## NWT Addictions Recovery Peer Support Fund

## Instructions

## The NWT Addictions Recovery Peer Support Fund aims to strengthen peer support, aftercare and community-based options for individuals who have lived or living experience with addictions and/or who have been impacted by addictions through family, friends, or community. These funds are targeted toward community-based and locally operated peer support programs, groups, and/or activities that are specific to addictions recovery. This includes harm reduction approaches.

## Funding is available for two program options. Applicants can apply for one or both options.

1. The Training Funding Option provides funds to assist organizations to provide training to community members and/or staff to operate community-based proprietary addictions recovery peer support programs such as Self-Management and Recovery Training (SMART) Recovery and Wellbriety. (Any travel expenses, if required, will be considered on a case-by-case basis).
2. The Basic Funding Option provides funds to ensure primary activities can be carried out in programs such as Alcoholics Anonymous, Narcotics Anonymous, Wellbriety, healing circles, community gathering with recovery speakers, etc. The Basic Funding can be used to cover costs for refreshments, meeting spaces, and required program materials.

Eligible Groups / Organizations:

* Indigenous governments in the Northwest Territories
* Community governing authorities (Band Council, Metis Local, Charter Community or municipal council)
* Non-government Indigenous Community Organizations
* Non-government organizations
* Community members that are working in partnership with a community organization to access these funds in their community

Ineligible Expenses:

* These funds are not intended for any facilitation costs (Examples: salary, honorarium/gifts, travel, etc.).
* Funds are not available for Multi-Year Projects.

Other eligibility limitations:

1. Funding is available on a first-come first-served basis.
2. Funding may apply to eligible costs incurred up to the end of March 31 of each fiscal year.

## Please indicate the funding you are applying for by typing an ‘X’ below. You may apply for both funding options.

Training Funding Option for a proprietary Addictions Recovery Peer Support Program (Examples: Wellbriety, SMART Recovery, etc.)

AND / OR

Basic Funding Option related to an Addictions Recovery Peer Support Group and/or Activity or Activities such as Alcoholics Anonymous, Narcotics Anonymous, Alanon, Wellbriety, AA Roundup, healing circle(s), community gathering(s) with recovery speakers, etc.

* Basic ancillary requirements could include: Refreshments, secure meeting spaces, Telehealth, required program participant materials, etc.
* This funding could be used for a single event or for recurring costs (Example: for weekly meetings).

CONTACT INFORMATION

|  |  |
| --- | --- |
| Addictions Recovery Peer Support Group, Activity or Program Title: | |
| 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 Peer Support Group, Activity/Activities or Program Description (Goals & Objectives, How the peer support group, activity/activities or program links to Addictions Recovery, date(s), location, target groups, etc.):

2A. If you are applying for the Training Funding Option (e.g., Wellbriety, SMART Recovery, etc.), please provide information around the proprietary training requirements (Examples: information about the training, training fees, required materials for the training, dates/location of training, travel costs of the training if any, number of individuals seeking the training, etc.). Please feel free to attach information in regards to this training to this application if that is helpful.

* + *These funds are not intended for any facilitation costs (Examples: salary, honorarium/gifts, travel, etc.).*
  + *For information purposes, a list of ‘Examples of Training for Addictions Recovery Peer Support Programs’ is available on the Government of the Northwest Territories’ Department of Health and Social Services public website at the following link:* [www.hss.gov.nt.ca/arpeersupportfund](http://www.hss.gov.nt.ca/arpeersupportfund)

2B. If you are applying for the Basic Funding Option related to an Addictions Recovery Peer Support Group or Activity/Activities (Examples: Refreshments, rental for secure meeting spaces, Telehealth, required program participant materials, etc.), please tell us about these basic requirements (is the funding for a single event or for a recurring event such as weekly meetings, applicable date(s)/time(s)/location(s), etc.).

* *These funds are not intended for any facilitation costs (Examples: salary, honorarium/gifts, travel, etc.).*

1. Evaluation/Reporting Plan: A brief report will be required following the funding period. Please fill out the following section(s) as applicable.

3A. If you are applying for the Training Funding Option, how might you know that you have achieved your objectives as a result of this training? (Examples: number of individuals trained, how many program sessions/groups have you facilitated following your training, number of participants who have attended your program sessions/groups, how will you know the program 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.

3B. If you are applying for the Basic Funding Option related to an Addictions Recovery Peer Support Group or Activity/Activities, please tell us how you might know that you have achieved your objectives as a result of having the basic requirements met (Examples: how will you know that the addictions recovery peer support group or activity/activities 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) | Addictions Recovery Peer Support Group, Activity/Activities or Program: What are you going to do? | Addictions Recovery Peer Support Group, Activity/Activities or Program Outcomes: What you do want to accomplish? | Addictions Recovery Peer Support Group, Activity/Activities or Program 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? |
| * Family Program * Couples Program * Men’s Program * Women’s Program * Gender Diverse/Inclusive * Youth programs * Elder Involvement * Aftercare plans * Roots of Addictions * Traditional, Cultural activities * Other (describe) |  |  |  |  |

BUDGET

|  |  |
| --- | --- |
| NWT Addictions Recovery Peer Support Fund - Project | Anticipated Project Costs |
| * + - 1. Training Requirements for a proprietary Addictions Recovery Peer Support Program (if applicable) |  |
| Budget description: (e.g., training fees, required materials for training, number of individuals seeking training, travel costs, etc.) |  |
| * + - 1. Basic Requirements for an Addictions Recovery Peer Support Group or Activity/Activities (if applicable) |  |
| Budget description: (e.g., 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 Mental Health Specialist, Addictions, Mental Wellness and Addictions Recovery and contact [peersupportfund@gov.nt.ca](mailto:peersupportfund@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: [peersupportfund@gov.nt.ca](mailto:peersupportfund@gov.nt.ca).

Mailing Address:

Mental Health Specialist, Addictions

Department of Health and Social Services

Government of the Northwest Territories

Phone: 867-767-9061 ext: 49160

Website: www.hss.gov.nt.ca