PHYSICAL ACTIVITY CONTRIBUTION PROGRAM

2005-06 FUNDING GUIDELINES

PROGRAM/PROJECT SUPPORT

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The Physical Activity Contribution Program: Supporting Healthy Living for Canadians

Contribution Program Guidelines

I INTRODUCTION

Eligibility For Funding

- Only not-for-profit, incorporated, national organizations are eligible for funding consideration.

- Physical activity must be a central component of the project.

- Projects must be national in scope or have national impact/implications.

- The proposal must directly address the stated Strategic Directions of the Healthy Living Strategy (see pages 5-8), and directly support the mandate, and Program Priorities of the Physical Activity Unit (see pages 8-11).

- Projects of current recipients of this funding program must be in good standing with the Department (ie., reports up-to-date, projects on-line for completion etc.).

- All proposals will be subject to an initial Screening to determine Eligibility and Relevance. Proposals which pass the initial screening will be subject to review by both internal and external reviewers, and assessed on merit using standardized criteria. A second phase review will be carried out by a Review Panel (composed of experts in the field), which will make recommendations for the highest priority projects. Upon completion of the overall process, including ministerial approval, the Public Health Agency will advise applicants of the outcome.

- Applicants are encouraged to link their proposals to the Pan-Canadian Healthy Living Strategy, stressing the importance of partnerships and integrated approaches where appropriate. More information on the Healthy Living Strategy and its strategic directions are provide within these Guidelines. Applicants may also refer to www.healthyliving-viesaine.ca.

Current Changes and Application Summary

- Please note, this year there is no separate category for Operational Support, therefore **applicants should specify operational support requirements for each project, within the respective project proposal to a maximum of 20% of total project costs**.

- The **deadline for receipt of proposals** for funding for fiscal year April 1, 2005 - March 31, 2006 is : **noon, Friday, January 21, 2005.**
- The Crown reserves the right to:

- reject any or all proposals received in response to this Request for Proposals;
- accept any proposal in whole or in part; and
- cancel and/or re-issue this Request for Proposals at any time.

- Applicants must submit six hard copies of the full proposal; and one copy of back-up information (e.g., by-laws etc.) to:

The Physical Activity Contribution Program
Physical Activity Unit
Centre for Healthy Human Development
Public Health Agency of Canada
Jeanne Mance Building, 7th Floor
Room 710C
Ottawa, Ontario
K1A 0K9 Phone: (613) 946-4641

Setting the Context

Over the past fifteen years, a number of initiatives have demonstrated the value of collaborative action on health issues by governments, the voluntary sector and private industry. Coordinated strategies based on a population health approach have paved the way for the success of future collaboration. Such initiatives, combined with overall improvements in the socioeconomic environment and the dedicated work of community leaders across the country have enabled Canada to have one of the highest standards of health and well-being in the world.

One such strategy is the Integrated Pan-Canadian Healthy Living Strategy, an intersectoral initiative designed to improve health outcomes and reduce disparities in health status in Canada. The Healthy Living Strategy is based on a conceptual framework for sustained action, to promote health and prevent disease and injury. Phase I of the strategy focuses on physical activity, healthy eating and their relationship to healthy weights. Future phases may focus on other priority issues and may include mental health, injury prevention or other important areas of emphasis.

It is in this context that the *Physical Activity Contribution Program: Supporting Healthy Living for Canadians* aims to support proposals with a primary focus on physical activity as a means to advance healthy living strategies. Healthy weights and the prevention of obesity are key issues that call for integrated action on physical activity and healthy eating. It is recognized that there are significant differences between physical activity and healthy eating in terms of individual and environmental changes required. However, where appropriate, it is important to identify and pursue links between physical activity and healthy eating, and links to initiatives that support healthy physical and social environments, in pursuit of a more integrated approach to healthy living.

