



Nishnawbe Aski Nation
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BACKGROUND

NAN First Nations have developed and continue to deliver important mental health, cultural, wellness, crisis, addictions and recovery supports. However, communities and community members may still experience barriers when seeking timely counselling and wellness supports, identifying available services, completing referrals, receiving follow-up after a crisis or discharge, or staying connected to care across multiple providers.

The type of mental health program required is not the same in every community. Some communities may prioritize prevention, counselling, youth or family programming, cultural and land-based healing, peer or group supports, outreach or post-crisis follow-up. Others may need a coordinated program model that brings together local staff, visiting providers, Elders or Knowledge Keepers, referral partners and regional services. The pilot is intentionally flexible so communities can propose a model that reflects local priorities, strengths and existing capacity.

This initiative is intended to fund active service delivery and program development at the community level, not a planning-only exercise. Each pilot should create a clear program identity, delivery model, staffing or service responsibilities, referral and access pathways, cultural approach, intended outcomes and a realistic plan for rapid implementation within the remaining fiscal year. Pilots should strengthen and complement existing services rather than duplicate them.

This project is supported through Mental Health and Addictions funding. The primary focus of the pilot must be community mental health; addictions, recovery and substance-use supports may be included where they are integrated with the proposed mental health program. NAN is not a direct service provider. NAN's role is to administer funding, provide oversight and coordination, support reporting and learning, and use pilot results to inform advocacy and broader systems planning in partnership with NAN First Nations and Tribal Councils.

SERVICES REQUIRED

Community Mental Health Pilot Program

Project Requirements

1. Identify the mental health need, service gap, target population, community or communities, and the local circumstances the pilot is intended to address.
2. Establish or substantially strengthen a defined community mental health program that can become operational within 10 business days of execution of the funding agreement and remain active through March 31, 2027.
3. Describe the core program model, including how community members will access the program, what services or activities will be delivered, who will deliver them, and how the program will respond to local priorities.
4. Ensure the pilot is community informed, culturally relevant, trauma informed and grounded in the strengths, languages, practices and priorities of participating NAN First Nations.
5. Demonstrate how the pilot will complement existing community, Tribal Council, regional, provincial and culturally grounded services and avoid unnecessary duplication.
6. Establish practical referral pathways, warm hand-offs, follow-up processes and partnerships with relevant local and external service providers, where applicable to the proposed model.
7. Work with NAN Health Policy and Advocacy staff following the award to finalize the pilot workplan, program model, budget, timeline, intended outcomes, reporting approach, common pilot measures and an expenditure forecast through March 31, 2027.
8. Track implementation, reach, participation, outputs, emerging outcomes, community feedback, service gaps, challenges and lessons learned using an approach proportionate to the pilot. No personal identifying information is to be reported to NAN.
9. Protect privacy, confidentiality and consent and comply with all applicable professional, clinical, cultural, employment, financial and organizational requirements.



10. Develop a continuation and sustainability plan that identifies what should continue after March 31, 2027, the resources required, potential funding or partnership options, and recommendations for continuation, expansion or adaptation of the model.

Eligible Areas of Activity

Proposed pilots may include, but are not limited to:

- Community-based counselling, wellness, prevention, early-intervention or mental health promotion programming;
- Culturally grounded, land-based, traditional healing, Elder/Knowledge Keeper or community wellness activities integrated into the pilot program;
- Youth, family, men's, women's, Two-Spirit, peer, group or other population-specific mental health supports;
- Outreach, mobile, low-barrier or community-based access models that connect people to mental health supports;
- Service navigation, referral support, warm hand-offs, follow-up and continuity-of-care functions;
- Post-crisis, discharge, treatment-readiness, recovery or aftercare supports where these are integrated with the community mental health pilot;
- Local mental health program coordination, case coordination or service coordination directly connected to active program delivery;
- Training, mentorship and community capacity-building that is necessary to implement and sustain the pilot model;
- Development or strengthening of local service pathways and partnerships that improve access to the pilot and other mental health services; or
- Other innovative, community-led mental health programming supported by a demonstrated need and a clear plan for rapid implementation, active service delivery and evaluation within the available funding period.

