



Société Santé  
en français

# **Francophone Health Projects**

## **2023-2028**

### **Applicant's Guide**

August 30, 2023

(October 10<sup>th</sup>, addition to 'targetted public')

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## SECTION A—CONTEXT

The Société santé en français (Société) 2023–2028 projects are made possible through funding from Health Canada's Program for Official Languages in Health (OLHP). Several sections of this guide are reproduced from the OLHP Applicant's Guide. **These are indicated by light grey boxes, as shown below.**

### *Financial contribution from*



Health Canada Santé Canada

The Official Languages Health Program (hereafter referred to as “OLHP”) was established in 2003 and is designed to help reduce language and cultural barriers to health care for English and French linguistic minority communities in Canada. The Program supports the federal government's commitment to maintaining a strong and effective publicly funded health system by ensuring that official language minority communities (OLMCs) have access to health services in the language of their choice.

The activities of the OLHP also support Health Canada's responsibility for enhancing the vitality of OLMCs pursuant to Section 41 of the Official Languages Act (2005).

The OLHP fosters collaboration and innovation in the areas of training and retention of health professionals, health networking activities and innovative projects aimed at improving access to health services for OLMCs

## SECTION B—FUNDING PRIORITIES

Francophone Health 23–28 projects support the following program objective:

**Innovative projects** aim to improve access to health services for OLMCs, and must address one or more of the following three objectives:

- a) the **integration of bilingual health human resources**.
- b) The **adaptation of existing services** to improve access to official language minority health services for OLMCs in priority areas.
- c) The **development of knowledge** on the health needs of OLMCs and on the capacity of health systems to offer services (including activities and tools for data collection, needs assessment and research).

Projects implemented in one or more of the following priority areas will be given priority: **primary healthcare services, homecare, mental health, palliative, and end-of-life care.**