Background

In Canada, the economic burden of chronic disease is growing, while health inequalities continue to exist. Physical activity and healthy eating play critical roles in promoting health and reducing the risk of chronic diseases.

Preventable risk factors and risk conditions leading to chronic diseases, such as unhealthy eating and physical inactivity, rising rapidly. About 80% of Canadians now have at least one of the risk factors and about 40% have two or more. Over half are overweight or obese. Type 2 diabetes is rising in incidence, and is expected to strike earlier in life.

Each year in Canada, more than three-quarters of deaths result from four groups of non-communicable diseases: cardiovascular, cancer, diabetes, and respiratory. Risk factors that lead to these diseases, such as physical inactivity and unhealthy eating, are growing, particularly among some vulnerable groups.

Healthy eating, physical activity and body weight also have an important effect on mental, emotional and social well-being, as well as one's capacity to participate in family and community life.

- The economic burden of chronic disease is estimated at $70B per year.

- In 1997, total direct costs of obesity in Canada were estimated at $1.8 billion or 2.4 percent of the total health care expenditure for all diseases. In addition, the cost of poor diets to the health-care system in Canada is estimated to be $6.3 billion.

There appears to be an increase in sedentary living and unhealthy eating among Canadian children and youth.

- In keeping with international trends, Canadian children and youth appear to be getting heavier; Tremblay and Wilms reported that the prevalence of childhood overweight doubled and juvenile obesity tripled among children aged 7 to 13 between 1981 and 1996.

- The prevalence of overweight and obesity has steadily increased among adult Canadians over the past two decades. Today, approximately 47% of adult Canadians aged 20 to 64 years (56% of men and 39% of women) are either overweight or obese (body mass index greater that 25). Based on findings from three national population-level surveys that measured height and weight, between 1970 and 1992 overweight (body mass index greater than 25) increased among men from 38.9% to 44.7%, and among women from 15.4% to 21.2%. During the same time period, obesity (body mass index greater than 30) increased among women from 12.7% to 15.4%, and among men from 8.1% to 13.4%.

Compelling scientific evidence demonstrates that healthy eating and physical activity play a key role in improving health and in preventing disease, disability and premature death:

- It is estimated that about $2.1 billion, or 2.5 percent of the total direct health care costs in Canada, were attributable to physical inactivity in 1999, and that about 21,000 lives were lost prematurely in 1995 because of inactivity.

- Physical activity and healthy eating can help reduce the risk of many conditions including heart disease, obesity, high blood pressure, Type II diabetes, osteoporosis, stroke, depression and colon and breast cancer. The reduction in risk is comparable to the avoidance of tobacco use.

- Physical activity and healthy eating are fundamental to healthy childhood growth and development.

- Physical activity increases life and health expectancy. People who are active tend to live longer and healthier lives. Physical activity compresses the morbidity curve, reducing the period of illness and dependency, and the need for institutionalization, in the latter stages of life.

- People who are regularly active also tend to maintain a healthy body weight.

Despite this evidence, high levels of physical inactivity constitute a serious threat to public health in Canada:

- 57% of adult Canadians are not active enough for optimal health benefits. While physical activity levels improved from 1998 to 2002, some population groups are less active than others and need particular attention (e.g., girls, women, older adults, Canadians with lower incomes, Aboriginal Peoples, persons with disabilities).

- The health of Canada's children and youth is at risk due to unacceptably high levels of physical inactivity and rising rates of obesity. More than one-half of our young people are not active enough to lay a solid foundation for health and well-being. An obese pre-schooler has a 25% chance of becoming an obese adult. An obese teenager has a 75% chance of remaining obese for life.

- From 1994/95 to 2000/01, the number of obese Canadians aged 20 to 64 grew by 24% (or more than 500,000 to almost 2.8 million).

- More than two thirds of older adults are not sufficiently active to achieve full health benefits. Due to this high level of physical inactivity, older adults, in general, are at higher risk of poor health.

