down list, select the method by which additional documents will be submitted. The options include: <ul style="list-style-type: none"> - attachment - email - facsimile - mail |

| Field | Definition |
|---|--|
| | <ul style="list-style-type: none"> - by hand/courier <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> |
| Declaration | |
| <ul style="list-style-type: none"> - Given name - Family name - Title - Date (YYYYMMDD) | <p>The given name, family name and position title 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> |