

PROPOSAL
BRIGHTER FUTURES

Submitted to:

GNWT Department of Health and Social Services

Wellness Coordinator
Prevention Services
Box 1320
Yellowknife NT

Submitted by:

Inuvik Native Band
Box 2570
Inuvik NT X0E 0T0
Phone: 867-777-6650
Fax: 867-777-6651

Organization Name: Inuvik Native Band

Description of Organization: The Inuvik Native Band and its affiliate organization, the Nihtat Gwich'in Council, represent First Nations people in the community of Inuvik. Our membership consists primarily of Gwich'in; however, other groups are represented in our membership. The INB works to further the social, political, and economical interests of the aboriginal peoples within our area. Among our activities: promotion of cultural awareness, promotion of aboriginal employment and training, enrichment of the lives of our Elders and youth, and the provision of affordable housing.

As per the NGC/INB Strategic Plan our mission is as follows:

The NGC/ INB promote the political, social, cultural, and economic interest of the Gwich'in, Metis, and other aboriginal people that it represents. By establishing partnerships and building capacity, the NGC/INB develops and implements programs, services, and initiative to enhance the well-being of its members and participants for generations to come.

The NGC/INB's work ethic in building its health and wellness programming led the development of health and wellness activities for the community of Inuvik at large.

Project Title: Inuvik Native Band Brighter Futures Program

Contact Name:

Lee Ann Nerysoo
Finance Officer
Inuvik Native Band
Inuvik NT XOE OTO
Phone: 867-777-6670
Fax: 867-777-6651

Description of Projects: The INB Brighter Futures Program is a series of complimentary projects directed at strengthening the overall wellness of our children, youth and families, to help promote strengths in independent living by encouraging healthy living, in Inuvik in general and among INB members and participants.

The following projects are components of the INB Brighter Futures Program:

- *Traditional Knowledge (Elders & Youth)*
- *On the Land Program*
- *Soup Kitchen Program*
- *Life Skills Program*
- *Youth Community Partnership Program*

Who will coordinate this project?

The project will be coordinated by a Project Coordinator who will provide program support throughout the life of the project, help in the planning of the activities and the logistics of carrying out the activities and in the administration of the project and its activities. The Coordinator will also be the contact person for government personnel as well as for persons in the community as well as be responsible for all year ending reporting, audit and accountability reports.

Project start and end dates

- Traditional Knowledge – Nov 2013 – March 2014
- On the Land Program – February – March 2014
- Soup Kitchen Program – December 2013 – March 2014
- Life Skills Program – January – March 2014
- Youth Community Partnership Program – January – March 2014

Why do we want to do this project?

Discussions regarding health and wellness among local stakeholders indicate our priority areas continue to be:

- Strengthening families
- Building on wellness
- Supporting our children and youth
- Encouraging our own culture

Brighter Futures will enable the Inuvik Native Band to further our objective of building partnerships and increasing our leadership role as an organization in the community at large.

What changes do we want to see happen because of our project goals?

- Positive living skills development would be increased as a result of participation in the cooking program in a healthy and safe environment.
- Increase in on-the-land skill development and connections between elders, children and youth during the on-the-land program.
- We hope that the Adult Life Skills program will continue to foster a safe and healthy environment for our children, as the parents learn effective skills for managing a household.
- The Youth Community Partnership program would increase personal and collective confidence through participation in a strong cultural, social and political environment, not only for young people but for anyone that participates.

What kind of objectives will help us reach our goals in the program?

1. To provide a healthy and positive environment to women, families and other participants in the Cooking programs.
2. To provide in depth on-the-land education and experiences to youth.
3. To provide an opportunity for us to provide educational and awareness programs for the members of our community.
4. To provide adults with some tools and knowledge on skills and tools needed to manage a household and create a strong family environment.
5. To provide an opportunity for organizations in Inuvik to partner on an initiative and provide educational and awareness workshops for youth not covered by other funding agreements.