- Certain barriers to healthier eating exist among some sectors of society, particularly those with lower education and income, and families headed by single parents.

- Federal, provincial and territorial Ministers responsible for physical activity, sport and recreation have set a target to increase physical activity levels in each province and territory by 10 percentage points by the year 2010.

- Federal, provincial and territorial Ministers of Health have agreed to work together on an Integrated Pan-Canadian Healthy Living Strategy. The initial areas of emphasis for the Strategy are physical activity, healthy eating and their relationship to healthy weights.

- Integrated action on healthy living is at the forefront of international efforts to improve health around the world. The World Health Organization's Global Strategy on Diet, Physical Activity and Health was endorsed by Member States at the 57th World Health Assembly in May, 2004. Canada is a strong supporter of this Strategy, which aligns well with the approach of the Healthy Living Strategy.

II THE HEALTHY LIVING STRATEGY

The Healthy Living Strategy is a federal/provincial/territorial initiative aimed at reducing non-communicable diseases by addressing their common risk factors and the underlying conditions in society that contribute to them. The Strategy attempts to integrate efforts already underway in different sectors to address the social, physical, and economic environments that create health and provide individuals and populations with the resources to make healthy choices. People's health choices and practices are strongly influenced by the conditions of society and the environment where they live, learn, work and play - homes, schools, workplaces and community settings. The first areas of emphasis of the Strategy will focus on healthy eating and physical activity, and their relationship to healthy weights. (For more information on the Healthy Living Strategy, go to www.healthyliving-viesaine.ca).

The Population Health Approach

The Healthy Living Strategy is based on a population health approach to health promotion and disease prevention. This approach focuses on the range of individual and collective factors that influence health and the way they act together in determining the health and well-being of Canadians. Partnerships and collaborative action between governments, non-government organizations, and other agencies, help to reduce barriers and increase access to convenient, safe, affordable, and attractive opportunities to integrate physical activity into daily living

Using this approach, health is understood to be influenced by many factors.[1] These factors are known as determinants of health and they continue to affect health and well-being throughout life. Healthy development through the various life stages is the key to good health. Strategies

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[1] These factors include: income and social status; social support networks; education; employment/working conditions; social environments; physical environment; personal health practices and coping skills; healthy child development; culture; health services; gender; and, biological and genetic endowment.

and responses to these factors are based on conditions of risk and the benefits that will apply across an entire population, or to particular groups within that population.

Guiding Principles

The actions of the Healthy Living Strategy are directed by three Guiding Principles:

Integration

Integration refers to cooperative efforts to promote healthy living by addressing individual issues together (e.g. healthy eating, physical activity and healthy weights). An integrated approach in policy development, research and programming can lead to greater health improvements and a more effective use of resources. As part of the Healthy Living Strategy, an integrated approach may target common risk factors for chronic diseases, consolidate efforts within specific settings (where people live, learn, work, and play), and engage partners from various jurisdictions and sectors.

Partnership and Shared Responsibility

An Integrated Pan-Canadian Healthy Living Strategy will result from collaborative partnerships involving community, business, non-governmental and national voluntary organizations, and government sectors. This reflects a shared responsibility in improving health and health outcomes.

The Healthy Living Strategy will support the development of partnerships to strengthen the capacity for collaborative action in research, policy, programming, legislation, knowledge transfer, surveillance and communications. Consideration will be given to how existing partnerships can be strengthened and how new partnerships can be created for these purposes.

Best Practices

Best practices are defined as those practices that are grounded in sound scientific evidence. But best practices in health promotion involve more than a scientific rationale for effectiveness. They include activities that are consistent with health promotion values, theories, evidence and understanding of the environment, and are most likely to achieve health promotion goals in any given situation.

