

# **Fetal Alcohol Syndrome / Fetal Alcohol Effects**

## **Strategic Project Fund**

### **Guide for Applicants**

**2001/2002**

*Health Canada's mission is to help the people of Canada maintain and improve their health.*

**HEALTH CANADA'S  
FETAL ALCOHOL SYNDROME/FETAL ALCOHOL EFFECTS  
STRATEGIC PROJECT FUND**

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**HEALTH CANADA'S  
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STRATEGIC PROJECT FUND**

**THE FEDERAL COMMITMENT**

FAS/FAE is one of the major known preventable birth defects. The factors that lead to the birth of a FAS/FAE affected child are complex, difficult and deep-rooted.

- ▶ FAS is a medical diagnosis that refers to a specific cluster of anomalies associated with the use of alcohol during pregnancy. The three essential traits of FAS are prenatal and/or postnatal growth restriction, characteristic facial features and central nervous system involvement. FAE is a term used to describe children with prenatal exposure to alcohol, but only some FAS characteristics.

In the 1999 Budget, funding of \$11 million over three years is allocated by the Government of Canada to enhance FAS/FAE activities related to: coordination, public awareness and education; training and capacity development; early identification and diagnosis; surveillance and a strategic project fund. These efforts are complemented by other federal initiatives aimed at improving the health of children and families.

The FAS/FAE initiative will build on the recent valuable work undertaken in this area by provinces and territories, Aboriginal organizations, and national, local, parent and community groups. The specific needs of the Aboriginal population and First Nation and Inuit communities will also be addressed under this initiative. This initiative will also enhance the work in existing community-based programs including Canada Prenatal Nutrition Programs (CPNP), Community Action Program for Children (CAPC), Aboriginal Head Start (AHS), Brighter Futures, National Native Alcohol and Drug Abuse Programs (NNADAP) and substance abuse treatment and rehabilitation programs.

In 1999/2000, consultations took place to identify needs and priorities for action for FAS/FAE. Close to 500 people participated, representing a cross section of all levels of government, health, justice, First Nations, Metis and other aboriginal groups, elders, families (birth, adoptive and foster) and community organizations (both rural and urban). The priorities and recommendations from these consultations across the country served as the basis for determining the priorities for the FAS/FAE Strategic Project Fund 2001-2002.

Health Canada's "population health approach" recognizes that many factors influence people's health. It is a prevention-oriented approach that seeks to address health issues as comprehensively as possible by taking into account the full range of health determinants (see **APPENDIX A**) and the ways in which these interact with each other.

**Collaboration across sectors is essential.  
Existing partnerships should be strengthened, and new ones created.**

## PRIORITIES FOR FUNDING 2001/2002

The FAS/FAE Strategic Project Fund, administered through the Population Health Fund is designed as a first step towards facilitating those who have the capacity to enhance and build on already existing FAS/FAE activities across the county as well as to create new ones where no previous capacity exists. Priorities for the year 2001- 2002 will focus on innovative and culturally appropriate initiatives. Projects should demonstrate support from a variety of sectors and jurisdictions and enhance current systems already in place to avoid competition, duplication, or creation of isolated programs.



*(Note: The current FAS/FAE Strategic Project Fund priorities may be revised in future years to ensure they reflect changing and emerging needs).*

NEEDS AND GAPS IDENTIFIED	PRIORITIES
<p>There is a clear need for coordination and collaboration in the area of FAS/FAE, to share information and resources developed across the country.</p> <p>Options could include but are not limited to:</p> <ol style="list-style-type: none"> <li>1) The development of national FAS information and resource networks;</li> <li>2) The establishment of national research coalitions.</li> </ol>	<p style="text-align: center;"><b><i>Coordination and collaboration</i></b></p>
<p>A strong need has been identified for supporting all families (birth, adoptive, foster) affected by FAS/FAE.</p> <p>Options could include but are not limited to:</p> <ol style="list-style-type: none"> <li>1) The development of a national parent support group.</li> </ol>	<p style="text-align: center;"><b><i>Supporting parents, families and communities</i></b></p>
<p>There exists a need for training in FAS/FAE, across the board throughout all jurisdictions.</p> <p>Options could include but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Increasing and supporting training for front-line workers, such as those working in community-based programs including <i>Canada Prenatal Nutrition Programs (CPNP)</i>, <i>Community Action Program for Children (CAPC)</i>, <i>Aboriginal Head Start (on and off reserve)</i>, <i>Brighter Futures</i> and the <i>National Native Alcohol and Drug Abuse Program (NNADAP)</i>;</li> <li>2) Identifying and/or developing best practice guidance on effective parenting approaches.</li> </ol>	<p style="text-align: center;"><b><i>Training for front-line workers in community-based programs</i></b></p>

