## NWT Addictions Recovery and Aftercare Fund

## Instructions

## The NWT Addictions Recovery and Aftercare Fund aims to strengthen options for culturally relevant, community-based addictions recovery and aftercare counselling and/or programming. These funds are targeted toward the hiring of community-based counsellors by Indigenous governments, community governing authorities, and non-government organizations in the Northwest Territories.

## Funding is available for the hiring of community-based counsellors that can support two types of projects:

* Projects that support individuals living in or working towards addictions recovery, and/or
* Projects that support addictions recovery and aftercare programming in the community

Eligible Groups / Organizations:

* Indigenous governments in the NWT that have negotiated, or are in the process of negotiating, self-government agreements.
* Community governing authorities (Band Councils, Metis Local, Charter Community or municipal council).
* Non-government organizations that demonstrate Indigenous outreach and have formed partnerships or receive support from an Indigenous or community governing authority.

Eligible Expenses:

* Compensation and benefits for hired counsellors
* Expenses for addictions recovery programming delivered by hired counsellor
* Administration Fees

Ineligible Expenses:

* These funds are not intended for travel costs related to the hiring of counsellors from outside the community
* Funds are not available to cover multi-year expenses

Funding Amounts:

The total available funds annually: $750,000

* $68,000 is available to Indigenous governments up to September 1, on a first come, first serve basis
* The remaining funds are available to other community governing authorities and non-government organizations up to $68,000 from September 2 to March 31, on a first come, first serve basis.

CONTACT INFORMATION

|  |  |
| --- | --- |
| Name of Applicant / Organization: | |
| Contact Name / Title (if applicable): | |
| Mailing Address: | |
| Postal Code: | Email: |
| Phone: | Fax: |

PROJECT INFORMATION

|  |  |
| --- | --- |
| Total amount of funding applied for: | |
| Project Start Date: | Project End Date: |

1. Addictions recovery and aftercare counsellor description (Goals & Objectives, How will the counsellor, activity/activities, or program links to addictions recovery/aftercare, date(s), location, target groups, etc.):
2. Evaluation/Reporting Plan: A brief report will be required following the funding period. Please fill out the following section(s) as applicable.

How might you know that you have achieved your objectives as a result of the hiring community-based counsellors? (Examples: how many community members did the counsellor support, what methods were used for support, did community members feel supported? how many program sessions/groups were delivered, number of participants who attended a program sessions/groups, how will you know the hiring of a community counsellor was successful, how might you capture this for the required reporting, etc.).

Please feel free to fill in the following work plan if this is helpful.

WORKPLAN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity/Activities or Program Components: (note areas that apply) | Community-Based Addictions Recovery and/or Aftercare: What are you going to do? | Community-Based Addictions Recovery and/or Aftercare Program Outcomes: What you do want to accomplish? | Community-Based Addictions Recovery and/or Aftercare Success Indicators: How will you know it worked? | Linkages (if applicable): Who will you work with? Who are the partners?  Have you connected to partners? Have identified partners been contacted and have they committed to participate? |
| * Counsellor Services * Couples Support * Men’s Support * Women’s Support * Gender Diverse/Inclusive Support * Youth programs * Elder Involvement * Aftercare plans * Roots of Addictions * Traditional, Cultural activities * Other (describe) |  |  |  |  |

BUDGET

|  |  |
| --- | --- |
| NWT Community-Based Addictions Recovery and/or Aftercare Project | Anticipated Project Costs |
| * + - 1. Hired counsellors |  |
| Budget description: (e.g., Compensation and benefits for hired counsellors.) |  |
| * + - 1. Addictions and Recovery Programming |  |
| Budget description: (e.g., expenses for delivery of programming by counsellor: refreshments, rental fees for meeting space, Telehealth, required materials for participants, etc.) |  |
| * + - 1. Subtotal of Project Costs (A+B): |  |
| * + - 1. Administration – (maximum 5%): |  |
| * + - 1. Total Anticipated Project Costs (C + D): |  |

DECLARATION OF APPLICANT

This information is being collected under the authority of the *Access to Information and Protection of Privacy Act* (ATIPP), section 40(c)(i) and the Regulations. The information will be used to determine eligibility for funding through the Addictions Recovery Peer Support Fund and for the general administration and enforcement of this fund.

The privacy provisions of ATIPP protect my information, and I understand the information provided in this application may be accessible under ATIPP. Any questions relating to the collection and use of personal information on this form may be directed to Manger of System Quality and Integration, Mental Wellness and Addictions Recovery and contact [mha@gov.nt.ca](mailto:mha@gov.nt.ca).

COVID-19 Considerations

I understand I am responsible for complying with orders made by the Chief Public Health Officer under the NWT’s *Public Health Act*. I understand the Department of Health and Social Services is not responsible for ensuring this project complies with any current or future orders made by the Chief Public Health Officer.

I certify that the information given is accurate and complete.

✗

Signature / Title of Applicant Date of signature (day/month/year)

Send completed applications to: [mha@gov.nt.ca](mailto:mha@gov.nt.ca).

Mailing Address:

Mental Health Specialist, Addictions

Mental Wellness Addictions Recovery

Department of Health and Social Services

Government of the Northwest Territories

Phone: 867-767-9061 ext: 49160

Website: www.hss.gov.nt.ca