Key Settings

Strategies specific to key settings are needed to embrace a population-based approach to healthy living that reflects the unique implications and ramifications of specific settings where Canadians live, work, play and learn, including:

Home/Family

Families and neighbourhoods provide the foundation and context for knowledge, attitudes and practices related to healthy eating and physical activity and their relationship to body weight. Parents, caregivers, friends and peers serve as important role models and support.

Schools

Children and adolescents spend a large portion of time in school. Schools can provide opportunities for children and youth to engage in healthy eating and health-enhancing physical activity, either through the curriculum or activities before and after school and during lunchtime. A comprehensive school health approach extends beyond health and physical education to include school policy, the physical and social environment at school, and the links between schools, families and communities.

Workplaces

Most adults spend eight hours a day, five days a week (or more) at work. Workplaces can provide opportunities for adult Canadians to engage in healthy eating and health enhancing physical activity, at the workplace, commuting to and from work, and in after-work activities. Policies such as flextime, extended maternity and paternity leaves and daycare support help employees adopt healthy living practices for themselves and their families. This is especially important for those who are looking after children or older relatives in addition to working outside the home. In most cases, these responsibilities fall on women.

Communities

Local governments have a major role in providing supportive environments for healthy living. They have primary responsibility for many areas that have a direct impact on healthy living, e.g., transportation, recreation, land use planning. Businesses and industries- particularly restaurants, grocery stores, fitness centres and other businesses that offer goods or services with a direct relationship to healthy living practices- are key settings for encouraging healthy living. Local media is an important part of the community that can greatly influence the understanding and adoption of healthy living practices, as well as serving as an important partner for community members who are addressing the social, economic, environmental and political factors related to healthy living.

Health Care Settings

The majority of Canadians interact with the health care system several times a year. Recommendations by pediatric and adult health care providers can influence dietary practices, physical activity patterns and body weight. In collaboration with schools, worksites, private businesses, recreation departments and seniors groups, public healthworkers, physical activity specialists and dietitians can reinforce the adoption and maintenance of healthy living practices in a variety of settings. Homes and institutions for older Canadians need to provide opportunities for institutionalized seniors to enjoy healthy eating and daily physical activity. Health care providers can also serve as effective advocates for healthy living in media and community settings.

Target Populations

An Integrated Pan-Canadian Healthy Living Strategy is based on a population health approach

that uses universal strategies to address the entire population, as well as targeted interventions for groups and individuals with particular risks and needs.

Culture and gender must be considered in both the choice of groups for interventions, and in how activities are planned and implemented. In all cases, the group or audience should be involved in all stages of the development of policies, practices and research that affect them.

Specifically targeted populations or sub-groups include:
- older adults
- women and girls
- people with disabilities
- children and youth
- Aboriginal Peoples

Main Strategic Directions

Leadership and Policy Development
- provision of strong and continuing leadership to a sustainable, long-term strategy, and the creation of policies at all levels (public and private) that enable people to lead healthy physically active lives

Knowledge Development and Transfer
- a continuum of activities pertaining to physical activity that includes gathering knowledge (e.g., research, surveillance and reviews of best practices); analyzing and synthesizing knowledge; and making knowledge available to people who can use it, in forms that are most useful to them

Community Development and Infrastructure
- support for effective, sustainable community actions and infrastructures that build community capacity to promote healthy living and physical activity and provide supportive environments for health and physical activity

Public Information
- provision of information and other communication strategies to motivate people and groups to adapt physical activity throughout the lifecycle, to develop the skills they need to be healthy and physically active, and to support others in healthy active lifestyle decisions

III THE PHYSICAL ACTIVITY MANDATE

The Public Health Agency of Canada

The mandate of the Public Health Agency of Canada (PHAC) is to strengthen Canada's place as a world leader in global health efforts and provide a nerve centre for Canada's expertise and research in public health. Specifically among others, the PHAC will work with the provinces and territories and other partners to "take a lead role in the prevention of disease and injury and the promotion of health." The creation of the Agency is the result of wide consultation with the provinces, territories, non-government stakeholders and Canadians, and follows recommendations from leading public health experts. The PHAC is a key element of a nation-wide initiative to renew and improve health care for all Canadians.

