|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reaching Home: Canada’s Homelessness Strategy  Call for Proposals | | | | | | |
| *The Central Okanagan Foundation* in collaboration with the *Community Advisory Board on Homelessness* is accepting applications for funding under the Reaching Home *Designated Communities* funding stream.  *The Central Okanagan Foundation* serves as the *Designated Communities* Community Entity (CE) for *City of Kelowna through* an agreement with the Government of Canada. The Community Entity supports the delivery of the Reaching Home program and is responsible for leading sub-project solicitation processes in collaboration with the *Community Advisory Board on Homelessness,* and for establishing funding agreements with organizations based on recommendations made by an established Project Review Committee with final approval from the Community Advisory Board on Homelessness. | | | | | | |
| **Call for Proposals Intake Deadline – January 31.2024- 4:00pm**  **Applications submitted after the Call for Proposals close will not be considered for funding**  **Applications can only be submitted using the following format: *email to cheryl@centralokanaganfoundation.org***  **Questions regarding this Call for Proposals must be directed to:**  ***Cheryl Miller /*** [***cheryl@centralokanaganfoundation.org***](mailto:cheryl@centralokanaganfoundation.org)  ***Anna-Lyn Albers /*** [***anna@centralokanaganfoundation.org***](mailto:anna@centralokanaganfoundation.org)   * 2024-2025 – $836,870.95 * 2025-2026 - $836,870.95 | | | | | | |
| **IMPORTANT - Please read thoroughly and refer to the** [Reaching Home: Canada's Homelessness Strategy Directives](https://www.infrastructure.gc.ca/homelessness-sans-abri/directives-eng.html#h2.3) **developing your project and completing this application:** | | | | | | |
| * **Please type information into the application – do not hand write.** * **Text boxes expand to fit text.** * **Double click boxes to select -** | | | | | | |
| **1 - Organization Information** | | | | | | |
| **1.1 Organization Type** | | | | | | |
| **Registered Charity** | **Provincial Government** | | | | **Public Health or Education** | |
| **Indigenous Organization** | | **Municipal Government** | | | | **Other** |
| **1.2 Organization Legal Name** | | | | **1.3 Organization Common Name** | | |
|  | | | |  | | |
| **1.4 Mailing Address** | | | | **1.5 Web Site** | | |
|  | | | |  | | |
| **1.6 Organization Contact Name** | | | | **1.7 Position** | | |
|  | | | |  | | |
| **1.8 Phone** | | | | **1.9 Email** | | |
|  | | | |  | | |
| **1.10 Canada Revenue Agency Number** | | | | | | |
| **RR0001** | | | | | | |
| **1.13 Signing Officers for Agreement Purposes** | | | | | | |
| **Name** | **Title** | | | | **Signature** | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |
| How many of the above signatures are required? | | | | | | |
| **1.14 Signing Officers for Payment Claims, Forecast of Project Expenditures and Activity Reports** | | | | | | |
| **Name** | **Title** | | | | **Signature** | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |
| How many of the above signatures are required? | | | | | | |
| **1.15 Organization Mandate or Mission Statement** | | | | | | |
|  | | | | | | |
| **1.16 Describe important transformational changes to your organization in the past 2 years.** (Examples: a change in leadership at the executive level, a significant reduction, increase or turnover in staff, a merger with or split from another organization, a change in mandate or main activities). Approx. 500 words – If no changes please indicate with “N/A” | | | | | | |
| * Assume the review committee is not familiar with your organization | | | | | | |
| **1.17 Describe your organization’s capacity & expertise to manage the project activities and budget.** | | | | | | |
| * Assume the review committee is not familiar with your organization * Tell them who you are; what you do; how you do it * Be clear and specific | | | | | | |
| **2 - Project Information** | | | | | | |
| **2.1a Project Contact Name** | | | | **2.2a Position** | | |
| Ensure contact could answer questions regarding the  funding application if contacted. | | | |  | | |
| **2.3a Phone** | | | | **2.4a Email** | | |
|  | | | |  | | |
| **2.5a Project Title** | | | | | | |
| Provide a brief synopsis of the grant ask   * Offers a quick overview to the review committee re the grant ask (remember they are reviewing multiple applications) | | | | | | |
| **2.6a Geographic Area Served by the Project**  **Funding is available for the geographic area of the city of Kelowna ONLY** | | | | | | |
|  | | | | | | |
| **2.7a Proposed Start Date (April 1.2024, or April 1.2025)** | | | **2.8a Proposed End Date (March 31.2025, or March 31.2026)** | | | |
| (YYYY-MM-DD) | | | (YYYY-MM-DD) | | | |
| **2.1b Project Contact Name** | | | | **2.2b Position** | | |
| Ensure contact can answer questions regarding the  funding application if contacted. | | | |  | | |
| **2.3b Phone** | | | | **2.4b Email** | | |
|  | | | |  | | |
| **2.5b Project Title** | | | | | | |
| Provide a brief synopsis of the grant ask   * Offers a quick overview to the review committee re the grant ask (remember they are reviewing multiple applications) | | | | | | |
| **2.6b Geographic Area Served by the Project**  **Funding is available for the geographic area of the city of Kelowna ONLY** | | | | | | |
|  | | | | | | |
| **2.7b Proposed Start Date (April 1.2024, or April 1.2025)** | | | | **2.8b Proposed End Date (March 31.2025, or March 31.2026)** | | |
| (YYYY-MM-DD) | | | | (YYYY-MM-DD) | | |
| **2.9 Describe the Need for the Project(s) in the Community.** | | | | | | |