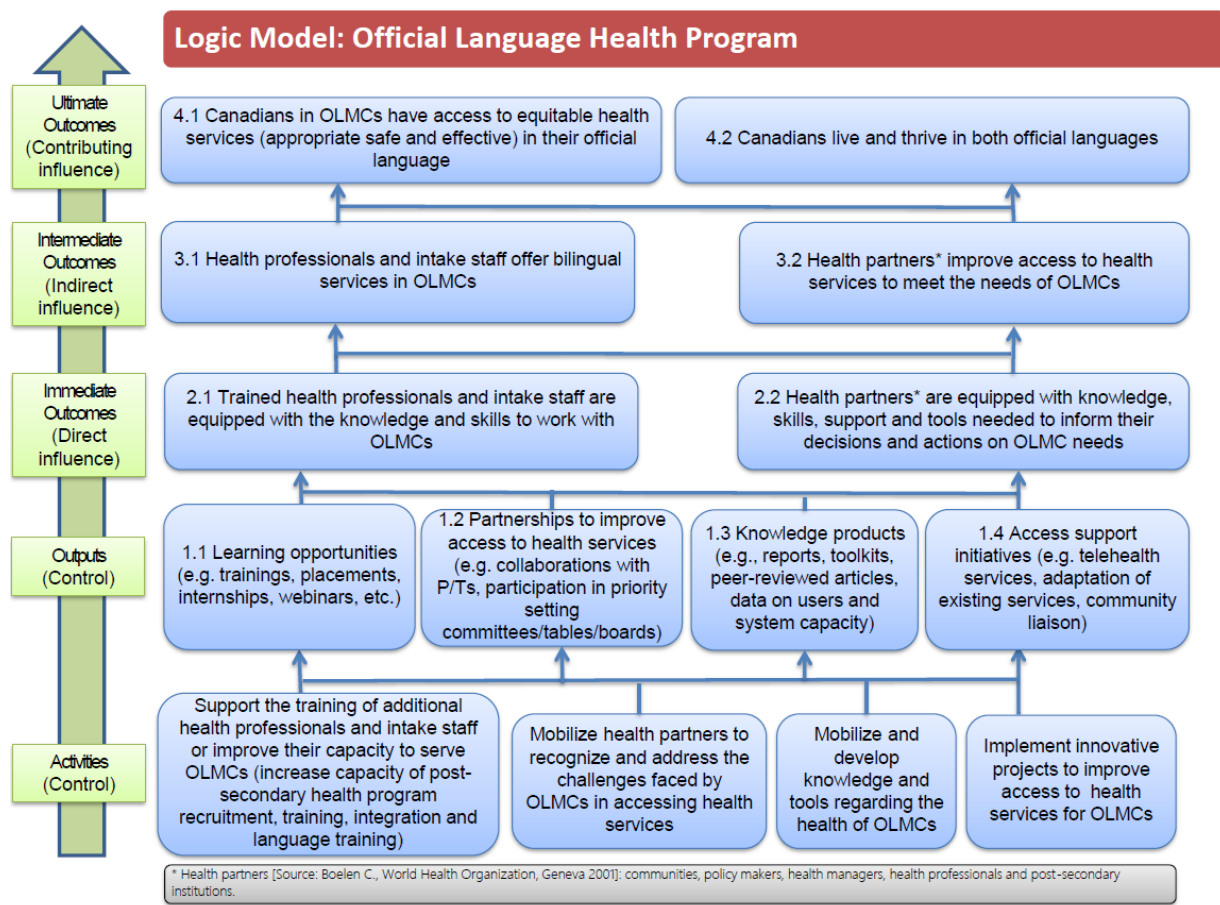
## SECTION C—EXPECTED RESULTS

Convergence 2028 is a five-year global strategy for the Société and its regional, provincial, and territorial French-language health networks. This call for proposals is related to three of the strategy's four lines of action, namely:

- i. **Health system:** Actively participate in the evolution of health systems through the adaptation, development and implementation of French-language health and social services.
- ii. **Human resources:** Support the identification and development of bilingual\* human resources in the health and social services field throughout their career path (training, recruitment, welcoming, retention, recognition).
- iii. **Linguistic evidence:** Promote the collection and use of evidence-based linguistic data related to service demand and supply for health systems planning and informed decision-making.

\*It is the Société's view that building the capacity of professionals to actively offer health services in French is rarely sustainable without the support of the management team.

All projects funded under the Francophone Health Projects 23–28 must demonstrate how the expected results align with the OLHP's logic model outcomes:



For the purposes 23–28 programming, the Société considers immediate results as annual results, and intermediate results as those expected at the end of a project's funding period.

See Appendix 2 for examples of projects that may relate to the expectations of the OHLP and the Société.

## SECTION D—TARGETED PUBLIC

The Société is particularly soliciting bids from the following healthcare partners:

- Health and social services institutions
- Healthcare managers (including government agencies) with the capacity to make decisions and implement projects that are intended to last beyond the funding period.
- Healthcare professionals\* who will have the impact of increased and sustainable access to French/bilingual healthcare services.
- Post-secondary institutions
- Community organizations

The Francophone and Acadian minority community (FAMC) is considered an important stakeholder needed to achieve project results. The French-Health Networks can assist you in the identification of the needs and issues of the French-speaking community.

\*For consideration: To ensure the sustainability of the active offer of French/bilingual health services, health professionals must be supported by managers.

**Funding is exclusively reserved for organizations external** to the Société and French-Health Networks. Funded partner organizations are referred to as “health promoters” by The Société refers to funded partner organizations as French-Health Promoters.

## SECTION E—FUNDING AMOUNT AND DURATION

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Projects are expected to take place between December 2023 and March 31, 2028, and are expected to span a five-year period with annual work plans and budgets. They must, without exception, end no later than March 31, 2023.

Total funding available is **\$1.5 million per year, or \$7.5 million over five years.**

The minimum total budget per project is **\$250,000** over the five-year funding period (from the signing of the contribution agreement to no later than March 31, 2028). Please note that submissions with a duration of less than five years that show an intent of structuring and demonstrated results will also be considered.