The Physical Activity Unit

The Physical Activity Unit is a component of the Healthy Communities Division situated within the Centre for Healthy Human Development of PHAC. The Unit exists in a supportive role to the mandate of PHAC, with the expressed purpose to address physical inactivity as a serious public health concern and to work towards the advancement of the Healthy Living Strategy.

The specific mandate of the Physical Activity Unit is to help Canadians improve their health through regular physical activity. This mandate is legislated under the:

- The Physical Activity and Sport Act (2002)
- The Canada Health Act (1984)

The *Physical Activity Contribution Program* is an important means by which the Physical Activity Unit (and thus, Public Health Agency of Canada) fulfills this legislative mandate and achieves the goal of implementing the physical activity component of the Healthy Living Strategy. Recognizing that health is a shared responsibility, contributions are also a means by which the Physical Activity Unit supports and engages the voluntary sector to effect change, improve situations, and collaborate on activities of mutual benefit..

IV PROGRAM PRIORITIES

The following describes all aspects of the Physical Activity Contribution Program in the context of the Healthy Living Strategy, and is intended to help organizations prepare proposals for consideration of contribution funding by the Public Health Agency of Canada. Priority of Proposals will be assessed and rated based on the following:

1. Adherence to the **Guiding Principles** of the HL Strategy:

- Integration
- Partnerships and Shared Responsibilities

- Best Practices

2. Ability to address **Key Settings** of:
- Home/Family
- Schools
- Workplace
- Communities
- Home Care Settings

3. Ability to address needs of specific **Target Populations** including:
- Older Adults
- Women and Girls
- People with Disabilities
- Children and Youth
- Aboriginal Peoples

4. Ability to contribute to the advancement of one or more **Strategic Directions**:

- Leadership and Policy Development
  - analyse and assess the impact of policy options to encourage physical activity and healthy eating
  - develop policies for creation of supportive social and physical environments that help reduce barriers to regular physical activity
  - develop community capacity for action on or across the determinants of health by applying a population health approach to increasing physical activity levels of Canadians
- Knowledge Development and Transfer
  - increase knowledge and understanding of the relationships between physical activity and a range of other health behaviours that contribute to or inhibit good health, including healthy eating and tobacco control/cessation
  - monitor physical activity knowledge, attitudes and behaviours of Canadians as well as factors which facilitate or impede access to physical activity opportunities
  - increase understanding of the determinants of regular physical activity
  - increase knowledge and understanding of interventions which are effective in changing physical activity knowledge, attitudes and behaviours.
  - increase knowledge and understanding of successful setting-specific interventions which encourage, support and increase physical activity (e.g., schools, workplace, rural/urban communities etc)

- increase knowledge and understanding of successful interventions which encourage, support or increase physical activity for specifically targeted populations or sub-groups (e.g., older adults, women, people with disabilities, children & youth)

- Community Development and Infrastructure
  - build on successful relationships between and among different levels of government, voluntary organizations and other sectors to help Canadians improve their health through regular physical activity
  - ensure that action taken at various levels is coordinated, consistent and complementary
  - develop and strengthen partnerships with medical and third-party health organizations and other health-care providers
  - develop and strengthen partnerships with organizations working in the areas of physical activity, healthy eating and tobacco control/cessation
  - develop and strengthen partnerships that address inequities and barriers to regular physical activity by sub-groups of the Canadian population
  - develop and strengthen partnerships that address health risk factors (e.g., physical inactivity, unhealthy eating) across a range of community settings
  - develop and strengthen supportive social and physical environments that help reduce barriers to regular physical activity

