## Appendix 5: ADI Work Plan and Budget Template

| Community:           | Contact:   |      | Position: |        |  |
|----------------------|------------|------|-----------|--------|--|
| Proposed Start Date: |            |      |           |        |  |
| Total Funding:       | Telephone: | Fax: |           | Email: |  |

**The overall goal of ADI:** To prevent and delay diabetes and its complications in First Nations individuals, families and communities through healthy eating, physical activity and healthy lifestyles.

## The ADI objectives:

- Increase awareness of diabetes, risk factors and complications as well as ways to prevent diabetes.
- Support activities targeted at healthy eating and food security.
- Increase physical activity as a healthy living practice.
- Increase the early detection and screening for complications of diabetes in First Nations and Inuit communities.
- Increase capacity to prevent and manage diabetes.
- Increase knowledge development and information-sharing to inform community-led evidence-based activities.
- Develop partnerships to maximize the reach and impact of health promotion and primary prevention activities.

| Priority                                   | Activities | Time Frame | Partners | Budget | How will the community benefit from this activity? |
|--|------------|------------|----------|--------|--|
| Diabetes<br>Awareness                      |            |            |          |        |  |
| & Education<br>Activities                  |            |            |          |        |  |
| School<br>Health/<br>children and<br>youth |            |            |          |        |  |
| Gestational<br>Diabetes                    |            |            |          |        |  |
| Food<br>Security                           |            |            |          |        |  |

| Priority                                | Activities | Time Frame | Partners | Budget | How will the community benefit from this activity? |
|---|------------|------------|----------|--------|--|
| Physical<br>Activity                    |            |            |          |        |  |
|   |            |            |          |        |  |
| Screening<br>Activities                 |            |            |          |        |  |
| Cultural<br>Activities                  |            |            |          |        |  |
| Other(s)                                |            |            |          |        |  |
| (provide<br>explanation)                |            |            |          |        |  |
| ADI<br>Worker's<br>Salary &<br>Benefits |            |            |          |        |  |

| Priority   |                  | Activities                 |                       | Time Frame                 | Partners                              | Budget | How will the community benefit from this activity? |
|--|------------------|----------------------------|-----------------------|----------------------------|---------------------------------------|--------|--|
| Admin Fee<br>(max 10%)                                     |                  |                            |                       |                            |                                       |        |  |
| Total<br>Budget  |                  |                            |                       |                            |                                       |        |  |
|  |                  |                            |                       |                            |                                       |        |  |
| Please briefly d   | escribe how y    | ou will incorporate the fo | ollowing ideas/princi | ples into your activities: |                                       |        |  |
| How is tradit<br>culture inclu<br>ADI program              | ided in your     |                            |                       |                            |                                       |        |  |
| How will you your knowle ADI worker?                       | dge as an        |                            |                       |                            |                                       |        |  |
| How will you<br>the impact o<br>program in y<br>community? | f the ADI<br>our |                            |                       |                            |                                       |        |  |
| Prepared by: Date:   |                  | Date:                      |                       | Su                         | Supervisor's Signature (if required): |        |  |