Funding will be awarded on condition that submitted projects meet the OLHP's expectations. The amounts per project will be determined by analyzing all received proposals. A budget adjustment may be requested depending on the quality of the applications or in consideration of the number of submissions deemed eligible.

Each organization receiving funding will be required to sign a contribution agreement with the Société that sets out the recipient's responsibilities, including expectations related to performance measurement periods (reporting expectations) required by Health Canada and the Société.

## SECTION F—PROPOSAL FORM

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## PART 1: APPLICANT INFORMATION

The purpose of this section is to identify the name and type of the requesting organization, contact names, the project title, the targeted region and partner organizations, if any.

*\* If you have any specific questions about your application when completing the form, please contact Aimée Utuza at [aj.utuza@santéfrançais.ca](mailto:aj.utuza@santéfrançais.ca).*

*\*\* Société Santé en français reserves the right to request clarifications or adjustments to the proposal during the review period in an effort to support the evaluation process and to help strengthen the proposed project.*

## PART 2: PROJECT DETAILS

This section's aim is to collect further details on various aspects of the proposed project.

### 2.1 RESULTS TARGETED THROUGH OLHP FUNDING

The project must aim to align:

- a. Regional/provincial/territorial/national health priorities
- b. At least one of the OLHP's expected outcome.
- c. At least one of the three Convergence 23–28 action areas that are in alignment with this call for proposals.

See **SECTION C** for more details.

Funding will be for a defined duration, with a clear beginning and end. A plan to ensure the sustainability of the project must be included in the submission. Sustainability can be an important means of demonstrating impact and value for money. In this context, sustainability refers to the fact that the project, in whole or in part, will continue without additional funding from the Société and/or Health Canada following the project period.

### 2.2 PROJECT SCOPE

This involves specifying the planned scope of the project, the target audience and the anticipated results and impacts at the end of the project. Additional points will be awarded for projects involving several organizations or jurisdictions with a view to sustainability (regional, provincial, territorial, pan-Canadian or involving several provinces or territories).

### 2.3 BUDGET

The Société and its project partners who are financed by Health Canada must comply with federal accountability requirements and ensure prudent administration of public funds.

While it may be difficult at the project application stage to allocate budget items over multiple fiscal years, it is important to do so as thoroughly as possible to enable us to fully understand how the project activities and their associated costs will produce the expected outputs and outcomes.

For project submissions, the Société only requires **an estimate** of the yearly budgets expected for the duration of the project. Projects are expected to run for a maximum of five fiscal years, ending no later than March 31, 2028. If your proposal is successful, a detailed budget for the current year (23–24) will be needed as an attachment to the contribution agreement.

Project expenses must be supported by budget notes that show how the dollar amounts have been calculated (justification).

#### **Eligible expenditures**

Eligible expenditures are those expenses incurred by the recipient, which, in the opinion of Health Canada, are. Reasonable and required to carry out the approved activities to which they relate.

Funding must be used only for expenditures that are directly related to the activities set out in the funding agreement.

Eligible expenditures apply to all OLHP components and may include:

- Personnel salaries and benefits (note: salaries for provincially recognized post-secondary institutions will be based on the rates of pay in accordance with the salary scale of the institution concerned);
- Goods and services of contractual personnel.

- Travel and accommodation, subject to guidelines set out by the National Joint Council Travel Directive (<http://www.njc-cnm.gc.ca/directive/travel-voyage/index-eng.php>) (note: all expenditures for international travel must be pre-approved by Health Canada).
- Materials and supplies.
- Goods and equipment necessary to accomplish the project, with prior written approval from Health Canada.
- Rent, lease and utilities.
- Performance measurement (including evaluation costs).
- Communications and promotional costs.
- Event-related hospitality.
- Honoraria for speakers; and
- Other specific expenses not included in the categories above as identified in the solicitation document(s) and deemed necessary by the Deputy Head of Health Canada to achieve funding results.

