



REQUEST FOR PROPOSALS
Non-Designated Aboriginal Homelessness
Funding Stream
Application Form

Organization type		
<input type="checkbox"/> Individual <input type="checkbox"/> Private <input type="checkbox"/> Not for profit <input type="checkbox"/> Municipal <input type="checkbox"/> Aboriginal		
Legal Name	Phone Number	Fax Number
Mailing Address including postal code	Website Address	
Contact Name and Title	Phone Number	Email
Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	Incorporation Number <i>(Charters/letters patent)</i>	Incorporation Date <i>(MM-YYYY)</i>
Business Number <i>(Canada Revenue Agency)</i>	GST Number	Tax Refund %
What is the mandate of your organization? What are the main activities? 		

Project Name & Description	Length of Project (DD-MM-YYYY)	
	From	To
Location of Project activities (if different than applicant's mailing address)		

Project areas of activity (check ONE that best fits the proposed activities).

To preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness	<input type="checkbox"/> emergency shelter facilities <input type="checkbox"/> transitional housing facilities <input type="checkbox"/> supportive housing facilities <input type="checkbox"/> non-residential facilities
To improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services	<input type="checkbox"/>
To ensure coordination of resources and leveraging	<input type="checkbox"/>
Activities to reduce homelessness through a Housing First approach	<input type="checkbox"/>

<p>Will this project be targeting the following:</p> <input type="checkbox"/> Men in need of emergency shelters and/or transitional housing. <input type="checkbox"/> Youth <input type="checkbox"/> Mental health amongst homelessness
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HPS Non-Designated Funding Request (must be equal to budget notes)	\$
Name Other Sources of Contribution	\$
Total Project Amount	\$

1. PROJECT INFORMATION

1.1 Project Name

Your project name should relate to your project activity. It may reflect the facility, group, or community that would benefit from the project. Do not use Homelessness Partnering Strategy (HPS) nor your organization's name for the project name.

1.2 Length of Project

Your project must be completed within the current fiscal year, before **March 31, 2017**. Projects cannot begin until a contribution agreement has been signed with the Provincial Métis Housing Corporation. If the final completion of your project is anticipated to occur past March 31, 2017, please indicate the funding plan for subsequent phases and rough timelines.

1.3 Location of Project activities

Funding is provided by location of activities. Please indicate if the mailing address is different than the location of project activities.

1.4 Please provide population size of community where project activities are to take place

Make note that the target population must be Aboriginal people residing outside Saskatoon/Regina and off reserve.

1.5 Project Areas of Activity

Please include the location of the facility and/or capital project activities, intended clientele, the accessibility of the service to the proposed client types and accessibility to other services potentially needed by the client. refer Eligible Projects and Activities to better understand the areas of activity for this question.

1.6 Community Needs

Clearly demonstrate the need for the proposed activity through identification of a gap in services for the target population identified in the proposal. Please provide a description of your community needs and how your proposed activities will meet these needs. Note: please attach all sufficient evidence (i.e. need assessment, homelessness study etc.)

1.7 Project Objectives

Please provide the details of the intended outcomes of the project.

1.8 Project Activities and Timelines

The timelines of the project activities must include prospective dates of activities (e.g.; October, 2013 - get quotes from various contractors to carry out the project renovation plans). Ensure that proposed activities and timelines are realistic.

1.9 Organization Capacity

What is the capacity of your organization and the people involved in carrying out the project activities in terms of experience, resources, and to ensure the project will be successfully implemented?

1.10 Measurable and achievable outcomes

Include identification of measurable and achievable short, medium or long-term outcomes to meet the needs of the homeless population as per HPS funding requirements (# of emergency shelter beds created, # of clients targeting to be housed, etc.) What do you hope to achieve or change by doing the proposed activities?

1.11 Evaluation Strategy

Your evaluation strategy should reflect your plan on how you will measure the impact that your proposed activities have had on your clients and/or community. How will you know that your outputs or outcomes have been met? What data collection methods will you use?

1.12 Sustainability

An explanation as to how the project will continue to be sustainable after the HPS contribution agreement end. You must show evidence that the proposed activity has a plan in place to be operational for a five year period after the end of the HPS funded project.

