



On behalf of Reaching Home
the
Government of Canada's Homelessness Strategy

Call for Proposals 2024-2025

Application for Designated Communities and Indigenous Homelessness Funding in Saskatoon, SK

**This application is for Housing Services, Prevention and Shelter
Diversion, Client Support Services, Capital Investments**
This application is for Housing Services Prevention and
Shelter Diversion Client Support Services Capital Investments.

PLEASE READ THE APPLICATION GUIDE CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM

Part 1

1.1 Organization Identification

Organization type			
<input type="checkbox"/> Individual	<input type="checkbox"/> Private	<input type="checkbox"/> Not for profit	<input type="checkbox"/> Municipal <input type="checkbox"/> Other
Legal Name		Phone Number	Fax Number
Mailing Address		Website Address	
Contact Name and Title		Phone Number	Email
Language of Correspondence	Incorporation Number (<i>Charters/letters patent</i>)	Incorporation Date (MM-YYYY)	
<input type="checkbox"/> English <input type="checkbox"/> French			
Business Number (<i>Canada Revenue Agency</i>)		GST Number	PST Number
Registered Charitable Tax Number		Tax refund percentage	
From among the organization staff affected by the proposed activities, is any staff unionized?		If yes, have you obtained union concurrence?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> It is not required. Note: If yes, a <u>Copy of Union Concurrence</u> required upon submission	
Organization's main activities and mandate			

1.2 Indigenous Declaration

Describe identified needs of the Indigenous community, and how the proposed project responds to those needs.
Describe evidence of your organization's, and if applicable, partners in your application, capacity to respond to the specific needs of the Indigenous community.
Indigenous Representation _____% Board Members who self-identify as Indigenous _____% Payroll who self-identify as Indigenous _____% Individuals Served by this project who self-identify as Indigenous

1.3 Legal Signing Officers

Contribution Agreement (according to Letters Patent or other incorporating documents)		
How many signatures are required to bind the applying organization into a legal agreement?	Number:	
From among these authorized signatures, what is the position title of the officer(s) whose signature is always required to bind the applying organization into a legal agreement?	Position Title:	
Title	Name	Specimen Signature
1		
2		
3		

Payment Claims and other reports submitted		
How many signatures should appear on applications for payment or reports submitted?	Number:	
From among these authorized signatures, what is the position title of the officer(s) whose signature is always required on payment claims or reports submitted?	Position Title:	
Title	Name	Specimen Signature
1		
2		
3		

1.4 Accounting Practices

<input type="checkbox"/> Accounting is done internally		<input type="checkbox"/> Accounting is done by an external firm	
Bookkeeper's name		Name of the external firm (if applicable)	Telephone number
<input type="checkbox"/> Manual system <input type="checkbox"/> Computerized system		Name of software used	
What is the fiscal year-end of your organization?		Do your organization contract external auditors to conduct financial audits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the past three (3) years, has your organization been reviewed, audited or investigated by the federal government, provincial government or another public body created under the law of a province? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, were there any irregularities or issues regarding your organizations' financial management practices? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have those issues been resolved and measures diligently put in place to prevent reoccurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have liability insurance, please specify the amount:	Worker's Compensation Premium Rate (per \$100):	

1.5 Amounts Owing to Canada

Do you owe any amount to a Government of Canada department or agency? Yes No

If so, please specify:

Amount Owing	Nature of the amount owing (i.e. tax, penalty, overpayment)	Government department or agency to which the amount is owing
\$		