Note: Allowable expenses must include any Goods and Services Tax (GST)/Harmonized Sales Tax (HST). Any rebate of that amount being claimed from the Canada Revenue Agency (CRA) or the Province or Territory should be reflected in the provided Declaration of Other Sources of Funds and Proceeds and Income Template during the project. For more information, consult the CRA website at: <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/gst-tps/rbts/menu-eng.html>

**Ineligible expenses:**

- provision of services that are the responsibility of other levels of government not directly related to the approved project activities.
- costs of ongoing activities of an organization, including ongoing operational support or overhead/administrative fees expressed as a percentage of ongoing activities of the organization.
- capital assets, infrastructure, and acquisition costs e.g., purchase of land, buildings, or vehicles), other than those approved by Health Canada for rental or purchase of office equipment to support project activities.
- unspecified miscellaneous fees (contingency allowances).
- expenses related to profit-making activities.
- travel and hospitality expenses that exceed the Treasury Board rates (guidelines set out by the National Joint Council Travel Directive);
- rent charges for space and computer use when already owned by the recipient organization, or membership fees and honorarium for board members.

**Please complete the budget template (found in the call for proposals kit) for the expected duration of the project and attach it to your submission.**

**Successful candidates will be expected to provide a detailed budget for year 1 (23–24) that will be attached to the funding agreement before signing.**

## 2.4 STRATEGIC PARTNERSHIPS

Explain the roles and responsibilities of project stakeholders or partners, and how their participation adds value to the project, showing how they will contribute to the achievement of project outcomes. To strengthen your application, provide a letter of commitment from each stakeholder or partner organization confirming their role, responsibilities, and contributions to the project.

**Please attach your partners' letters of support to the submission.**

## PART 3: PROJECT DESCRIPTION

The following sections to be included in the application will serve to guide the external evaluation committee in their analysis. Please refer to the weighting grid in APPENDIX 1.



### 3.1 CONTEXT

In this section, describe the problem or issue that requires action. This is the “why” of your project.

We ask you to demonstrate an understanding of regional, provincial, territorial, or pan-Canadian/multi-jurisdictional health priorities, as well as those of the Francophone and Acadian communities in a minority situation (FACMS), while showing how the project meets identified needs.

### 3.2 ALIGNMENT

- Demonstrations of alignment with the OLHP as described in SECTION C.
- Demonstrations of alignment with Convergence 2028 as described in SECTION C.
- Where applicable, demonstrations of alignment with the needs of the CFASMs according to the French-language health network in your region, province, or territory. \*

\*If one or more French-language health networks support your submission, you may attach a letter of support to this application.

### 3.3 PRIORITY AREAS OF INTERVENTION

**Primary health services:** Primary health services “is the first level of individual, family and community contact with the national health system, bringing health care as close as possible to where people live and work, and is the first element in an uninterrupted process of health protection” (WHO Declaration of Alma-Ata, 1978). (WHO Declaration of Alma-Ata, 1978.) This is a priority for FACMS, as it becomes a means of fostering closer links between communities and health systems.

On an individual level, language barriers are at the root of the experience of seeking primary health services. This is the gateway to the healthcare system. According to Health Canada, primary care plays a dual function within the healthcare system: “the direct delivery of first-contact services and a coordinating function to ensure continuity and ease of movement across the system so that care remains unified when Canadians require more specialized services” (Health Canada, 2016).

**Home care and services:** “Home care and services are defined as ‘a range of services for people of all ages, provided in the home or community and encompassing health promotion, education, therapeutic intervention, end-of-life care, rehabilitation, home support and maintenance, social adaptation and integration, and support for informal (family) caregivers’ (Canadian Home Care Association, 2013).

For members of FAMCs, receiving services in French can greatly preserve seniors’ autonomy and enable them to remain in the community longer. Ignoring language risks accelerating institutionalization (Carboneau, C., Drolet, M, 2014). The elderly person or person with a physical disability will 1) refrain from requesting services at home rather than feel inadequate with a professional who cannot communicate in their language - 2) or will make treatment errors if they do not fully understand the professional’s instructions.