**APPLICATIONS FOR FUNDING UNDER THE FAS/FAE STRATEGIC PROJECT FUND MUST PROCEED IN TWO STAGES, AS FOLLOWS:**

**STAGE 1: SUBMISSION OF A LETTER OF INTENT**

**STAGE 2: DEVELOPMENT OF A FULL PROPOSAL**

**This document is intended to assist organizations who wish to apply for funding. It includes background information and guidance on how to complete both stages of the application process.**

**STAGE 1: REQUIREMENTS - LETTER OF INTENT**



The first stage in applying to the FAS/FAE Strategic Project Fund is to submit a Letter of Intent. Letters of intent must be submitted by **Monday March 12<sup>th</sup>, 2001**.<sup>\*</sup> Your letter should not exceed three (3) pages, and should address the areas described in **APPENDIX B**. All submitted letters will be reviewed to determine if they meet eligibility criteria and the current priorities for the Fund (see p. 6). All applicants will be notified in writing of the results of Stage 1 in April, 2001 and those selected will be asked to proceed with Stage 2 of the process - the development of a full proposal.

*For information on where to send your letter of intent please see **APPENDIX E**.*

**STAGE 2: REQUIREMENTS - FULL PROPOSAL**



The full proposals, from those applicants that have been previously notified, must be submitted by **Friday May 4<sup>th</sup>, 2001**. This proposal should not exceed 15 pages and must include a detailed description of the necessary components included in **APPENDIX C**.

**TIME LINES FOR THE FAS/FAE STRATEGIC PROJECT FUND**

	<b>Application Deadline</b>	<b>Results</b>
<b>Stage 1</b>		
Letter of Intent	March 12 <sup>th</sup> , 2001	April, 2001
<b>Stage 2</b>		
Detailed Proposal	May 4 <sup>th</sup> , 2001	By September, 2001

**\* Note: The submission date for letters of intent has been extended until March 16, 2001.**

## **MAXIMUM FUNDING PER PROJECT**

As per the terms and conditions of the FAS/FAE Strategic Project Fund, the maximum funding level will not exceed \$100,000 per annum, for a total of \$300,000 over three years. Projects may be less than three years in duration.

## **ELIGIBLE APPLICANTS**

Canadian voluntary, not-for-profit organizations, and educational institutions may be considered for funding.

**The Fund will support projects that are:**

- 1. National in scope (relevant to other regions) and that will strengthen local, regional and/or provincial/territorial efforts to address FAS/FAE.**
- 2. Time-limited for up to 36 months.**

**Only national projects will be considered.** The scope must be national in terms of objectives and design, implementation and/or activities, target group and partner participation, and the project impacts and outcomes.

## **INELIGIBLE AREAS and ACTIVITIES**

- X** pure research, in any discipline;
- X** profit-making activities;
- X** provision of direct services which are part of other governments' jurisdictions;
- X** survey studies, except those carried out to support objectives of the project;
- X** ongoing organizational or overhead fees of an organization.

### THE DETERMINANTS OF HEALTH

Determinants of health is the generic term given to the factors and conditions which have an influence on health. These determinants do not act in isolation of each other; their complex interactions with each other have an even more important impact on health. The following is a brief description of determinants identified by Health Canada and some of the ways in which they affect health.

#### **Income and Social Status**

This is the single most important determinant of health. Health status improves at each step up the income and social hierarchy. Higher income levels affect living conditions such as safe housing and the ability to buy sufficient good food.

#### **Social Support Networks**

Support from families, friends and communities is associated with better health. The health effect of the support of family and friends who provide a caring and supportive relationship may be as important as risk factors such as smoking, physical activity, obesity, and high blood pressure.

#### **Education**

Health status improves with level of education. Education increases opportunities for income and job security and gives people a sense of control over their lives - key factors which influence health.