- Public Information
  - increase awareness and understanding of the relationship and interaction between physical activity and a range of other health behaviours that contribute to or inhibit good health, including healthy eating, and tobacco control/cessation
  - increase awareness and understanding of the short and long-term health benefits of physical activity and health risks of physical inactivity
  - increase awareness and understanding of the recommended amount of physical activity for optimal health benefits from *Canada's Physical Activity Guides* (e.g., adults should accumulate 30 - 60 minutes of moderate physical activity on most, preferably all, days of the week), and how to get started and progress towards integrating this recommendation into daily living
  - increase awareness and understanding of the need for supportive social and physical environments that help reduce barriers to regular physical activity

- communicate specific risks of physical inactivity (e.g., heart disease, Type II diabetes, obesity, cancers, osteoporosis, depression) to particular target populations

- increase awareness and understanding of effective interventions which encourage, support or increase physical activity targeting specific settings (e.g., schools, workplace, rural/urban communities etc), and /or specific populations or subgroups (e.g., women, people with disabilities, older adults, children & youth)

V REQUIREMENTS AND REVIEW FOR CONTRIBUTIONS

1. Letter of Intent

New applicants may wish to submit a **letter of intent** as a first step to submitting a full proposal for contribution funding. The letter of intent should briefly outline the proposed project for which contribution funding is being requested. Every effort will be made to provide feedback on letters of intent within five working days of their submission. **In order to enable time for feedback and development of a full proposal, Letters of Intent should be submitted as early as possible. Please note that the deadline for receipt of Full Proposals must still be respected (January 21, 2005).**

2. Full Proposals

Applicants are required to complete each of the following:

- Form A - the *Organizational Profile* requesting information regarding organizational mandate, match and reach;

- Form B - the *Project Application* requesting requires specific information about the project for which funding is being requested. Note: A separate Form B is required for each project for which funding requested;

- Form C - the *Partnership Statement(s)*;

- Form D - *Summary and Prioritization*.

Please see Annex I for all Application forms

3. Initial Screening

All proposals will be subject to an initial screening to determine Eligibility and Relevance:

Eligibility: If, for example, the organization is ‘for-profit’ or is not national in scope, it is not eligible and the proposal will not proceed through the review process.

Relevance: If the proposal does not directly address the stated strategic directions in any way; if physical activity is NOT a central component of the project; or, if the activities are vague or poorly related, the proposal will not proceed through the review process.

4. Review Process

The review of proposals consists of a three-step process. All proposals will be subject to review by both **internal and external reviewers**, assessed on merit using standardized criteria (see Steps 1 and 2). A second phase review will be carried out by a Review Panel which will make recommendations for the highest priority projects (see Step 3). Upon completion of the overall process, including ministerial approval, PHAC will advise applicants of the outcome.

Step 1:
Incorporates both written comments and a numerical rating value for each project within each proposal by both internal/external reviewers. Reviewers include:

(I) an expert from the PHAC
(ii) an expert external to PHAC/Health Canada, with an expertise in a related area to the project

Step 2:
Consists of a compilation of comments and ratings from the three reviewers, including:

(I) a composite numerical rating by project
(ii) strengths and weaknesses of each project
(iii) issues or concerns regarding each project (e.g., the organization's capacity to carry out the described project), and
(iv) a synthesis of overall comments of the three reviewers

Step 3:
A Review Panel (consisting of representatives drawn from related areas within PHAC, with observers from the Physical Activity Unit to answer questions only on a need basis, representatives of Health Canada and other federal Departments, and external experts in the field), will review and analyze the ratings and comments from Reviewers, and rank order, from high to low, recommended projects.

VI PROGRAM AND PROJECT SUPPORT

Intent

Financial contributions provide short-term support towards the design and implementation of initiatives that are closely aligned with and supportive of the Strategic Directions of the Healthy Living Strategy, as previously outlined. Contributions are intended to provide partial developmental support toward the total budget required. Applicants are expected to identify their own level of investment in the initiative(s).