1.6 Lobbying Efforts / Involvement of Public Servants

<p>Are you presently a registered lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Applicants are responsible for ensuring that any person lobbying on their behalf is registered with the Office of the Registrar of Lobbyists pursuant to the Lobbyists Registration Act. In addition, applicants who seek outside assistance to solicit, negotiate or obtain a contribution from the department may not pay a contingency fee for such assistance.</p> <p>At the agreement stage, applicants requesting funding of \$25,000 or more will be asked to declare the above requirements concerning the registration of lobbyists and contingency fees have been met.</p> <p>Lobbyists may register online with the Office of the Registrar of Lobbyists (www.ori-gdl.gc.ca) free of charge. For further information, please contact the Office of the Registrar of Lobbyists by telephone at (613) 957-2760 or email at questionslobbying@ori-bdl.gc.ca</p>	
<p>Has there been any involvement of past federal government public servants in the preparation of this proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Applicants are responsible for declaring involvement of past federal government public servants in the preparation of their proposals as per the Values and Ethics Code for the Public Service. The Values and Ethics Code for the Public Service can be found at: http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?section=text&id=25049</p>	

- If your application is for a Capital Investment Project that includes services, please complete both sections.

2.3b Project Areas of Activity for Capital Investment Projects please indicate type of facility (1)

Emergency Facility <input type="checkbox"/>	Transitional Facility <input type="checkbox"/>	Permanent Supportive Facility <input type="checkbox"/>	Non-Residential Facility <input type="checkbox"/>
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Note:

- Please review the Application Guide for further explanation on each Type of Capital Investment

2.4 Project details and summary. (Please provide: #of staff hired; clear project related activities under Housing, Shelter Diversion, Support Services and Capital)

2.5 Project timeline and work plan descriptions.

2.6 List any partner organizations, businesses, institutions or other funding agencies that you have approached or will approach to provide funding for this project.

2.7 Measurable and achievable outcomes and outputs and expected results.

2.8 Process to measure success.

2.9 Program History and Successes (description of specific program that is connected to proposed project and past successes of this program).

2.10 Please discuss past Reaching Home partnerships with brief project and funding details. (If applicable)

2.11 Environmental impacts (if applicable).

2.12 Capital Investment Projects: The Sustainability Plan must demonstrate how the benefits of the project will be sustainable and activities maintained for a five (5) year period after Reaching Home funding ends. If an Exit Strategy forms part of the Sustainability Plan, then the Exit Strategy must demonstrate a minimum amount of disruption to clients.

Part 3 Beneficiaries

Please provide information on the client groups (those who are homeless and those at risk of homelessness) served as part of your project. Please check all that apply.

Housing Status			
<input type="checkbox"/> Chronically Homeless <i>(Individuals, often with disabling conditions (e.g. illness, disability, substance abuse), who are currently homeless and have been homeless for six months or more in the past year (more than 180 cumulative nights in a shelter or place not fit for human habitation).</i>		<input type="checkbox"/> History of Chronic or Episodic Homeless <i>(must be currently permanently housed through a housing first program or exiting an institution).</i>	
Gender	Ages	Special Needs	Populations of Interest
<input type="checkbox"/> General population <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> General population <input type="checkbox"/> Children (0-14) <input type="checkbox"/> Youth (15-30) <input type="checkbox"/> Adults (31-64) <input type="checkbox"/> Seniors (65+)	<input type="checkbox"/> General population <input type="checkbox"/> People with addictions <input type="checkbox"/> People with disabilities or mental health issues <input type="checkbox"/> People with HIV/AIDS <input type="checkbox"/> Families <input type="checkbox"/> Victims of domestic violence <input type="checkbox"/> People who identify as LGBTQ	<input type="checkbox"/> Indigenous peoples _____% <input type="checkbox"/> Immigrants _____% <input type="checkbox"/> Refugees _____% <input type="checkbox"/> Veterans _____% Reported % of total people served

Client complexity
<p>The Reaching Home program in Saskatoon currently is currently implementing Coordinated Access. Please indicate client level of complexity (acuity) your organization can support.</p> <p>Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Highest <input type="checkbox"/></p> <p><input type="checkbox"/> Confirm your organization’s ability/commitment to participate in the Coordinated Access process.;</p> <p><input type="checkbox"/> Confirm your organization’s ability/commitment to utilize the HIFIS 4 system (Homeless Individuals and Families Information System) in Saskatoon as part of Coordinated Access implementation.</p> <p>For more information on HIFIS 4 please refer to the Application Guide and or https://www.canada.ca/en/employment-social-development/programs/homelessness/hifis.html</p>

Part 4 Project Funding Details

Timeline	2024-2025
Reaching Home funding requested amount	\$
Other sources of contribution	\$
Total project amount	\$

Please name all matching cash and in-kind contributions to the project, summarize partner roles/responsibilities and financial or in-kind contribution value.