#### **Employment and Working Conditions**

Unemployment, under-employment and stressful work are associated with poorer health. Those with more control over their work and fewer stress-related demands on the job are healthier.

#### **Social Environments**

The values and rules of a society affect the health and well-being of individuals and populations. Social stability, recognition of diversity, safety, good relationships and cohesive communities provide a supportive society which reduces or removes many risks to good health.

## **Physical Environment**

Physical factors in the natural environment (e.g. air, water quality) are key influences on health. Factors in the human-built environment such as housing, workplace safety, community and road design are also important influences.

## **Personal Health Practices and Coping Skills**

Social environments that enable and support healthy choices and lifestyles, such as people's knowledge, behaviours, and coping skills for dealing with life in healthy ways, are key influences on health.

## **Healthy Child Development**

The effect of prenatal and early childhood experiences on subsequent health, well-being, coping skills, and competence is very powerful. For example, a low weight at birth links with health and social problems throughout a person's life.

## **Culture**

Culture and ethnicity come from both personal history and wider situational, social, political, geographic, and economic factors. Multicultural health issues demonstrate how necessary it is to consider the interrelationships of physical, mental, spiritual, social, and economic well-being at the same time.

## **Health Services**

Health services, particularly those which maintain and promote health, prevent disease and restore health, contribute to population health.

## **Gender**

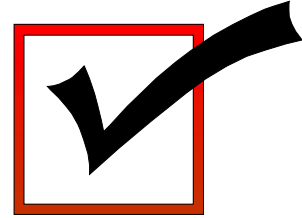
Gender refers to the many different roles, personality traits, attitudes, behaviours, values, relative powers and influences which society assigns to the two sexes. Each gender has specific health issues or may be affected in different ways by the same issues.

## **Biology and Genetic Endowment**

The basic biology and organic make-up of the human body are fundamental determinants of health. Inherited predispositions influence the ways individuals are affected by particular diseases or health problems.



**STAGE 1: REQUIREMENTS - LETTER OF INTENT**



Letters of intent must be submitted by March 12<sup>th</sup>, 2001 \*

Your letter should not exceed three (3) pages, and should address the items described in the following pages.

THE LETTER OF INTENT SHOULD INCLUDE.

- ✓ 2 page application form (APPENDIX F)
- ✓ project overview including project objectives;
- ✓ how the project meets the 2001/2002 priorities;
- ✓ how it has national applicability;
- ✓ how the project plans to include participation from target population groups;
- ✓ a proposed project budget, listing major cost categories and the level of funding already secured or to be requested from other sources;
- ✓ preliminary work plan;
- ✓ dissemination plan;
- ✓ evaluation plan; and
- ✓ information on partnerships and commitments, including:
  - S a brief description of roles, responsibilities and reporting relationships
  - S financial contribution and/or in-kind support to be provided by each partner.

Letters of intent will be screened to determine whether or not they meet eligibility criteria and address the identified current priorities. Eligible letters of intent will be assessed by internal Health Canada reviewers for potential significance and relevance. Letters of intent that are not selected in this solicitation may be retained and considered for future funding opportunities.

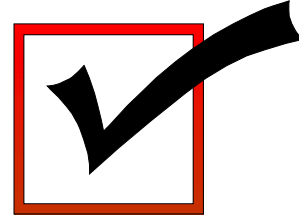
All applicants will be notified in writing of the results from Stage 1 in April, 2001 and those selected will be asked to proceed with Stage 2 of the process - the development of a full proposal.

**\* Note: The submission date for letters of intent has been extended until March 16, 2001.**

**STAGE 2: REQUIREMENTS - FULL PROPOSAL**

The full proposals must be submitted by May 4<sup>th</sup>, 2001.

Your proposal should not exceed 15 pages and must include a detailed description of the necessary components.



**THE FULL PROPOSAL SHOULD INCLUDE THE 2 PAGE APPLICATION FORM AND:**

- ✓ 1. Project summary
- ✓ 2. Description of your organization
- ✓ 3. Project description
- ✓ 4. Description of how goals and objectives meet one or more of the 2001/2002 FAS/FAE Priorities
- ✓ 5. Project Goals and Objectives
- ✓ 6. Work plan
- ✓ 7. Partnerships and Intersectoral Collaboration
- ✓ 8. Evaluation Plan
- ✓ 9. Dissemination Plan
- ✓ 10. Project Sustainability Plan
- ✓ 11. Detailed Budget
- ✓ 12. Minimum of three letters of support

## **STAGE 2: REQUIREMENTS**

### **DETAILED DESCRIPTION OF FULL PROPOSAL**

The project applicant is responsible for all stages of the project, including assessing needs, designing and developing the project, conducting the project, evaluating and disseminating results, as well as submitting progress and final reports. The sponsor must ensure that the project serves the needs of English, French or other linguistic minority communities wherever applicable.