Assessment Criteria

The following criteria of the Physical Activity Contribution Program will be used in reviewing each application for program/project support:

Please Remember:

Projects must be national in scope or have national impact/implications

Physical Activity must be a central component of any proposal in order to be eligible

Need and Rationale

- demonstrated need (i.e., through needs assessment) and rationale
- supportive of the Strategic Directions of the Healthy Living Strategy - in the area of physical activity
- degree of uniqueness

Partnerships and Inter-sectoral 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. Strong collaboration is necessary to mobilize resources and maximize efficiencies, including:

- unique partnerships and collaboration that contribute to the advancement of healthy living where physically active lifestyles may be advanced through partnerships with organizations also addressing healthy eating, and tobacco control/cessation
- demonstrated *direct* involvement of other partners (e.g., letters of support, letters of agreement, memorandums of understanding, Board resolutions or other indicators of commitment)
- clear delineation of roles/expectations of each partner

Design, Delivery and Expected Results

- results-oriented plan for design and delivery

- realistic critical path and time frame
- involvement and use of intermediary leaders in reaching intended end-user groups

Reach and Impact
- significant reach and impact reflecting the strategic directions of the Health Living Strategy in the area of physical activity

Self-Sufficiency
- degree of financial and in-kind resources from applicant and other sources
- potential for program/project to become self-sustaining

Evaluation
- plan for evaluating the results and impacts of the program/project (see page 16 for evaluation plan considerations)

Cost Effectiveness/Value for Money
- realistic and appropriate budget
- strong return for level of investment

Activities Eligible for Assistance

Within the Program/Project category of support, the Physical Activity Contribution Program may provide contribution funding to the following activities:

- **planning processes:** to support the cost of program planning.
- **resource materials**: to support the cost of developing and producing resource materials which address one or more of the Strategic Directions.
- **conferences**: to support the hosting of major national and international conferences in Canada.
- **translation/simultaneous interpretation**: associated with the translation of program or project documents and simultaneous and sign language interpretation at major national conferences.
- **administrative and personnel**: including administrative expenses, office supplies, project staff, contractor fees, and employee benefits to a maximum of 20% of total project costs.
- **travel and accommodation**: including private vehicle mileage, air, train, bus fares, meals & lodging.

- **evaluation and dissemination of results**: including contractor fees, data collection & analysis, and dissemination of results.

- **other**: actual expenses related to the project such as insurance or bank charges, rent & utilities, services or equipment or furniture rental.

Conditions of Program/Project Support

The Public Health Agency of Canada must receive two copies of the final version of any resources for which financial support is provided. All materials, where feasible, should be produced in both official languages and must include appropriate acknowledgement of the Public Health Agency of Canada support.

Quarterly reports and cashflow, and a final report and accounting for each program/project must be submitted to the Public Health Agency of Canada as identified in the Contribution Agreement (see Reporting Requirements - pages 14-15).

General Limitations

Contributions toward capital expenditures such as purchase of land, buildings or vehicles **are not** eligible expenses.

VII CONTRIBUTION POLICIES AND CONDITIONS

Evaluation Plan

All submissions **must** include a comprehensive* Evaluation Plan as an integral part of each proposal. The Evaluation must directly relate to the goals and objectives of the project, as specified in the proposal submission.

Strong Evaluation Plans should take into consideration:

- **an overall evaluation strategy** of the organization and partners, detailing how the plan will be conducted
- **what information** (data) will be gathered and when
- **how** information will be gathered and used, including both process and outcomes
- **from whom and by whom** the information will be collected
- **identification of indicators** to be used in assessing whether or not the project is a success

- **estimated costs of developing the evaluation plan** and collecting and analyzing the data

* Applicants are encouraged to refer to *Guide to Project Evaluation: A Participatory Approach* available at http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fvprojevaluation_e.html

Role of the Physical Activity Unit Staff

Applicant organizations may request guidance in the planning of national physical activity strategies and initiatives and in interpreting the criteria for assessment of specific submissions. The Physical Activity Unit staff can also help applicants to build relationships with other complementary agencies and other federal government departments which may support particular active living initiatives. New applicants in particular are encouraged to discuss initiatives with PAU staff and/or submit a brief letter of intent **prior** to the development of full proposals in order to obtain input and feedback on their feasibility.