**Mental health and addictions:** The global vision of health calls for greater consideration of the different dimensions of health: physical, social, environmental, and mental. The World Health Organization’s (WHO) recent report on mental health (2022) attests to the urgency of action, citing the alarming rise in mental health issues in recent years. The Canadian population is no exception.

For the individual, having mental health and addiction services in their own language is important in all dimensions of the services offered, from prevention to recovery, assessment, and treatment. Direct communication between clients and health professionals is the primary means of mental health diagnosis and treatment. For the healthcare system, being able to offer mental health and addiction services in the patient’s language of choice is a question of quality and security.

**Palliative and end-of-life care:** According to the WHO, palliative care is an approach that improves the quality of life of patients (adults and children) and their families when faced with the problems inherent in a life-threatening illness and consists of preventing and alleviating suffering through early identification, assessment and appropriate treatment of pain and other problems, whether physical, psychosocial, or spiritual. (National cancer control programs: policies and management principles. 2nd edition, Geneva, WHO, 2002). Effective communication between providers and patients is inherent to good quality of life.

### 3.4 DEMONSTRATION OF PROJECT QUALITY AND THE POTENTIAL TO ACHIEVE RESULTS

In the long term, the Société's **vision** is to address the lack of equity in access to health and social services for FACMSs in Canada.

The overarching project activities indicated in the application form should be brief yet provide enough information to allow a clear understanding of the project and its objectives.

The development of a work plan is the opportunity to offer more detailed information, and include clear and achievable activities, timelines, outputs and anticipated outcomes for each year of the anticipated funding (one way to do this is to use the SMART approach in describing expected outcomes: specific, measurable, achievable, realistic and time-bound).

**Each project submitted must be accompanied by a multi-year work plan** (see template in the call kit).

**Please note that for successful submissions, a more detailed year 1 (23–24) work plan for must be included in the contribution agreements prior to signing.**

To link the results of the Société/French-Health Networks to those of the OLHP, you can draw inspiration from the responsibilities expected of the main partners targeted by this call according to the 'Active Offer French-Language Health Services Joint Position Statement' (pp. 7–9, July 2017) to improve the quality of services and safety of Francophone and Acadian minority communities (FAMCs).

**Health and social services administrators (including government agencies)** — Administrators of clinical, public and community services are responsible and accountable for quality, person-centred services. Administrators play a leadership role by opening the governance of their organizations to the Francophone and Acadian community, by stating their policy on active offer, and by publicizing this commitment. Administrators plan and coordinate their actions accordingly. They build an internal culture that supports active offer and hire professionally and linguistically competent staff. Lastly, administrators continuously assess and improve their capacity to provide quality health services in French.

**Health and social services professionals**—Professionals use their professional, linguistic, and cultural competencies as well as their ethical judgment to proactively welcome their Francophone and Acadian clients in French, understand their needs, and provide them with the necessary care or refer them to the resources available to provide such services. Health professionals also take on a leadership role in their environment by promoting active offer. In this way they ensure quality of care for, and the safety of, the people served.

**Educational institutions**—Educational Institutions equip future French-speaking executives and professionals for active offer of quality health and social services in French.

It should be noted that the Société considers all post-secondary training institutions to be partners in research development and knowledge mobilization.

**Community organizations** — Francophone and Acadian **communities** participate in the improvement of health services by communicating their views on the quality of services received, by making emerging needs known or, where possible, by participating in the planning of services and in the governance of the organizations responsible for them. Community health is a priority for stimulating the vitality of a community and for engaging all groups - for example, immigrants, natives, women, seniors, LGBTQ2S+, youth, etc. - in seeking health services in French. It's also a way of fostering closer ties between communities and healthcare systems, which must consider their needs when making decisions.

*\*Educating students at English-language post-secondary health institutions\*\* about the active offer of health and social services in French is one of the Société's identified activities (not specified in the Statement).*

*\*\* According to the OLHP, activities involving students at French-language post-secondary institutions are the responsibility of the Consortium national de formation en santé (CNFS).*

You can also refer to the OLHS logic model presented in **SECTION C**. Here's **an overview of the key considerations** Health Canada has identified.