Include all partner organizations, government agencies (of any level – federal, provincial, municipal), businesses, non-profits, individuals, or others as well as partnership letters as per the Application Guide instructions.

Do not include contribution partners of your organizations' operational budget. Only include contributors or partners of the project proposed for Reaching Home funds.

Contributor	Type of Organization	Roles and Responsibilities	Financial or In-Kind Value
Total project amount of Financial and In-Kind Contributions from All Sources:			\$

Mandatory Supporting Documents required. Letter(s) of commitment are required to confirm contributions declared in this application form as part of the financial and/or activity reporting.

Part 5 Budget Negotiation Notes

Legal Name of Organization:

Proposed Project Name:

Project Number: (for office use only)

Please complete the Financial Budget Template. <https://www.shipweb.ca/call-for-proposals-1>

TO BE COMPLETED BY COMMUNITY ENTITY

1. Are administrative expenses (Sub-totals 7 and 8) within the 15% of the ESDC contribution limit? Yes No

If No, please explain : _____

2. Are wages within the prevailing wage labour rate for this occupation in the community? Yes No

Comments: _____

Have you read and do you understand the Capital Investment Sustainability Requirements from the Application Guide?

Yes No

Legal Signatory Name (please print)	Title (please print)	Signature	Date (dd-mm-yy)

Appendix 1 (For Capital Investment Projects Only)

This section must be completed by all applicants seeking funding for capital investment projects to ensure that their application and sustainability plan address all key elements required of an eligible capital project. This section contains elements that will be verified during the selection process by the Community Entity and the Community Advisory Board.

Sustainability Plan

Long-term benefit for the community
Indicate how the purchased equipment or furniture, or renovated facility, will remain in the long term for the benefit of individuals who are homeless or at imminent risk of homelessness?
Operation for five years after the project ends
Indicate the operational impacts of the project (i.e., additional staff or services needed once the project is completed or additional demand for health and social services).
What are the relevant and related operational costs identified for the project? (Include any costs related to additional staff and service requirements).
Show what operational funding sources will cover the total operating costs related to the project. (i.e., a balanced annual operating budget for five years following the end date of the project).
Identify all the partners and operational funding sources identified in the sustainability plan.

Sustainability Checklist

1. Funding to Implement the Project		
To fund the project:	YES	NO
• Are all relevant and related project costs identified in the application package and/or sustainability plan?	<input type="checkbox"/>	<input type="checkbox"/>
• Do the application package and/or sustainability plan clearly show funding sources equal to the total costs of the project?	<input type="checkbox"/>	<input type="checkbox"/>
• Are all funding sources confirmed through letters of support in the application package?	<input type="checkbox"/>	<input type="checkbox"/>
2. Project Impacts		
Impacts of the project on staff and service requirements:	YES	NO
• Do the application documents and/or sustainability plan clearly indicate the impacts of the project (i.e. will there be a need for additional staff or services after completion)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Partnerships		
Demonstrate support:	YES	NO
• Does the sustainability plan clearly identify all partners and indicate support that will be provided by each towards new requirements and impacts of the project?	<input type="checkbox"/>	<input type="checkbox"/>
4. Operational Costs at the End of the Project		
After project ends:	YES	NO
• Do the application documents and/or the sustainability plan clearly indicate funding sources for additional staff or service requirements?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the sustainability plan clearly show that the annual operational budget will be balanced for five years after the project ends? (i.e. annual operational costs must be lower than the annual income)	<input type="checkbox"/>	<input type="checkbox"/>