Official Languages Act

The project sponsors must clearly identify the clientele of the project and, in consultation with the Department, take the necessary measures to respect the spirit and intent of the *Official Languages Act* to communicate with the public in the official languages, i.e., English or French, of their choice, specifically identifying projects supporting the development of official languages minority communities and those fostering the full recognition and use of English and French in Canadian society.

Official languages minority communities are defined as English-speaking populations within the province of Quebec, and French-speaking populations outside the province of Quebec.

Note that the activity, project or program may require the use of only one official language, or both, or neither one of them, depending on the particular public involved.

Cash Flow Considerations

Please note that the Physical Activity Contribution Program is governed by Treasury Board regulations with respect to the timing of payments based on the total level of funding for a project or an organization. Submission of quarterly cashflow reports in a prescribed format will be required in order to advance payments.

Reporting Requirements

Program Accountability (Quarterly and Final Reports)

Organizations receiving funding from the Physical Activity Contribution Fund are accountable for achieving specified results and demonstrating measurable outcomes as outlined in the Contribution Agreement. All funded initiatives will be monitored by PHAC staff by way of:

- the provision of advice, expertise, and ongoing consultation where possible and appropriate;
- monitoring project progress towards its objectives through formal and informal periodic reviews of plans;
- assessing achievements against those plans; and
- ensuring accountability for public funds.

The following formal reports are required:

- **Quarterly Report** - against each of the expected results listed in the Contribution Agreement, to indicate quarterly progress against the work plan and any foreseeable modifications to the initiative with associated rationale; a quarterly report must accompany each quarterly cashflow report.

- **Modifications** may require written approval from the Director, Healthy Communities Division, PHAC.

- **Final Report** - against each of the expected results listed in the Contribution Agreement, indicate final year-end results, including any modifications to the initiative with associated rationale; due May 31.

Financial Accountability (Mid-year Unexpended Funds Review and Final Accounting Report)

Financial Accountability shall consist of:

- submission of **Mid-year Unexpended Funds Review** - to identify any surplus of funds associated with the Contribution Agreement; if a surplus of funds is identified, a summary of actual or projected expenditures, against the approved budget levels identified in each Contribution Agreement, must be submitted to The Physical Activity Contribution Program no later than November 30;
- submission and review of **Final Accounting Report** - a summary of the total final expenditures claimed against amounts paid for each contribution received for the full fiscal year (April 1 to March 31); this summary must be signed by the organization's Treasurer or designate, dated and submitted to the Physical Activity Contribution Program no later than May 31;
- submission of an audited financial statement (to be submitted no later than June 30).

Special Year-end Provisions

Prepaid Expenditures

Under normal circumstances, contributions must be expended in the fiscal year (April 1 to March 31) for which the contribution is given. Unspent amounts as at March 31 must be returned. In situations where organizations have projects and activities that straddle the fiscal year-end (i.e., March and April), the prepayment of some expenses (e.g., travel, accommodation, etc.) before March 31st is permitted. The expenditures can then be charged to the period ending March 31 if the following conditions are met:

1. The event or activity for which these prepayments were made must be completed by April 30 of the new fiscal year.
2. The expense which was prepaid is charged to the period ending March 31 in the accounting records of the organization.
3. There must be evidence by way of an invoice, purchase order or other documentation verifying that the expenditure was made prior to March 31.

Legal Contract

Signing of the Contribution Agreement constitutes a legal contract binding each party to the terms and conditions therein. Where there are annexes, they also are an integral part of the binding contract.