The application form and work plan provide the information needed by the Société to assess the merit and potential impact of your project. The work plan contains a detailed description of each project activity, as well as timelines, outputs, and outcomes.

The application form allows you to elaborate on the various elements of your planned project, while indicating the catalysts, obstacles, and strategies you will adopt to overcome these obstacles in order to ensure the success of your initiative. The work plan is designed to demonstrate the links between project activities and outputs.

Here are the main things to take into consideration while filling out documents:

- Focus on the main activities, i.e., those that are important to achieving the project results. In this context, “significance” can be determined based on criteria such as the amount of financial investment, the degree of effort required, strategic importance and expected impact.
- State deadlines. Indicate the start and end date of each activity, as well as the fiscal year in which it will take place.
- Define the tangibles your activity will produce (your outputs).
- Identify the outcomes (desired states or changes) to which the key activities and outputs are expected to make a significant contribution. Also indicate the connections between your outcomes and those of the Program.
- Indicate the current or potential catalysts relating to the activity, i.e., factors that would contribute to achieving the expected outputs, including effective leadership, sufficient financial resources, or a supportive organizational culture.
- Identify current or potential catalysts relating to the activity, i.e., factors that would contribute to achieving the expected outputs, including effective leadership, sufficient financial resources, or a supportive organizational culture.
- Indicate the strategies you intend to adopt to optimize the use of catalysts and reduce or eliminate the obstacles identified. These strategies could include, but are not limited to, the use of a wide variety of project partners or contributors to diversify the support base, the creation of a formal plan to address project staff turnover, or the completion of a monthly analysis of progress and areas for improvement.

### 3.5 BEST PRACTICES

The following questions are intended to help you write the “best practices” section in Part 3 of the application form.

What best practices do you plan to implement in this project? Can they be shared and replicated?

Does your project include innovative components? How can your project contribute to improving the experience, quality, and availability of services to beneficiaries (target audience), or support system sustainability through increased effectiveness, efficiency, and accountability? Is your organization able to suggest new practices in areas such as communication, service delivery, planning, etc.? Proposals that encourage innovation within the health system are strongly encouraged.

In this sense, bidders are invited to take into account advances, promising practices or tools that already support the Society’s mission and the improvement of access to French-language health and social services in Canada, namely: eQUITY Link, the Bilingual Health Workforce Strategy, implementation of the Café de Paris approach, capacity building of bilingual human resources through online training on the active offer of French-language health services and the application of its practices, or existing linguistic data collection practices.

### 3.6 SUSTAINABILITY

To ensure that projects continue beyond this project’s funding period, or to guarantee lasting benefits, we ask you to think about how your activities and project results can be made sustainable. For example, will the products or results of your project continue to benefit the target population and stakeholders beyond the funding

period? How will you achieve this? What support has been secured? Can relevant project outputs and outcomes be transferred to a wider audience following the planned project?

A sustainability plan must be included when you write your application, and the steps involved in implementing the sustainability plan included as an activity within the work plan. This will need to be included in your application form. Here are ways that a project may be sustainable:

#### **Financial sustainability**

Financial sustainability means that project activities continue due to the investment of third-party resources. For example, a pilot project is taken up by a province or a partner that wants to make it a regular program.

#### **Capacity Sustainability**

The project enables a health system partner to build capacities that remain in place after project end. For example, a health institution builds its own capacity to train its staff during the project.

#### **Information Sustainability**

At project closure, knowledge products are produced and remain available to health system partners. For example, a guide is produced and incorporated into a partner's practices.