2. PROJECT FUNDING DETAILS

Please fill out the detailed budget component attached to the application form. Indicate any other sources of funding for the project, if applicable.

3. DECLARATION

Must be signed by as many persons as required by the organization’s statutes or by-laws.

- I declare that I am legally authorized to sign and submit this Application on behalf of the organization named in Section 1.
- I declare that the information provided in this Application and supporting documentation is true, accurate, and complete to the best of my knowledge.
- I understand that if the information described above is false or misleading, I or the organization may be required to repay some or all of the funding received.

Please list all eligible signing authorities:

Title	Name	Authorized Signature

4. SUBMITTING YOUR FUNDING APPLICATION

The checklist is a tool that will ensure your project proposal is complete. Please check to make sure that you have included all necessary information. Incomplete applications will not be accepted.

In order for your application to be considered for funding, it must include the following:

<input type="checkbox"/>	Application Form completed and signed by a Legal official representative(s) appointed by the organization
<input type="checkbox"/>	Budget Negotiation Notes
<input type="checkbox"/>	Letters of commitment from other funding partners (if applicable)
<input type="checkbox"/>	Completed sustainability checklist if applying for capital funding
<input type="checkbox"/>	Any other applicable documentation that will support your organization’s proposal (I.e. needs assessment, community plan, etc.)

5. APPENDICES

CONFLICT OF INTEREST IDENTIFICATION STATEMENT

Please provide a conflict of interest identification statement in place and abide by the guidelines below and ensure all agents, officers and employees follow accordingly as a condition of employment or engagement through the sponsor. PMHC in its sole discretion, may disqualify a proposal and its sponsor if it is determined that a potential for a conflict of interest exists.

(I) or (We) understand and agree the Provincial Metis Housing Corporation as the funding agency of the Homelessness Partnering Strategy will consider a Conflict of Interest Identification Statement to exist between the candidate and any organization, partner, officer, employee, or agent involved with the Project Development and/or Operating Team (Team). A Team member includes any partner, project developer, general contractor, architect, engineer, lawyer, accountant or any other entity involved with the project.

Conditions for a Conflict of Interest to exist are:

- When there is any financial interest of the candidate in a Team;
- When one or more of the agents, officers, directors, shareholders or partners of the sponsor is also an agent, officer, director, shareholder or partner of the Team;
- When any agent, officer, director, shareholder or partner of the candidate has any financial interest whatsoever in the Team;
- When any agent, officer, director, shareholder or partner of the Team advances any funds to the candidate, other than an interim lender advancing funds to enable the Sponsor to pay for construction and other Project costs;
- When the Team provides and pays on behalf of the candidate for any project costs;
- When the Team takes stock or any interest in the candidate as part of the consideration to be paid them;
- When there exists or comes into being any side deals, agreements, contracts, or undertakings entered into, which create or will create a conflict of interest as set forth above.

(I) or (We) certify that for HPS Application 2016-2017 there is not now, nor will there be, a Conflict of Interest between the candidates and the Project Development and/or Operating Team, or any of their agents, officers, directors, shareholders, or partners or beneficiaries without prior written identification to the Aboriginal Homelessness Advisory Committee

Signature and Title

Date

FUNDING SOURCE DISCLOSURE AUTHORIZATION

Complete the following for each funding partner. Examples of funding partners are private lending/financial institution, municipality, provincial government, federal government, or any other funding contributor.

Please complete as applicable:

Funding Source:	_____		
Funding Type:	_____		
Mailing Address:	_____		
Contact person:	_____	Title:	_____
Phone:	_____	Fax:	_____
Email:	_____		
Funding Source:	_____		
Funding Type:	_____		
Mailing Address:	_____		
Contact person:	_____	Title:	_____
Phone:	_____	Fax:	_____
Email:	_____		
Funding Source:	_____		
Funding Type:	_____		
Mailing Address:	_____		
Contact person:	_____	Title:	_____
Phone:	_____	Fax:	_____
Email:	_____		

For HPS Application 2016-2017, we hereby provide authorization for Provincial Metis Housing Corporation to contact each funding source representative as listed above.

Signature and Title

Date