Detailed description of our project activities:

1. Traditional Knowledge:
 - a. Elders & Youth will be given the opportunity to gain traditional knowledge and socialize with others in an environment free from negative activities and behavior. Materials and supplies are provided to participants in the program and an instructor will facilitate the activities. In some cases, participants are children, parents, youth who would otherwise not be exposed to their own culture.
2. On the land Program:
 - a. We would like to build on this initiative which would allow youth to participate in activities on the land. Elders and other resource people will work with the youth to explore environment and land activities, as well as wellness and health issues, such as safety training, etc.
3. Soup Kitchen Program:
 - a. we would like to offer a soup kitchen program to the Homeless and less fortunate individuals of the community as well as other participants who would like to attend. This will allow them to socialize in a safe environment, free from intimidations and threats from others.
4. Life Skills Program
 - a. There are some cases where parents and children are separated due to their challenges associated with life skills development. We would like to see a portion of the Brighter Future initiative be directed at meeting this need, in that children and youth will benefit from this type of programming.

b. We would like to offer short, plain language courses on topics such as money management, nutrition, parenting, health care and household management. These workshops or sessions will enable participants to better manage their life in general.

5. Youth Community Partnership Program

a. Through effective partnerships the Inuvik Native Band seeks to access funding for a youth community event that would see the INB partnering with the Inuvik Community Corporation, Ingamo Hall and other concerned parties. This program will be aimed at youth awareness on the subjects of health, wellness and social responsibility. This community event would be a two day event appealing to a broad range of participants.

Who will coordinate our project?

The project will be coordinate by a Project Coordinator who will provide program support throughout the life of the project, help in the planning of the activities and the logistics of carrying out the activities and in the administration of the project and its activities. The Coordinator will also be the contact person for government personnel as well as for persons in the community and be responsible for all year end reporting, audit and accountability reports.

Locations where we will hold the programs:

- Traditional Knowledge – Alex Moses Greenland Board Room
- On the Land Program – NGC Camp at Campbell Lake
- Soup Kitchen Program – Alex Moses Greenland Board Room
- Life Skills Program – Alex Moses Greenland Board Room
- Youth Community Partnership Program – Alex Moses Greenland Board Room

How many people will take part in our programs?

- Traditional Knowledge – 20 - 30 participants
- On the Land Program – 10 participants
- Soup Kitchen Program – 20-30 participants
- Life Skills Program – 15-25 participants
- Youth Community Partnership Program – 20-40 youth

**INUUVIK NATIVE BAND
Brighter Futures Program
2013-2014 Budget**

	Budget
Traditional Knowledge (Elders & Youth Gathering)	
Instructor (1 x \$ 250 x 20 wks)	\$ 6,000.00
Material & Supplies	\$ 2,000.00
Groceries	\$ 2,500.00
On the Land	
Resource Staff (2 staff x \$ 350.00/per day x 5 days)	\$ 3,500.00
Elder Instructor (1 x \$350.00/per day x 5 days)	\$ 1,750.00
Supplies/Food	\$ 1,500.00
Soup Kitchen	
Supplies	\$ 1,300.00
Life Skills	
Resource Staff (2 x \$200 x 5 days)	\$ 2,000.00
Material/Supplies	\$ 500.00
Groceries	\$ 500.00
Youth Community Partnership Program	
Material/Supplies	\$ 500.00
Food	\$ 500.00
Elders Instructor (2 Elders x \$ 200 x 3 days)	\$ 1,200.00
Project Coordinator	
Wages	\$ 25,000.00
Telephone/Fax/Internet	\$ 2,400.00
Sub-Total	\$ 51,150.00
5% Administration Fee	\$ 2,654.00
Total	\$ 53,804.00

HUB INTERNATIONAL PHOENIX INSURANCE BROKERS

4528 99 Street NW
Edmonton AB T6E 5H5
Phone: 780-435-4862
Fax: 70-437-6768

Certificate of Insurance

CERTIFICATE HOLDER

Government of the NorthWest Territories
Health and Social Services Department
Yellowknife NT

INSURED

Inuvik Native Band a/o Tee Pee Housing Association
Box 2570
Inuvik, NT X0E 0T0

RE: INSURANCE CONFIRMATION

This is to certify that the insurance policies listed below have been arranged for the insured named above. Notwithstanding any requirement, terms or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance is subject to all the terms, exclusions and conditions contained in the policies. Limits shown may have been reduced by paid claim. This certificate confers no rights upon the Certificate Holder and does not amend the coverage.