### **3.7 ADDITIONAL CRITERIA**

The following criteria are considered as assets during the evaluation by the analysis committee:

- Demonstrated **alignment with priority areas**: primary health services, mental health and addiction services, home services, and palliative and end-of-life care.
- **The involvement of one or more of the Société and French-Health Networks'** five partner categories in the implementation of the project, namely: decision-makers; health managers; health professionals; post-secondary training institutions; and communities (Francophone and Acadian in minority situations).
- Planned achievements/results in **multiple organizations or jurisdictions** (regions, multiple provinces/territories, or pan-Canadian)

A letter of support from a French-language health network is considered an asset (transfer of knowledge, experience, expertise, winning models/tools, etc.).

**Please ensure that your application form is duly completed before submitting it. All sections are mandatory. Incomplete application forms may not be considered for funding.**

## SECTION G—PROCESS AND NEXT STEPS

The deadline for completing and submitting projects is **Friday, november 03<sup>rd</sup>, 2023, by 11:59 p.m. Eastern Time.**

Applicants/bidders must complete the application form according to the instructions on the form and in this Guide.

Following receipt of project submissions by the Société, an evaluation committee composed of external individuals with an advanced understanding of French-language health and the needs of FAMC will analyze the proposal. Projects will be selected on the basis of the quality of the submissions (a score will be assigned to each proposed project—see the weighting grid in APPENDIX) and on the basis of available funding.

The Société will ensure compliance with the conditions, and, based on the recommendations of the evaluation committee, will contact the submitting organizations to let them know whether or not their project has been selected.

Adjustments may be required of successful proposing organizations in order to align work plans with allocated budgets. Please note that budget adjustments may be requested based on the number of projects selected, and available funding.

Next steps:

Schedules	Process elements
August 30 <sup>th</sup> 2023	Call for proposals
August 30 <sup>th</sup> 2023 to november 03, 2023	Availability of the Société to respond to questions or requests for clarification related to the call ( <a href="mailto:aj.utuza@santefrancais.ca">aj.utuza@santefrancais.ca</a> ),
September 6 to 11 2023	Time slots for 90-minute team meetings, organized to answer general questions about the call for tenders. See the following interactive links to join the meeting of your choice: <ul style="list-style-type: none"> <li>• <b><u>Wednesday September 6 between 2 and 3:30 pm Eastern Time at a moment that is convenient</u></b></li> <li>• <b><u>Friday September 8 between 1:00 and 2:30 pm Eastern Time at a moment that is convenient</u></b></li> <li>• <b><u>Monday September 11 between 2:00 and 3:30 pm at a time that is convenient</u></b></li> </ul>
November 03 <sup>rd</sup> [at 11:59 EDT] 2023	Deadline for project submissions
November 21 <sup>st</sup> 2023	Deadline for notifying bidders of the Société's decision
November the 22 <sup>nd</sup> to 06 <sup>th</sup> December 2023	Preparation and signature of contribution agreements, including detailed work plan and budget for 23–24 attached.
December 2023	Start of funded projects

## SECTION H—CONTACT DETAILS

For further information or clarification when writing your application, please contact:

Aimée Joséphine UTUZA, Projects Coordinator

Société Santé en français

[aj.utuza@santefrancais.ca](mailto:aj.utuza@santefrancais.ca)

- AND —

Copy

Lise Richard, Program Manager

Société Santé en français

[l.richard@santefrancais.ca](mailto:l.richard@santefrancais.ca)

