Notice: Emergency Treatment Fund Call for Proposals 2025 is now open

Budget 2024 announced $150M over three years (2024–25 to 2026–27) for the Emergency Treatment Fund (ETF) to help municipalities and Indigenous communities respond rapidly to critical needs related to the overdose crisis. The ETF aligns with the renewed Canadian Drugs and Substances Strategy, and supports access to culturally appropriate, evidence-based services across the continuum of care aiming to save lives, reduce harms, and support treatment and recovery goals.

Call For Proposals (CFP) 2025

CFP 2025 was launched on October 6, 2025 and will close on November 4, 2025 at 2:00pm EST.

The CFP 2025 is open to municipalities and First Nations, Inuit and Metis communities to support timely and targeted responses to emergent and critical needs related to the overdose crisis. The ETF can fund projects up to $2,000,000 per fiscal year per organization. For this funding opportunity, applicants may choose to request funding for projects that can span up to 12 months, starting no earlier than April 1, 2026, and ending no later than March 31, 2027.

Funding priorities

The primary priority for the 2025 ETF CFP is to address urgencies related to the overdose crisis, as applied to an individual community's context.

All proposals should include supporting evidence that describes the urgency of the situation in their community and why it is important to carry out the project quickly.

Evidence of urgency could include:

- Declared states of emergency
- Community impact statements
- Local public health data or other community-level data
- Data on substance use trends and impacts (e.g., increases in overdose rates)

Projects must demonstrate that they are responding to urgent needs to be considered for funding.

Additionally, Health Canada will further prioritize projects that can demonstrate **financial feasibility** and **project readiness.**

Eligibility

Funding can be provided for a range of activities that may include, but is not limited to:

- harm reduction and overdose prevention supports including training, drug checking (with an existing Section 56 exemption in place) and naloxone distribution
- cultural and community programing (e.g., on the land healing)
- certain capital costs (e.g., the purchase of vehicles and retrofit or repurposing of existing structures)
- outreach activities including support for mobile response teams, crisis counsellors, knowledge keepers and/or other Indigenous professionals
- recovery support

The following types of organizations may apply, however, **priority will be given to those that have not previously received funding through the Emergency Treatment Fund**:

- Canadian municipalities and their agencies outside of Quebec and Alberta[1]. (representative of the political or administrative division defined as a municipality by the laws in its respective province and territory (PT))

- Indigenous entities, including:
  - First Nations;
  - Inuit communities;
  - Métis governing bodies;
  - Modern Treaty Holders and Self-Governing Nations;
  - National and regional Indigenous organizations that are legally registered or incorporated not-for-profits;
    Not-for-profit Indigenous associations, organizations, and health authorities.

Note: Indigenous entities (i.e. Indigenous governments and organizations) in Quebec and Alberta are eligible to apply to the ETF. Some Indigenous entities located and operating only in Quebec will need to obtain written confirmation by the *Ministre responsable des Relations canadiennes et de la Francophonie Canadienne* before applying to Health Canada for Emergency Treatment Fund funding. For more information, consult the Ministère de la Santé et des Services sociaux website.

More information

For more information related to the call for proposals, including the guidelines for applicants, visit https://www.canada.ca/en/health-canada/services/substance-use/emergency-treatment-fund-2025.html

[1] Quebec municipalities subject to M-30; and Alberta municipalities subject to *Alberta's Provincial Priorities Act*.