



MENTAL WELLNESS AND ADDICTIONS RECOVERY FUNDS

REPORTING FORM

2023-2024



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# Identification

|  |  |  |
| --- | --- | --- |
| Contact Name: | | |
| Organization Name: | | |
| Phone Number: | | |
| **Email:** | | |
| **Mailing Address** | | |
| Apartment, Street Number and Name, P.O Box | | |
| Community | Territory  **NT** | Postal Code |

# Funding Information

Please identify which fund you are reporting on (Please check all that apply):

|  |  |
| --- | --- |
| Community Suicide Prevention Fund |  |
| Community Wellness and Addictions Recovery Fund |  |
|  |  |
|  |  |

For more information about the specific requirements of each fund, please visit: [www.hss.gov.nt.ca/funding](http://www.hss.gov.nt.ca/funding)

## REPORTING INSTRUCTIONS

If you have accessed multiple funds for several different projects, please submit a separate financial report for each project.

If you have any questions, please reach out to us at [mha@gov.nt.ca](mailto:mha@gov.nt.ca) .

# Program Information

## Program Title (s):

### Program Description (s)

1. Describe what you planned and what you did. Please include a description of the location of your program(s), activity(ies), dates, target groups (e.g., age and gender), and number of individuals.
2. How did your activity(ies) or program(s) link to mental wellness, addictions recovery, and/or harm reduction?

### Program Evaluation

1. Describe what worked well and what you would do differently.
2. How many people attended your activity(ies) or program? Please provide information on how many unique individuals attended.

|  |  |
| --- | --- |
| Fund | Number of Unique Individuals who Attended your Program |
| Community Wellness and Addictions Recovery Fund |  |
| Community Suicide Prevention Fund |  |

### Program Results

What is different in your community since you delivered this activity/activities or program? What is different in the lives of your participants?

Did you collect feedback from participants? If so, what kind of feedback did you receive?

Were you satisfied with this funding? Please tell us why or why not?

# Financial Report

**Please submit a separate financial report for each fund that you accessed.**

# \* For agreements valued at $250,000 or greater per year, Audited Financial Statements are required to be separately submitted per the terms of the funding agreement.

# Declaration

This information is being collected under the authority of the *Access to Information and Protection of Privacy Act* (ATIPP), section 40(c)(i), the *Health Information Act* (‘HIA’), and the associated Regulations. The information will be used for the purposes of monitoring the Mental Wellness and Addictions Recovery Funds and programs and for the general administration and enforcement of these funds and programs.

The privacy provisions of ATIPP and the HIA protect this information, and I understand the information provided in this application may be accessible under ATIPP and HIA. Any questions relating to the collection, use, or disclosure of personal (health) information on this form may be directed to the Mental Wellness and Addictions Recovery Division by emailing [mha@gov.nt.ca](mailto:mha@gov.nt.ca).

I certify that the information given is accurate and complete, and that the reporting is fairly presented.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of the spending authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signature (day/month /year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send completed reporting forms by email to: [mha@gov.nt.ca](mailto:mha@gov.nt.ca) or by fax to: (867) 873-7706.