## APPENDIX 1—WEIGHTING GRID

The evaluation committee will take the following criteria into account when analyzing projects:		
<b>**Grid for evaluating project intentions**</b>		
<i>Weighting (project must receive at least 50% points in each of the main sections)</i>		<b>Check</b>
<b>A. Relevance:</b> <ul style="list-style-type: none"> <li>a. Alignment with regional/provincial/territorial/federal health priorities or adaptability in the case of pan-Canadian or multi-jurisdictional projects</li> <li>b. Alignment with Health Canada's three OLHP expected outcomes.</li> <li>c. Alignment with the three axes of Convergence 23–28 related to this application.</li> </ul>	<b>20 pts</b>	<input type="checkbox"/>
<b>B. Potential for achieving results:</b> <ul style="list-style-type: none"> <li>a. Expected results must be clearly set out in the work plan and linked to the PLOS logic model.</li> <li>b. Key activities, outputs and expected targets clearly defined in the five-year plan.</li> <li>c. Demonstrations of the organization's ability to deploy activities in line with expected results and deadlines*.</li> <li>d. The ability to measure the impact of your actions.</li> </ul>	<b>35 pts</b>	<input type="checkbox"/>
<b>C. Integration of tools and models developed by the Society and French healthcare networks</b>	<b>10 pts</b>	<input type="checkbox"/>
<b>D. Sustainability of project results, by demonstrating:</b> <ul style="list-style-type: none"> <li>a. Financial sustainability;</li> <li>b. Capacity sustainability; and/or</li> <li>c. Informational sustainability</li> </ul>	<b>35 pts</b>	<input type="checkbox"/>
<b>SUB-TOTAL</b>	<b>100 pts</b>	
<b>Assets</b>		
<i>Assets are optional considerations that can boost the subtotal.</i>		
<b>Alignment with priority areas:</b> primary healthcare services, home, mental health, palliative and end-of-life care.	<b>+5</b>	<input type="checkbox"/>
<b>Commitment of one or more other partners</b>	<b>+5</b>	<input type="checkbox"/>
<b>Project to be carried out in more than one province or territory</b>	<b>+5</b>	<input type="checkbox"/>
<b>ASSETS</b>		
<b>TOTAL</b>	<b>/115 pts</b>	

\*The Société, on the recommendation of the selection committee, reserves the right to revise the duration of the project if the committee deems that the results can be achieved over a shorter or longer period, but not beyond March 31, 2028 [project results and budget cannot be extended beyond this date under any circumstance].



## APPENDIX 2—POTENTIAL PROJECTS EXAMPLES

See the following table for examples of potential projects in line with the objectives of the Program and the Société:

<b>Project Examples</b>
<p><b>Integration of bilingual health human resources:</b></p> <ul style="list-style-type: none"><li>• Implement and adapt promising projects leading to the recruitment, retention and/or increase of health human resources capacity to better serve health CFASMs such as:<ul style="list-style-type: none"><li>○ Initiatives leading to an active and sustainable offer of health and social services in French.</li><li>○ Initiatives to identify and develop bilingual health human resources.</li><li>○ Implementation of the “Cafés de Paris” approach.</li><li>○ Implementation of policies and processes for recruiting and retaining bilingual healthcare human resources</li></ul></li></ul> <p>Facilitate collaboration between healthcare managers and the academic community to increase the number of places available for students from English-speaking healthcare programs or faculties capable of offering service in French.</p>
<p><b>Adapting existing services</b></p> <p>Examples of projects:</p> <ul style="list-style-type: none"><li>• Implement or adapt sustainable and equitable models of access to health and social services in French to those offered in English.</li><li>• Transform health systems with structuring projects that lead to a demonstrated increase in bilingual health and social services [English and French].<ul style="list-style-type: none"><li>○ Tools to support systems transformation [training and support services for managers accessing ÉQUITÉ, Bilingual Health Workforce Strategy; and/or support for achieving the results of Accreditation Canada’s Official Languages Recognition Program].</li><li>○ Partnership between health institutions and government bodies or health authorities/regions aimed at a sustainable increase in French-language health and social services.</li><li>○ Mentoring services</li></ul></li></ul>
<p><b>Knowledge development:</b></p> <p>Adapt and implement promising knowledge development projects on the healthcare needs of CFASMs, as well as healthcare organizations:</p> <ul style="list-style-type: none"><li>○ Capture linguistic data from healthcare institutions on the healthcare needs of CFASMs or the capacity of the healthcare workforce to serve the francophone community in the region they serve, with the aim of sustainably implementing bilingual health and social services.</li><li>○ Adapt or accentuate the use and valorization of data on the needs of CFASMs created to support managers in decision-making and the implementation of sustainable quality French-language health and social services.</li><li>○ Implement research or knowledge development projects in support of a plan to lead to the provision of health and social services in French.</li></ul>