



CALL FOR PROPOSALS

Reaching Home: Canada's Homelessness Strategy

April 1, 2020 - March 31, 2024

APPLICATION FORM

The deadline for submissions is Thursday January 16th, 2019 4:00 p.m.

Incomplete application package and late submission will not be considered.

The community entity, Lu'ma Native BCH Housing Society confirms that it is under no obligation to make a funding recommendation for any or all proposals submitted pursuant to this CFP.

C. ORGANIZATIONAL CAPACITY

32. How many employees does your organization currently have?

33. Has your organization undergone any important transformations in the past two (2) years? * YES NO
If 'YES', please provide a description of the changes

34. Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any experience with Lu'ma and the results of the project*

35. Does your organization owe any amounts to the Government of Canada? * YES NO

If 'YES', please complete the fields below for each amount owing:

Amount Owing	Nature of the amount owing (e.g. taxes, penalties, overpayments)	Department of agency to which amount is owed	If an amount is owing, is a payment plan in place?
a.			<input type="checkbox"/> YES <input type="checkbox"/> NO
b.			<input type="checkbox"/> YES <input type="checkbox"/> NO
c.			<input type="checkbox"/> YES <input type="checkbox"/> NO
d.			<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 2- PROJECT

A. PROJECT IDENTIFICATION

36. Project Title *

37. Planned Project Start Date (yyyy-mm-dd) *

38. Planned Project End Date (yyyy-mm-dd) *

B. PROJECT DESCRIPTION (Activities #44 and Expected Results #45 must be linked to each Project Objective #43

39. **Project Objectives** (must be clearly linked to the objectives of the Reaching Home program) *

a)

b)

c)

d)

e)

40. Project Activities Summary to achieve Project Objectives (include details about how the project will be delivered) *

41. Expected Results of the Project with results measurement indicators (must be clearly linked to the project objectives) *

a)

b)

c)

d)

e)

42. Does this proposed project fit with your organization's other activities? * YES NO
If 'YES', please describe how

<p>43. Will any of the project activities be delivered in a different location than where your organization is located? *</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If 'YES', please include your main address and an address for every other location where project activities will occur:</p>		
Main Address	City or Town	Postal Code
a.		
Secondary Address	City or Town	Postal Code
b.		
c.		
d.		
e.		
<p>44. Is your project designed to benefit or involve people in English or French-language minority communities?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If 'YES', please provide an explanation and any details on whether consultations will take place with these communities:</p>		
<p>45. Will any other organizations, networks or partners be involved in carrying out the project? * <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If 'Yes', please clearly identify the role(s) and expertise they will bring to the project:</p>		

PART 3 - FUNDING

A. ANTICIPATED SOURCES OF FUNDING					
46. Source Name*	47. Source Type*	48. Cash	49. In-kind (\$ value)	50. Confirmed *	
				Cash	In-kind
ESDC	ESDC				
Total Funding for the Project					
Letters confirming the nature and amount of each partnership, along with the full name and contact information, must be submitted with the applicaiton. *					
B. PROJECT BUDGET (Please refer to Annex B the Budget Detail Template to provide additional budget, which must be included as part of the application. *)					
51. Cost Category*	Planned Expenditures (\$)				
	52. LU'MA BCH	53. Other-Cash	54. Other- In kind		
TOTAL PROJECT BUDGET REQUESTED FROM APPLICANT					

55. Associated Businesses or Individuals: Please check all statements below that apply to your planned expenditures of Lu'ma BCH funding

Contracts valued at \$25,000 or more are part of the planned expenditures

Contracts with businesses or individuals legally associated with the applicant organization are among the planned expenditures

Contracts with outside providers to manage all or part of the project activities on behalf of the applicant organization are among the planned expenditures

C. INVESTMENT PRIORITIES		
56. Identify the percentage (%) of the activities that align with the following eligible activities. (The total percentage allocated must be 100%) *		
	Eligible activities	Percentage (%)
a. Housing Services Prevention & shelter diversion Client support services	<input type="checkbox"/> Housing placement	
	<input type="checkbox"/> Emergency Housing Funding	
	<input type="checkbox"/> Housing set-up	
	<input type="checkbox"/> Prevention focuses on people at risk of homelessness	
	<input type="checkbox"/> Shelter Diversion focuses on people as they are seeking entry into shelters	
	<input type="checkbox"/> Basic needs services	
	<input type="checkbox"/> Clinical and treatment services	
	<input type="checkbox"/> Economic integration services	
	<input type="checkbox"/> Social and community integration services	
	<input type="checkbox"/> Other (Innovative initiatives)	
b. Capital investments	<input type="checkbox"/> Renovation of emergency shelters, transitional housing, permanent supportive housing, or non-residential facilities	
	<input type="checkbox"/> Repairs of damages resulting from housing placements (include private market housing)	
	<input type="checkbox"/> New construction of transitional or permanent supportive housing or non-residential facilities	
	<input type="checkbox"/> Purchase of transitional housing, or permanent supportive housing or non-residential facilities to create new space or units.	
	<input type="checkbox"/> Purchase or construction of new emergency shelters	
	<input type="checkbox"/> Purchase of furniture, appliances, machinery, electronic equipment and vehicles	
	<input type="checkbox"/> Other (Innovative initiatives)	
c. Coordination of resources and data collection**	<input type="checkbox"/> Mapping of the housing and homeless-serving system to identify existing programs and services and assess current capacity, program funders, and program requirements	
	<input type="checkbox"/> Developing and implementing coordinated access	
	<input type="checkbox"/> Customizing an existing Homelessness Management Information System to meet the minimum requirements of coordinated access	
	<input type="checkbox"/> Developing partnerships to support a broader systematic approach (data collection and analysis) to addressing homelessness.	
	<input type="checkbox"/> Facilitate the coordination of housing and homelessness services, the development of system-wide strategic responses, and foster creative new approaches to addressing issues faced people who are homeless or at imminent risk of homelessness.	
	<input type="checkbox"/> Data collection activities (for example, conducting point-in-time counts or surveys of homeless populations)	
	<input type="checkbox"/> Other (Innovative initiatives)	
Total percentage allocated (The total percentage allocated must be 100%)		

****Please note the successful applicants will be required to participate in Coordinated Access System initiated by IHSC and Lu'ma BCH**

PART 4 – DECLARATION

In order for your application to be eligible for funding, it must be completed and signed by the official representative(s) of the applicant organization in accordance with the organization's by-laws or other constituting documents. The person(s) signing this form certify (ies) the following:

- A. I certify that I have the capacity and that I am authorized to sign and submit this CFP on behalf of the Organization named in Part 1;
- B. I certify that the information provided in this application form and supporting documentation is true, accurate, and complete to the best of my knowledge; and

C. I certify that the Organization and any person lobbying on its behalf is in compliance with the Lobbying Act, R.S.C., 1985, c. 44 (4th Supp.) and that no commissions or contingency fees have or will be paid directly or indirectly to any person for negotiating or securing this request for funding.

Signatory Name (please print)

Title (please print)

Signature

Date (yyyy-mm-dd)

Signatory Name (please print)

Title (please print)

Signature

Date (yyyy-mm-dd)

Signatory Name (please print)

Title (please print)

Signature

Date (yyyy-mm-dd)

Additional Information

Instructions: For each block of text you include below (if any), please specify the section it is meant to continue.
e.g. Part 1, Section 1C, Question 36- continued : insert the rest of your answer here.

