



GLOWS

Indigenous Health Grant

Guiding Local Opportunities for Wellbeing

GLOWS Indigenous Health Grant: Guiding Local Opportunities for Wellbeing Application Form

The GLOWS Indigenous Health Grant is a co-created initiative between CAAN Communities, Alliances & Networks (“CAAN”) and Gilead Sciences that seeks to advance health equity within Indigenous communities by enhancing engagement in cultural, HIV and viral hepatitis care. GLOWS funding priorities can be reviewed on page 4 of this application form.

This form is meant to provide information about your organization and planned initiative. Completed forms must be emailed to Tawnya Crowshoe, Indigenous Health Program Manager, at tawnyac@caan.ca by Monday, November 3rd, 2025.

As a national Indigenous-led organization, CAAN takes Indigenous identity seriously to ensure that Indigenous communities across Canada can benefit from CAAN’s work.

Note that the GLOWS Indigenous Health Grant cannot support reimbursable activities (i.e., activities paid by healthcare systems). Limitations also apply to medical clinics.

APPLYING ORGANIZATION INFORMATION:

Applicant name:

Organization name:

Organization address:

Organization classification:

Registered charity, incorporated, represented by a registered entity

Year of Inception:

GRANT ELIGIBILITY

The program is open to organizations who meet the following eligibility criteria:

September 2025

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- The grantee is a community-based non-profit organization or registered charity.
- The organization is Indigenous-led.
- The organization has experience in the fields of HIV and HCV.
- The organization is financially stable.
- The organization has a strong ability to develop, implement and evaluate programs.
- The organization is free from any conflicts of interest with CAAN, the Indigenous Advisory Circle and Gilead.

Please complete the below sections to determine your eligibility to receive grant funding.

Demonstration that your organization is Indigenous-led

1. Does your organization’s executive team or board of directors include at least three members OR at least 60% who are part of an Indigenous community? Please provide their names and titles.

Demonstration that the organization has experience supporting Indigenous Peoples living with HIV/viral hepatitis

1. Please provide your organization’s mission and vision statements, or examples of existing or historical programs, to show how your organization supports Indigenous Peoples living with HIV/viral hepatitis.

Demonstration of your organization’s financial stability and ability to execute and evaluate the initiative.

1. Please provide your organization’s annual budget and/or financial structure and last audit results (if available)
Note that the level of funding to be received by each eligible organization cannot exceed 33% of their annual revenue.

2. Please provide an overview of your organization’s structure (org chart)

3. Are you currently funded by the GLOWS Grant?

Yes

No

4. Please provide one example of a similar initiative that your organization has successfully executed in the past and outline the outcome and how these initiatives were evaluated. If you are a GLOWS grant recipient provide an example from your current initiative.

5. Please provide an overview of the skills and expertise of your organization's staff that will support the execution of this initiative.

INITIATIVE DETAILS

Please provide information on your proposed initiative.

1. Initiative name:

2. Provide an executive summary that describes the initiative you hope to implement. If you are a GLOWS grant recipient, please describe your next proposed phase of your initiative you hope to implement.

Word limit: 250 words

Describe how your initiative responds to the needs of Indigenous Peoples living with or at risk of HIV and or viral hepatitis.

Funding Priorities

- **Education:** Build awareness of HIV/viral hepatitis symptoms, drivers of transmission, and available care and treatments through Indigenous-led culturally-appropriate health information and services that support improved screening and diagnosis.
- **Holistic Care:** Enable holistic healing with tools and services that enhance the capacity to deliver HIV/viral hepatitis and traditional care, helping to address the physical, mental, social and spiritual needs of Indigenous people.
- **Peer Support & Navigation:** Improve access to HIV/viral hepatitis care services that align with Indigenous ways of knowing and doing, helping to create safe environments for Indigenous people to navigate care settings, seek and continue receiving care.
- **Capacity Building:** Support Indigenous-led organizations in strengthening staff skills and capabilities, infrastructure and administrative support, to continue delivering HIV/viral hepatitis services and expand organizational sustainability and community-based leadership.

3. What are the key objectives of your initiative and how do they align with the grant's funding priorities above?

4. What is the potential impact of your initiative and how will this be measured?

5. Who is the specific target population for your initiative? Provide details around their location, key attributes and why they are the target population for your initiative?

6. Based on which funding priority your initiative aligns best with, please:

- a. Confirm which of the four mandatory metrics listed will be used as the main measure of success for your initiative.

