

HEALTH TRANSFORMATION ANNUAL REPORT

DCI number / Fiscal year: HC-P134 (2024-2025)

NOTE: This document is a representation of the reporting requirements for DCI HC-P134. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your regional office. Please contact your [ISC-FNIHB regional office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

Program reporting requirements:

In accordance with the Treasury Board submission funding for *First Nations health transformation*, please complete the following reporting template for the 2024/25 year. Information collected through this reporting template will be used to keep ISC up to date on progress and help inform future health transformation policy and funding.

Health transformation funding authorities support First Nation partners to build their organizational capacity to develop a governance model that will enable the First Nation partner to assume full control over federal health services. This funding is targeted towards aggregated models of health transformation, not small-scale or service-by-service devolution projects, which can be supported under ISC's health services integration funding.

Section 1: Recipient information

Region: _____

First Nation or organization name: _____

Contact details for project lead:

- Given name _____
- Family name _____
- Title _____
- Telephone number _____
- Email address _____

Section 2: Funding details

Has this health transformation project received other sources of funding in 2024-2025 (i.e., from other federal programs, provincial government, or other partners, etc.)?:

Yes

No

If yes, please list the funders, the amount and what objectives this funding went towards achieving:

Name of funder	Amount (\$)	Objective

Section 3: Project information

3.1 Aggregation

Please list all the First Nation communities that are represented under this health transformation project and indicate whether the community has provided their support (through either a Band Council Resolution or Order in Council) for your organization to pursue full-scale health transformation on their behalf?

	Name of the community	Community has provided BCR or OIC to indicate their support for this project
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

3.2 Provincial partnership

3.2.1. Does this project have provincial involvement? Yes No

If yes, please complete remaining questions below for this section.

3.2.2. Does the provincial government provide direct funding to support this project?

Yes No

If yes, please indicate the amount for this fiscal year: _\$ _____

3.2.3. Are there any agreements/protocols/memorandums in place between your organization and the province in support of this project?

Yes No

If yes, please complete the chart below:

Agreement type	Partners	Objective of agreement	Date of agreement

3.2.4. Does the provincial government provide other sources of support (i.e., resources via staffing, program services, transportation, integrated services, etc.)?

Yes

No

If yes, please describe the type of support.

3.3. Other partnerships

3.3.1. Does this project involve other partnerships (i.e., academic institutions, neighbouring municipalities, health institutions, etc.)?

Yes

No

If yes, please indicate with who and provide a brief description of this partnership:

Name of partner/organization	Objective of this partnership towards health transformation	Resources provided (if any) (i.e. staffing, program services, funding, etc.)

3.4. Project outcomes

3.4.1. Please describe your health transformation project outcomes achieved during this fiscal year (2024-2025) as it relates to designing, developing and implementing a new governance model.

3.4.2. Please describe any other health transformation project outcomes achieved this fiscal year (2024-2025).

3.4.3. Did your organization experience any challenges or delays in completing your proposed health transformation objectives for 2024-2025?

Yes

No

If yes, please describe any challenges that you experienced.