TYPE AND INSURER	POLICY NO.	EFFECTIVE DATE (MM/DD/YY)	EXPIRY DATE (MM/DD/YY)	LIMITS OF LIABILITY
GENERAL LIABILITY LLOYDS FIRST NATION PROGRAM	FNC0429	04/13/13	04/13/14	\$ 5,000,000 Each Occurrence \$ 5,000,000 Aggregate Products & Completed Operations

INCLUDES: NON-OWNED AUTOMOBILE

This Certificate of Insurance is issued at the request and for the benefit of the Insured and the Certificate Holder. Hub International Phoenix Insurance Brokers shall have no liability to any other party who places any reliance hereon.

HUB INTERNATIONAL PHOENIX INSURANCE BROKERS



DATE: November 19, 2013

PER: _____

Healthy Children, Families and Communities
Work Plan 2013-2014

Community Organization: Inuvik Native Band

Community: Inuvik, NT

Contact Information

Contact person/ Title: Lee Ann Nerysoo

Mailing Address: Box 2570

e-mail Address: finance.officer@ngc-inb.ca

Phone/Fax number: 777-6670 - 777-6651 (F)

PLEASE ENCLOSE COPY OF LIABILITY INSURANCE

Copy Attached Yes No , explain _____

Date Submitted: Sept 1, 2013

If you need help filling out this template or have questions/concerns please contact the Wellness Planner, Gillian Moir at 920-3000 or Gillian_Moir@gov.nt.ca

Total Community Wellness Funding	Entire Budget \$
Budget for Healthy Children, Families and Communities cluster	Cluster Allocation \$

HEALTHY CHILDREN, FAMILIES AND COMMUNITIES CLUSTER

Healthy Children, Families and Communities activities and programs such as:

- **Pre/post natal activities**
- **Youth recreation**
- **Healthy foods for children and youth**
- **Traditional games for youth**
- **Family literacy**
- **Health promotion and awareness activities (FASD, breastfeeding, alcohol and drugs)**

- **Please use this section to tell us what you are planning to do in the area of Healthy Children, Families and Communities.**
- **Activities will assist expectant and new parents to eat well, understand child development and take care of themselves during the pregnancy and following the birth of their baby, provide recreational opportunities for youth and increase awareness of healthy eating for families.**