- b. Define the secondary metric that will be used to measure the impact of your initiative.
 - c. How will these metrics be measured?
 - d. What is the evaluation plan for your initiative?
7. List the planned initiative activities, anticipated timeline, and the key milestones for this funding cycle of your initiative?
8. What is the sustainability plan for your initiative beyond the first year of execution?
9. Outline your knowledge transfer & exchange plan. How will you document and share learnings and emerging best practices with CAAN, and the broader community?
10. What is your full initiative budget?

11. What level of funding do you require from the program to support the execution of your initiative?

- Level A: \$150,000
- Level B: \$100,000
- Level C: \$75,000

Note that the level of funding to be received by each eligible organization cannot exceed 33% of its annual revenue. Organizations who have a smaller annual revenue may receive a smaller amount of funding to comply with this funding guidelines.

12. How will funding from the program be used to help execute your initiative? Please provide a budget breakdown and timeline. Please explain and then fill out the budget tables below.

Management Fees:

Line Item	Description/Unit	Estimated # of Units	Estimated Total	Amount from Grant

General Program Expenses:

Line Item:	Description/Unit:	Estimated # of Units:	Estimated Cost Per Unit:	Estimated Total:	Amount From Grant:

13. Are there any other sources of funds for your initiative? If so, please name the sources and the amount of funding received from each.

14. Provide a breakdown of how funds from various sources of funding, including the GLOWS Indigenous Health Grant will be used to execute your initiative.

MANDATORY DISCLOSURES

1. To the best of your knowledge, do any of the organization's owners / principal shareholders, directors, officers, employees, agents, or consultants have a family member or close personal relationship who is a public / government official? (Yes/No)
2. To the best of your knowledge, does the organization currently employ or have any plans to employ a government official or a family member of close personal relationship of such a person as an employee, consultant, or in any other capacity? (Yes/No)
3. To the best of your knowledge, is the organization or any of its directors or executive members in a position to purchase, influence, affect or recommend the purchase of Gilead products?
(Yes/No)
4. To the best of your knowledge, are any of the following individuals current members of a decision-making body that may make decisions regarding Gilead products (for example, reimbursement body, treatment guidelines committee, or formulary committee)?
(Yes/No)
 - a. Owners
 - b. Trustees
 - c. Board Members
 - d. Any other representatives who are in a position to make decisions on behalf of the organization
 - e. Any other representatives connected with this support
5. To the best of your knowledge, has the organization, its predecessor entities, or any of its current or former owners, directors, officers or other employees been convicted, charged or indicted, investigated or accused (publicly or privately) of a violation or potential violation of any laws related to bribery, corruption, fraud, tax evasion, export controls, or anti-trust?
(Yes/No)
6. To the best of your knowledge, do any of the following have any personal relationships (family or business) with a Gilead and or CAAN member of staff or an individual who has an interest in Gilead and or CAAN?
(Yes/No)
 - a. Owners
 - b. Trustees
 - c. Board Members
 - d. Any other representatives who are in a position to make decisions on behalf of the organization

e. Any other representatives connected with this support

7. Is the recipient bank account in the country where the organization is registered? (Yes/No)

PRIVACY CONSENT

Please confirm:

I consent to the transferring, storing or processing of any personal information I have included in the questionnaire, and I confirm that I have the relevant rights and/or permissions to provide such personal information to CAAN and Gilead.

(Yes/No)

ANTI-CORRUPTION POLICY

Please confirm:

I have read and will comply with [Gilead's Anti-Corruption Policy](#).

(Yes/No)

ACKNOWLEDGEMENT OF TERMS

1. If grant-awarded by CAAN and Gilead, we will ensure that all activities in connection with the project/funding is compliant with laws / regulations and any applicable Code of Practice
(Yes/No)
2. For the avoidance of doubt, we understand that the receipt of a grant shall impose no obligation upon the Grantee to promote or otherwise encourage the prescription, recommendation, purchase, supply, sale or administration of the products of Gilead and its affiliates.
(Yes/No)
3. We understand that any provisional offer of grant funding by CAAN & Gilead is subject to a contractual agreement setting out the terms of such funding; the contractual agreement setting out the terms of such funding; the contractual agreement must be signed and returned to CAAN prior to the commencement of any grant-funded activities; we must abide by the stipulations of the grant or donation set forth in the contractual agreement.
(Yes/No)
4. If grant is awarded, we agree to disclose the source of funding on all program materials and, if applicable, the organization website.
(Yes/No)

The GLOWS Indigenous Health Grant, is a co-created initiative by CAAN Communities, Alliances & Networks and Gilead Sciences Canada. It is part of a Gilead Sciences global corporate giving initiative.

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