#### **THE FULL PROPOSAL SHOULD INCLUDE:**

##### **✓ 1. Project summary**

Describe the needs to be addressed by the project. The following questions will guide you:

- What evidence are you using to define the needs?
- How will the project contribute to improving the health of the population?

Describe the population with whom the project is being developed and how they are being involved in designing, developing, carrying out and evaluating the project.

##### **✓ 2. Description of your organization**

Describe your organization, including:

- mission/vision, philosophy/principles and goals/objectives;
- accomplishments;
- programs now provided;
- reasons your organization is able to sponsor the project (e.g. skills, interest, credibility).

##### **✓ 3. Project description**

Describe:

- the project;
- its goals and objectives;
- key activities;
- duration of the project; and
- potential milestones.

✓ **4. Description of how goals and objectives meet one or more of the 2001/2002 FAS/FAE Priorities**

Describe how the goals and objectives of your project address one or more of the FAS/FAE Strategic Project Fund priorities.

✓ **5. Project Goals and Objectives**

Goals are broad, general statements of what the project is intended to do. Briefly, tell us the overall purpose of the project. Tell us how it will meet the intended outcomes of the Fund.

Objectives are statements which show how you and your partners will achieve the goals. Objectives are time-limited, concrete, realistic and measurable. They should be listed one by one and related to the health determinants and population group.

Activities are specific actions to achieve the objectives, and are listed in the work plan.

✓ **6. Work plan**

For each objective, the work plan must show:

- the activities you will carry out, and an explanation of how these will meet the objective(s);
- the tasks for each activity;
- how long each activity will take, with approximate start and end dates;
- what resources are needed for each activity, including office space, people, equipment, skills, time and money;
- who is responsible for each activity (e.g., board members, staff, contract workers, volunteers, members of the applying organization);
- what other community groups have offered to provide;
- What training or support of your staff, volunteers and project participants is required.

✓ **7. Partnerships and Intersectoral Collaboration**

The key to success in a population health approach is comprehensive and coordinated action by the professional and voluntary sectors in partnership with governments and the private sector. A strong collaboration at local, municipal, provincial/territorial and national levels is necessary to mobilize resources needed for effective action.

Describe your partnerships by stating:

- who from the community will be involved;
- what activities will each partner be involved in;
- how each partner will contribute towards reaching the goals and objectives of the project;
- what links and collaboration with other community resources and groups will be made.

## ✓ 8. Evaluation Plan

The evaluation must relate to the project's goals and objectives.

When planning an evaluation, take into consideration:

- an overall evaluation strategy for your organization and your partners;
- what information will be gathered, including both process and outcomes;
- how information will be gathered (for example, interviews, project records);
- who the information will be collected from;
- who will collect the information (for example, an applicant member or organization, a consultant, an evaluation committee);
- how evaluation information may be used to change and improve the project as it is carried out;
- when this will be done;
- how you will know if your project is a success (what indicators you will use);
- what data will be recorded throughout the project;
- the role of the partners in the evaluation.

Estimate the:

- ▶ costs of developing the evaluation plan;
- ▶ costs for continuing collection of information;
- ▶ cost of having a contractor do the evaluation, if appropriate;
- ▶ total cost for the evaluation.

## ✓ 9. Dissemination Plan

Define:

- who will benefit from the results of the project;
- how will the project results reach these groups;
- how your partners and members of the population group will be part of the dissemination plan.

## ✓ 10. Project Sustainability Plan

- Describe how the project intends to continue after Fund support ends, the proposal must outline how the project will become self-sustaining.

## ✓ 11. Budget

A financial contribution from the partners and/or in-kind support is expected.

- explain how the costs in the budget relate to the project activities;
- clearly outline any contributions, whether financial or in kind, made by the applicant or a partner;
- provide details about any support the project has received, or will receive, from other sources, including money, services, or office space;
- include costs for project evaluation and dissemination of results.