	<p>Indicators of Success/Planned Outcomes</p> <ul style="list-style-type: none"> <input type="checkbox"/> To improve the health of mothers and infants <input type="checkbox"/> To increase access to nutritious foods and nutrition information for pregnant women, new mothers, children and families <input type="checkbox"/> To promote and support breastfeeding <input type="checkbox"/> To Improve access to nutrition information, counselling and education for prenatal and postnatal women <input checked="" type="checkbox"/> To improve healthy cooking skills <input type="checkbox"/> To improve oral health of infants and babies <input type="checkbox"/> To promote the importance of taking prenatal vitamins/minerals and vitamin D supplements recommended/prescribed <input checked="" type="checkbox"/> To promote and support mental health in women of child bearing ages <input checked="" type="checkbox"/> To promote and support healthy parenting skills <input checked="" type="checkbox"/> To promote and support to children and youth at high risk for unhealthy lifestyles <input checked="" type="checkbox"/> To promote cultural awareness <input type="checkbox"/> To promote early literacy skills <input checked="" type="checkbox"/> To support communities with children or youth who have physical or mental disabilities <input checked="" type="checkbox"/> To promote and support healthy child development <input checked="" type="checkbox"/> To promote and support injury prevention <input checked="" type="checkbox"/> To promote youth having safe sexual relations <input checked="" type="checkbox"/> To promote and support smoke-free living and tobacco cessation 		
	<table border="1"> <tr> <td data-bbox="496 1045 979 1923"> <p>Please check the activities that will be happening within your program this year:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Healthy foods including cooking circles to teach cooking, shopping and food budgeting skills, food vouchers and food hampers <input type="checkbox"/> Nutrition education for prenatal and postnatal women with support from Regional CPNP dietitians. <input type="checkbox"/> Physical activity with support from local Recreation Coordinators <input checked="" type="checkbox"/> Crafts and Traditional activities (i.e.: sewing circles) <input type="checkbox"/> Physical activities for pre and post natal women <input type="checkbox"/> Support and information to women regarding breastfeeding <input type="checkbox"/> World Breastfeeding Week activities <input checked="" type="checkbox"/> Parental education/support activities </td> <td data-bbox="979 1045 1547 1923"> <p>Please check activities you will be involved in for your program:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Connect with other programs that are already in your community e.g.: Healthy Families Program, Health Promotion activities <input checked="" type="checkbox"/> Connect with Hunters and Trappers to get country/ Traditional/local foods for healthy child and youth development programming <input type="checkbox"/> Connect with Regional coordinators regarding oral health information for infants and mothers <input type="checkbox"/> Connect with the health center to encourage prenatal and postnatal women to come to healthy child and youth development programming in your community and to get help for women in need <input checked="" type="checkbox"/> Connect with community counselors to let them know about healthy child and youth development in your community and provide information sessions or support when needed <input type="checkbox"/> Other </td> </tr> </table>	<p>Please check the activities that will be happening within your program this year:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Healthy foods including cooking circles to teach cooking, shopping and food budgeting skills, food vouchers and food hampers <input type="checkbox"/> Nutrition education for prenatal and postnatal women with support from Regional CPNP dietitians. <input type="checkbox"/> Physical activity with support from local Recreation Coordinators <input checked="" type="checkbox"/> Crafts and Traditional activities (i.e.: sewing circles) <input type="checkbox"/> Physical activities for pre and post natal women <input type="checkbox"/> Support and information to women regarding breastfeeding <input type="checkbox"/> World Breastfeeding Week activities <input checked="" type="checkbox"/> Parental education/support activities 	<p>Please check activities you will be involved in for your program:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Connect with other programs that are already in your community e.g.: Healthy Families Program, Health Promotion activities <input checked="" type="checkbox"/> Connect with Hunters and Trappers to get country/ Traditional/local foods for healthy child and youth development programming <input type="checkbox"/> Connect with Regional coordinators regarding oral health information for infants and mothers <input type="checkbox"/> Connect with the health center to encourage prenatal and postnatal women to come to healthy child and youth development programming in your community and to get help for women in need <input checked="" type="checkbox"/> Connect with community counselors to let them know about healthy child and youth development in your community and provide information sessions or support when needed <input type="checkbox"/> Other
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	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Tools or resources for the participants in your program (i.e. recipe books, personal stories from women about healthy pregnancies, breast feeding pillows)<input checked="" type="checkbox"/> Literacy activities for families/parents<input checked="" type="checkbox"/> Activities for families dealing with at risk youth and children<input type="checkbox"/> Oral health activities for moms and babies<input checked="" type="checkbox"/> Life Skills programming for children and youth that maybe affected or high risk for learning disabilities or other factors preventing children and youth from living healthy lifestyles<input checked="" type="checkbox"/> Activities and awareness about alcohol and using drugs during pregnancy.<input checked="" type="checkbox"/> Elder's stories and sharing<input checked="" type="checkbox"/> Promotional activities; radio shows, advertisements, information booths, school or community presentations, YouTube<input type="checkbox"/> Vitamin D education and information<input type="checkbox"/> Support counseling or referrals for women dealing with any aspect of FASD<input checked="" type="checkbox"/> Information and awareness for women of childbearing ages about the importance of healthy pregnancies, drinking and drug use<input checked="" type="checkbox"/> Tobacco education and support activities<input type="checkbox"/> Other	
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	<p>Please check the activities, if any, your community will do for FASD Day, September 9th.</p> <ul style="list-style-type: none"><input type="checkbox"/> Community feast<input type="checkbox"/> Celebration for babies<input checked="" type="checkbox"/> Sharing circle luncheon<input type="checkbox"/> Health center presentations<input checked="" type="checkbox"/> Traditional knowledge sharing – guest speaker: e.g. Elder from your community<input type="checkbox"/> FASD Trivia Radio Contest<input type="checkbox"/> Pancake BreakFASD<input type="checkbox"/> Mocktail Events (Healthy, pregnancy-friendly and alcohol-free party for pregnant women, parents, and other supporting family or friends) <p>Other _____</p>
	<p>Please check the activities, if any, your community will do for Breastfeeding Week October 1-7th.</p> <ul style="list-style-type: none"><input type="checkbox"/> Breastfeeding promotion activities during World Breastfeeding Week<input type="checkbox"/> Community challenge events organized by prenatal programs and/or Regional Dietician<input type="checkbox"/> Celebration for breastfeeding moms<input type="checkbox"/> Attend Moms Babies and Boobs Breastfeeding Challenge or organize your own challenge in your community<input type="checkbox"/> Health center presentations<input checked="" type="checkbox"/> Traditional knowledge sharing – guest speaker: e.g. Elder from your community <p>Other _____</p>