The funding is not intended to replace existing core-funded programs or permanent positions, support a research-only or planning-only project, or fund activities unrelated to the approved pilot. Time-limited staffing, professional services, program delivery, cultural supports, travel, training, outreach, evaluation, materials and reasonable administrative costs may be considered where they are directly connected to implementation of the pilot. Budgets must be reasonable, tied to approved activities and capable of being fully expended by March 31, 2027. Costs should not be proposed solely for the purpose of exhausting the allocation.

DELIVERABLES AND TIMELINES

Deliverable	Description	Timeline
Final Pilot Workplan, Program Model, Budget and Expenditure Forecast	Finalized workplan confirming program activities, target population, staffing/service responsibilities, access and referral pathways, cultural approach, intended outcomes, reporting measures, timeline, detailed budget and month-by-month expenditure forecast through March 31, 2027.	Within 5 business days of signing the agreement
Pilot Launch and Readiness	Program launch activities completed, including staffing/contracting as required, community communication, referral arrangements, partner coordination and readiness to deliver active supports.	Within 10 business days of signing the agreement; target launch in October 2026
Active Pilot Implementation	Delivery of the approved community mental health pilot in accordance with the finalized workplan and budget, with ongoing tracking of reach, activities, spending, commitments, challenges and emerging results.	Agreement execution to March 31, 2027
Mid-Point Progress, Financial Update and Forecast	Brief update on implementation, participation/reach, expenditures to date, committed costs, forecast to March 31,	January 15, 2027



Deliverable	Description	Timeline
	emerging outcomes, community feedback, service gaps, challenges, adjustments and any risk to full implementation or expenditure.	
Continuation and Sustainability Plan	Practical plan identifying what should continue after the pilot, required staffing/resources, potential funding or partnerships, program improvements and recommendations for continuation or expansion.	March 15, 2027
Final Narrative and Expenditure Report	Final summary of activities, participation/reach, outcomes, community feedback, challenges, lessons learned, recommendations, continuation status and final project expenditures.	May 9, 2027

All pilot activities and expenditures must be completed by March 31, 2027. Successful pilots may be considered for continuation funding only through a separate approval process and subject to future funding availability. The January progress update must include actual expenditures, committed costs, a forecast to March 31, 2027 and any risk to full implementation or expenditure.

GENERAL REQUIREMENTS

Requirements

1. The applicant must be a NAN First Nation or a NAN-affiliated Tribal Council.
2. The applicant must identify the NAN community or communities in which the pilot will operate and provide evidence of community leadership support for implementation.
3. The applicant must demonstrate the capacity to become operational within 10 business days of execution of the funding agreement and to deliver the proposed pilot through March 31, 2027, including project management, staffing or contracting, partnerships, financial administration, reporting and a realistic expenditure plan.
4. The applicant must demonstrate that the pilot responds to an identified mental health need and that it will complement, connect with and not unnecessarily duplicate existing services.
5. The applicant must work collaboratively with participating communities and NAN Health Policy and Advocacy staff throughout implementation, reporting, learning and close-out.
6. Partnership proposals are permitted; however, one eligible NAN First Nation or NAN-affiliated Tribal Council must be identified as the funding recipient and accountable organization and must comply with applicable privacy, confidentiality, consent, financial, employment and organizational requirements.

The three successful applicants will work directly with NAN Health staff, participating community leadership and staff, and relevant service partners to support implementation, shared learning and evaluation of the pilot program.

PROPOSAL REQUIREMENTS

Submissions must include:

- Cover Letter outlining interest in the pilot, the identified mental health need and the community or communities to be served, with confirmation of leadership support;
- Pilot overview describing the proposed community mental health program, target population, program objectives, service model and what will be operational by March 31, 2027;
- Preliminary workplan covering the anticipated launch date through March 31, 2027 and outlining rapid start-up, program delivery, staffing/service responsibilities, partnerships, milestones and intended outcomes;
- Description of the community involvement and cultural approach, including how local knowledge, strengths, Elders/Knowledge Keepers, language, land-based approaches or other cultural supports will inform the pilot where applicable;