Note: Capital costs (for example, purchase of land, buildings, or vehicles) are not eligible expenses.

### **Project Expenses**

Funds can cover only those costs directly related to the project. These may include:

- personnel, for example, project staff salaries, contractor fees, and employee benefits, such as Canada Pension Plan deductions;
- travel and accommodation, expenses for project activities such as private vehicle mileage, air, train or bus fares, project-related meals and accommodation costs are all eligible. Note: kilometer rates and living expenses must not exceed those allowed under federal Treasury Board regulations. A rate table is available.
- rent and utilities, for example, telephone, electricity, heating and office space (if not provided free of charge);
- materials and supplies, for example, office supplies, audio and video tapes, reference books, printing, postage;
- costs of services or equipment rental, such as office equipment and furniture;
- evaluation and dissemination of results, you can claim contract fees for a third party evaluation, data collection and analysis, and dissemination of results;
- other actual expenses related to the project that do not fit in the previous budget categories, for example, insurance or bank charges.

Capital costs such as purchase of land, buildings, or vehicles, are not eligible expenses.

✓ **12. Minimum of three letters of support**

Include:

- letters from other persons or organizations recommending the project and your organization as applicant;
- letters from your partner organizations, describing their role and their commitment to the project.

Support letters should demonstrate a real understanding of your project and explain how the organization supports it (photocopied form letters are not acceptable).

## PROPOSAL REVIEW AND APPROVAL

Project proposals will first be reviewed for completeness and to determine whether they meet eligibility criteria and address the current priorities of the Fund.

### EXPERT REVIEW

Eligible proposals and letters of intent will be evaluated by internal and external multidisciplinary and multisectoral committees of internal and external experts. Suggestions may be forwarded to the applicants on how to strengthen their detailed proposal in Stage 2 of the selection process. It could, for example, suggest the grouping of complementary applications, and propose additional partnerships or funding sources.

### APPROVAL

Proposals are assessed using criteria such as:

- the extent to which the project reflects the priorities of the Fund and is national in scope;
- the extent to which the project includes participation by members of the relevant population group(s);
- the scope and nature of collaboration with other sectors, including other financial commitments;
- whether the project approach is evidence-based;
- the ability of the sponsor to carry out the activities as proposed;
- whether the evaluation plan is appropriate and will produce useful information;
- whether the proposed budget is reasonable and realistic, given the project activities;
- whether an adequate Sustainability plan has been built into the project;
- whether the dissemination plan is suitable.

All proposals recommended for approval will be forwarded to the Minister of Health for final decision. **Do not assume any commitment on the part of the Department until ministerial approval has been obtained.** A Health Canada Program Consultant will notify you in writing as soon as your application is approved or rejected. The entire review may take from three to six months before a decision is made.

If the project is approved, a Program Consultant will contact you to draw up a formal agreement between your organization and the Department. This agreement will specify the terms and conditions for the project. If the project is not approved, you will receive a letter of explanation.



A Program Consultant will be available to provide assistance, advice and support as you conduct your project. All projects approved under the FAS/FAE Strategic Project Fund are subject to the Terms and Conditions applied to such funds by the Treasury Board of Canada. Project funding under the FAS/FAE Strategic Project Fund does not imply any commitment, financial or otherwise, by any provincial, territorial or federal government department or agency beyond the approved funding period.

**\*\*\*Please note that applicants should not assume any commitment on the part of the Fund or Health Canada until Ministerial approval for the project has been obtained.\*\*\***

## APPENDIX E

### CONTACT INFORMATION

#### Where to Send Letters of Intent:

**National Population Health Fund Office**

8<sup>th</sup> floor - PL. 1908C1, room B845 Jeanne Mance Building

Tunney's Pasture Ottawa, ON K1A 1B4

Tel: (613) 957-3507

Fax: (613) 952-5310

**For more information call:**

Billie-Jean Glanz

FAS/FAE Program Coordinator

Childhood and Youth Division

Room A907 Jeanne Mance, A.L. 1909C2

Tel: (613) 954-5697

Fax: (613) 954-3358

To obtain copies of the Application for Funding, please make a request through our email address at [fas@www.hc-sc.gc.ca](mailto:fas@www.hc-sc.gc.ca).