1. Training

Please use this section to outline your training goals. Include both training for program participants (parents, pregnant women, youth etc.) and training for your staff.

2. Tracking

Write down how you will track how your programs and activities are running and who many people attend. How else will you track our program, activities and participants?

3. Community Collaboration and Partnerships


Who was involved in creating your community plan? (Please check all that apply.)

- Community Health and Wellness Counsellors
- Health Staff (Community Health Representative, Community Health Nurse, Supervisor of Community Health Programs, Dietician)
- Home and Community Care
- Social Services
- RCMP
- Justice Committee
- Staff from a school, family or child care programs
- Aurora College
- Youth (7-12 years)
- Teens (13-17 years)
- Adults (18 years and older)
- Elders
- Recreation staff
- Grocery store (Northern, Co-op, etc.)
- Hamlet
- Band
- Metis
- Hunters and Trappers
- MACA
- ECE
- Other _____

4. Reporting

Please provide us with the contact information and confirmation for the individual or individuals who are responsible for the **activity reporting and financial statements.**

<p>LeeAnn Nerysoo (w) 777-6670</p>
--

 Program Coordinator's Signature	 Agency's Signature
<p>LeeAnn - Finance</p> Print Name and Title	 Print Name and Title
<p>Date Sept 1, 2013</p>	 Date

Please return to:

Wellness Planner
Department of Health and Social Services
Yellowknife NWT
X1A 2L9
Ph: 867-920-3000
Email: Gillian Molr@gov.nt.ca

Mental Health and Addictions Work Plan 2013 - 2014

Community Organization: Inuvik, Native Band

Community: Inuvik, N.F

Contact Information

Contact person/ Title: Leo Ann Norysoo

Mailing Address: Box 2570

e-mail Address: financeofficer@ngc-1nb.ca

Phone/Fax number:

PLEASE ENCLOSE COPY OF LIABILITY INSURANCE

Copy Attached Yes No , explain

Date Submitted: Sept 1, 2013

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Total Community Wellness Funding	Entire Budget \$
Budget for Mental Health and Addictions Cluster	Cluster Allocation \$

MENTAL HEALTH AND ADDICTIONS CLUSTER

Program support for Mental Health and Addictions activities and programs such as:

Traditional skills and knowledge activities

Afterschool youth programs

Family activity nights

FASD Awareness promotional activities

Suicide prevention initiatives

- Please use this section to tell us what you are planning on doing in the area of **Mental Health and Addictions**.
- Activities will promote awareness of topics that are linked to mental health and addictions, provide healthy choices and interactions by youth and families.