- Description of the existing service environment and how the pilot will address a gap, strengthen access and referral pathways, complement existing services and avoid unnecessary duplication;
- Proposed measurement approach, including how the applicant will track reach/participation, implementation, service access, referrals or follow-up, community feedback, outcomes, challenges and lessons learned without reporting personal identifying information to NAN;
- Detailed project budget and cost breakdown, including staffing/professional services, program delivery, travel, cultural supports, training, materials, evaluation and administration, where applicable, together with a month-by-month expenditure forecast through March 31, 2027 and identification of any hiring, contracting or procurement dependencies;
- Preliminary continuation and sustainability approach describing what the applicant would seek to maintain beyond March 31, 2027 if the pilot demonstrates value and future funding is available.

The successful applicants will work with NAN following award to finalize the pilot workplan, program model, budget, timelines, intended outcomes, reporting requirements and expenditure forecast. NAN may establish a small set of common pilot measures to support consistent learning across the three funded pilots and may request updated financial forecasts where required.

EVALUATION CRITERIA

Criteria	Weight
Community Mental Health Need, Readiness and Leadership Support • Clearly identifies the mental health need, service gap, target population and community context • Demonstrates community readiness and leadership support • Demonstrates ability to mobilize quickly within the remaining fiscal year	25%
Quality and Feasibility of the Pilot Program Model and Workplan • Program model, activities, staffing/service responsibilities, access approach and timeline are clear and realistic • Pilot can become operational within 10 business days of agreement execution and deliver meaningful community benefit by March 31, 2027 • Start-up, staffing/contracting and implementation dependencies are identified and manageable	25%
Community Fit, Cultural Relevance and Service Integration • Pilot is community informed, culturally grounded and trauma informed • Proposal complements existing services, strengthens referral/service pathways and avoids unnecessary duplication	25%
Organizational Capacity, Budget, Outcomes and Sustainability • Applicant demonstrates capacity to manage funding, implementation, partnerships and reporting • Budget and expenditure forecast are reasonable and can be fully implemented by March 31, 2027 • Measurement and continuation/sustainability approach is practical and proportionate	25%



PROJECT PRICING REQUIREMENTS

The total available budget for the Community Mental Health Pilot Program is up to \$800,000 CAD, inclusive of all staffing, professional fees, program delivery, cultural supports, community engagement, travel, training, materials, evaluation, administration, HST and other approved project-related expenses.

NAN intends to select three successful applicants. The intended allocation is approximately \$266,667 per pilot, subject to the approved proposal budget and a total program maximum of \$800,000. Final awards may vary and will be adjusted so that the combined total does not exceed \$800,000. Applicants should propose only the funding required to deliver a strong, feasible and rapidly implementable pilot. NAN may negotiate the final scope, budget, eligible costs, deliverables and funding amount before entering into an agreement.

Funding must be used for costs directly related to the approved pilot and may not be used to replace existing core-funded programs or permanent positions. All approved 2026-27 pilot expenditures must be incurred by March 31, 2027. Continued funding after March 31, 2027 is not guaranteed and, if available, would be considered separately based on pilot results, community support, reporting compliance, future funding availability and NAN approval.

RIGHTS AND CONDITIONS

1. NAN reserves the right to accept or reject any proposal, in whole or in part, and may cancel or amend this RFP process in accordance with applicable NAN requirements.
2. NAN intends to select three successful applicants but is not obligated to award funding where proposals do not meet the required standard, eligibility requirements or available budget.
3. NAN is not obligated to select the lowest-cost proposal and may request clarification or negotiate the scope, budget, deliverables, measures and timelines before entering into a funding agreement.
4. Project-specific reports, tools, templates, program materials and lessons developed through this funding will be shared with NAN as set out in the final funding agreement, with appropriate protection of community knowledge, privacy and confidentiality.
5. Each successful applicant must comply with all applicable NAN confidentiality, privacy, data protection, financial and reporting requirements, as well as the applicant's own professional, cultural and organizational obligations.
6. Each successful applicant must enter into a formal funding agreement with NAN before receiving pilot funding. Selection for this pilot does not create an entitlement to funding beyond March 31, 2027.

