**Peer2Peer Scale Up Project**

**APPLICATION FORM**

To apply to participate in the Peer2Peer Scale Up Project, interested organizations must complete and submit this form.

**Deadline:** The submission deadline for this Application Form is*:* ***Friday, April 15th at 12.00 NOON Pacific Time*.**

**\*\*Please read the Call for Applications before submitting this form\*\***

**PART A – Eligibility Assessment**

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| **Applicants must meet the following eligibility requirements.** |
| **QUICK TIP:**  This information is required to demonstrate that your organization is eligible and has the governance, experience, and financial administration/management capacity to successfully undertake the Peer2Peer Project. |
| **Which of the following eligible Canadian groups and institutions does your organizations fall under?**  ☐ Not-for-profit, registered as incorporated, voluntary organizations or corporations  ☐ Not-for-profit unincorporated organizations, societies or coalitions  ☐ Post-secondary institutions seeking to undertake community-based programming, but not  research  ☐ Provincial and territorial health providers including Regional Health Authorities and local Public Health Services  ☐ Indigenous organizations  *Indigenous organizations are those governed by and primarily serving First Nations, Inuit or Métis Peoples. Examples of organizations who are eligible include:*  *First Nations, Inuit or Métis communities (including self-governing and modern treaty nations)*  *Indigenous government or representative organization*  *Indigenous incorporated not-for-profit organization*  *Other Indigenous association, group or organizations*  *Urban or off-reserve Indigenous organizations and communities* |
| **Please provide your organization’s type e.g. housing-first organization, peer-run organization, overdose prevention site, community health organization, etc.** |
| **Please provide the mandate/mission of your organization:** |
| **Please provide your organization’s reporting structure, including the source of funding for the organization, etc.** |
| **Describe the nature of the challenge your organization is seeking to address (in 300 words or less):** |
| **Briefly describe (in 300 words or less) how your organization and the peer workers at your organization may benefit from participating in the Peer2Peer Project and implementing the ROSE Model at your respective sites:** |
| **Briefly describe (in 250 words or less) your organization’s capacity to carry-out the proposed project; including your ability and willingness to:**   * Form an Action Team consisting of one management staff member and at least one peer research assistant. * Support the implementation of the ROSE Model at your respective sites, providing administrative and logistical support to the Action Team members, and creating awareness about the supports implemented for the peer workers. * Modify organizational practices as per the needs identified by the peer workers at the site during focus groups. * Evaluate the impact of the intervention at your sites. * Share any resources developed with other organizations within your network. |
| **Briefly describe (in 250 words or less) how your organization plans to sustain the supports implemented through the ROSE Model at your sites beyond the duration of the Peer2Peer project.** |
| **How will your organization ensure the project creates an environment free of stigma and discrimination in all of its forms?** |
| **Assessment Criteria for Part A**   * The applicant falls within one of the eligible types of organizations. * The applicant demonstrates a need that can potentially be met by implementing the ROSE model. * The applicant demonstrates ability and willingness to carry out the Peer2Peer Project, as per the expectations highlighted. * The applicant demonstrates a solid plan to sustain the supports implemented through the ROSE Model at their sites beyond the duration of the Peer2Peer project. * The applicant demonstrates a plan to create a stigma-free environment to conduct the research |

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**PART B – Organizational Overview**

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| **1.1 Legal Name of Organization***:* |
| **1.2 Number of Employees Working for your Organization, including number of peer workers (those with lived/ living experience of substance use):**  Number of employees (without lived/ living experience):  Number of peer workers: |
| **1.3 What kinds of roles are peer workers involved in?** |
| **1.4 Please provide examples of projects at your organizations that were led by peer workers (if applicable):** |
| **1.5 Mailing Address:** |
| **1.6 Project Contact Name and Title** (*if different from above*)**:** |
| **1.7 Project Contact Info:** |
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| **1.8 Organization’s Official Website Address and/or social media handles (if applicable):** |

Information about the individual completing the Application Form:

**Name:**

**Title:**

**Contact:**

☐  **I certify that the individual(s) authorized to legally bind my organization approves this Application Submission.**