	<p>Indicators of Success / Planned Outcomes</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> To link with community services in areas of mental health and wellness <input checked="" type="checkbox"/> To promote and support programs and activities that will increase community mental wellness <input checked="" type="checkbox"/> To promote and support child development <input checked="" type="checkbox"/> To promote and support healthy babies and families <input checked="" type="checkbox"/> To promote and support cultural identity and traditional values programs and activities <input type="checkbox"/> To promote and support Injury prevention education/information <input checked="" type="checkbox"/> To promote and support tobacco-free living <input checked="" type="checkbox"/> To promote healthy eating (there is a clear link between healthy eating and mental health) <input checked="" type="checkbox"/> Parenting skills/lessons 		
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	<ul style="list-style-type: none"> <input type="checkbox"/> FASD awareness and information <input type="checkbox"/> Suicide Prevention programming <input checked="" type="checkbox"/> Reading programs and story time <input checked="" type="checkbox"/> Leadership awareness programming <input checked="" type="checkbox"/> Tobacco Awareness <input checked="" type="checkbox"/> Quit Smoking program <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Other _____ 	
	<p>Please check the activities, if any, your community will do for National Addictions Awareness Week November 13- 19th:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community Fun Night <input type="checkbox"/> Sobriety Walk <input type="checkbox"/> Family Feast and Dance <input type="checkbox"/> Family Scavenger Hunt <input type="checkbox"/> Family Sliding Party <input type="checkbox"/> Community Bonfire Weiner Roast <input type="checkbox"/> Information Booth <input type="checkbox"/> Guest speakers at activities <input type="checkbox"/> 'Not Us Campaign' contact to set up campaign :not-us@gov.nt.ca <input type="checkbox"/> Celebration of residents who have quit smoking <input type="checkbox"/> Sewing circles <input type="checkbox"/> Other _____ 	<p>Please check the activities, if any, your community will do for National Suicide Awareness Day September 10th.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community Walk <input type="checkbox"/> Community Feast <input checked="" type="checkbox"/> Traditional Games <input checked="" type="checkbox"/> Elder teachings <input type="checkbox"/> Other _____

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- Hunters and Trappers
- MACA
- ECE
- Other _____

4. Reporting

Please provide us with the contact information and confirmation for the individual or individuals who are responsible for the **activity report** and **financial statements**.

<p>Lee Ann Nervysou (P) 777-6690</p>
--

Thank you for completing your Community Plan. We look forward to working with you!

<p><i>[Signature]</i> Program Coordinator's Signature</p>	<p>Agency's Signature</p>
<p>Lee Ann - Finance Print Name and Title</p>	<p>Print Name and Title</p>
<p>Date <i>Sept 1, 2013</i></p>	<p>Date</p>

Please return to:

Wellness Planner
Department of Health and Social Services
Yellowknife NWT
X1A 2L9
Ph: 867-920-3000
Email: Gillian_Moir@gov.nt.ca

Chronic Disease and Injury Prevention Work Plan 2013- 2014

Community Organization: Inuvik Native Band

Community: Inuvik, NT

Contact Information

Contact person/ Title: Lee Ann Nerysuo

Mailing Address: Pox 2570

e-mail Address: finance.officer@ngc-inb.ca

Phone/Fax number: 777-6670 - 777-6651

PLEASE ENCLOSE COPY OF LIABILITY INSURANCE

Copy Attached Yes No , explain _____

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If you need help filling out this template or have questions/concerns please contact the Wellness Planner, Gillian Moir at 920-3000 or Gillian.Moir@gov.nt.ca.

Total Community Wellness Funding	Entire Budget \$
Budget for Chronic Disease and Injury Prevention cluster	Cluster Allocation \$

CHRONIC DISEASE AND INJURY PREVENTION CLUSTER

**This area supports
Chronic Disease and
Injury Prevention
activities such as :**

**Healthy eating
and traditional
food activities**

**Healthy living
promotional
activities**

**Active living
programs**

- Please use this section to tell us what you are planning on doing in the area of **Chronic Disease and Injury Prevention.**
- Activities will encourage children, youth, and families in your community to learn ways they can eat, look and feel better about themselves and that will help to promote their own health and wellness.

	<p>Indicators of Success/Planned Outcomes</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> To promote and support physical activity <input checked="" type="checkbox"/> To promote and support healthy eating <input type="checkbox"/> To promote and support education and awareness of chronic diseases i.e.: <i>Diabetes</i> <input type="checkbox"/> Improve food security for all families especially families with infants and children <input type="checkbox"/> Increase knowledge and skills regarding healthy foods, menu options, and budgeting <input type="checkbox"/> To promote and support injury prevention <input type="checkbox"/> To promote and support community connections and work with other organizations, groups within your community 	
	<p>Please check the activity(s) your community will do, if any, this year:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Build community partnerships with health centers, businesses, and other community agencies and with regional support, such as the Dietitian <input checked="" type="checkbox"/> Traditional Food Cooking and Sharing Circles <input type="checkbox"/> Summer safe fun camp for swimming, safe boating and mountain biking <input type="checkbox"/> Community Kitchen <input type="checkbox"/> Community Garden <input checked="" type="checkbox"/> Partner with local grocery stores to promote healthy food choices <input type="checkbox"/> Community walking challenge <input checked="" type="checkbox"/> Healthy cooking at community feasts <input type="checkbox"/> Diabetes Information Sessions within other community wellness programs <input checked="" type="checkbox"/> Activities to assist and encourage people to stop smoking <input type="checkbox"/> Other _____ 	<p>Please check activity(s) you will be involved in this year In Chronic Disease and Injury Prevention activities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Connect with local elders about sharing traditional food and cooking recipes <input checked="" type="checkbox"/> Connect with Dietician about holding information sessions on healthy eating cooking, and healthy body, weights, cooking circles, walking clubs, food security <input checked="" type="checkbox"/> Connect with the Dietitian and nurse educator about activities for Diabetes Awareness Week (November) and/or Nutrition Month (March) <input type="checkbox"/> Planning; asking people in the community and groups like Healthy Family program, and dieticians for program ideas <input checked="" type="checkbox"/> Talk to Band about cooking healthy meals for community feasts or other program ideas <input type="checkbox"/> Other _____

1. Training

Please use this section to outline your training goals. Include both training for program participants (parents, pregnant women, youth etc.) and training for your staff.

2. Tracking

Write down how you will track how your programs and activities are running and who many people attend. How else will you track your program, activities and participants?

3. Community Collaboration and Partnerships

Who was involved in creating your community plan? (Please check all that apply.)


- Community Health and Wellness Counsellors
- Health Staff (Community Health Representative, Community Health Nurse, Supervisor of Community Health Programs, Dietician)
- Home and Community Care
- Social Services
- RCMP
- Justice Committee
- Staff from a school, family or child care
- Aurora College
- Youth (7-12 years)
- Teens (13-17 years)
- Adults (18 years and older)
- Elders
- Recreation staff
- Grocery store (Northern, Co-op, etc.)
- Hamlet
- Band
- Metis
- Hunters and Trappers
- MACA
- ECE
- Other _____

4. Reporting

Please provide us with the contact information and confirmation for the individual or individuals who are responsible for the **activities reporting** and **financial statements**.

<p>Lee Ann Nerysso (w) 777-6670</p>

Thank you for completing your Work plan. We look forward to working with you!

 Program Coordinator's Signature	 Agency's Signature
<p>Lee Ann - Finance</p> Print Name and Title	 Print Name and Title
<p>Date Sept 1, 2013</p> Date	 Date

Please return to:

Wellness Planner
Department of Health and Social Services
Yellowknife NWT
X1A 2L9
Ph: 867-920-3000
Email: Gillian.Moir@gov.nt.ca