| You might have several ways of knowing:  a) Reference reputable research findings, comparative data to support the proposal  b) Internal assessments of your organization, or clients, etc.  c) Trends and expert views that support the proposal  Be specific about how you know, what you know. | | | | | | |
| **2.10 Provide Letters of Support** | | | | | | |
| Your application must include one or more original letter(s) from organizations or groups in your community that support the proposed program.  **All applicants must include one or more letter(s) of community support, up to a maximum of 3 support letters.**  **The letter must include:**   * the name, position title, and signature of the writer, and the date, and where possible, the organization’s letterhead * address and phone number of the organization   **Letter must clearly endorse the program and demonstrate the following:**   * knowledge and support of your organization * knowledge and support of your proposed project * the need for the proposed project in the community * how your project will benefit the community   **Letters from members of your organization are not valid. An identified Partner for the proposed project can not write a Letter of Community Support.** | | | | | | |
| **2.11 Project Demographics**  **If your project serves all demographics, select No Specific Target Population below.**  **If your project is designed to serve a specific demographic(s), select the applicable demographic(s) below.** | | | | | | |
| **Target Populations and Demographic Characteristics**  **Gender**  Male  Female  Non-Binary  **Other**  People with Mental Disabilities  People with Disabilities  People with Addictions  People Who Identifying as LGBTQ2+  People Fleeing Domestic  Violence  People Exiting Public Institutions  People Experiencing Chronic Homelessness  People Living in Encampments | | | | Visible Minorities  Indigenous People  Immigrants  Refugees / Refugee Claimants  Veterans  Families  Children < 11  **Y**outh 12-24  Adults 25-64  Seniors 65+  No Specific Target Population | | |
| **2.12 Project Objective(s)** - The objective(s) should describe the desired change the project will accomplish and can include quantitative and qualitative information. Objectives must identify a specific outcome(s) the project is designed to support (i.e. reduction in and prevention of homelessness) and who will benefit from the project. | | | | | | |
| * It is critical for the objectives to be concrete, precise, and measurable. * Objectives are explicit statements as to how you will work toward reaching your overarching goal | | | | | | |
| **2.13 Project Activities**   * Project activities are the steps taken to achieve the objective(s) of the project and need to be achievable within the project duration. * Activities must be specific, measurable, and directly relate to achieving the project objective(s). | | | | | | |
| **Housing Services -** If your project provides services under this activity area:   * Select each applicable activity. * Clearly describe what will occur, including timelines. * Explain the role of staff and (if applicable) the role of other organizations. | | | | | | |
| Housing Placement  Emergency Housing Funding  Housing Set-up | | | | | | |
| **Qualitative summary:**  Can be written in bullet-point or paragraph form. Be clear, and descriptive. Assume the project review committee has no knowledge of your organization / projects. | | | | | | |
| **Prevention and Shelter Diversion** **-** If your project provides services under this activity area:   * Clearly describe what will occur, including timelines. * Explain the role of internal staff and (if applicable) the role of other organizations. | | | | | | |
| **Qualitative summary:**  Can be written in bullet-point or paragraph form. Be clear, and descriptive. Assume the project review committee has no knowledge of your organization / projects. | | | | | | |
| **Client Support Services -** If your project provides services under this activity area:   * Select each applicable activity. * Clearly describe what will occur, including timelines. * Explain the role of internal staff and (if applicable) role of other organizations. | | | | | | |
| Economic Integration – Income, Employment, Education, & Job Training  Social & Community Integration Services  Clinical Treatment Services  Basic Needs Services | | | | | | |
| **Qualitative summary:**  Can be written in bullet-point or paragraph form. Be clear, and descriptive. Assume the project review committee has no knowledge of your organization / projects. | | | | | | |
| **Coordination of Resources & Data Quality Improvement -** If your project provides services under this activity area:   * Select each applicable activity. * Clearly describe what will occur, including timelines. * Explain the role of internal staff and (if applicable) role of other organizations. | | | | | | |
| **Qualitative summary:**  Can be written in bullet-point or paragraph form. Be clear, and descriptive. Assume the project review committee has no knowledge of your organization / projects. | | | | | | |
| **2.14 Project Staffing Plan** - Describe staff needed to deliver project activities. Include position titles, duties, required certification and recruitment plan. Describe internal policies, practices and required staff training ensuring culturally appropriate service for Indigenous people accessing the project. Demonstrate how project reporting requirements have been incorporated in the staffing plan. | | | | | | |
| * Assume the review committee is not familiar with your organization * Be clear and succinct | | | | | | |
| **2.15 Project Expected Results -** Expected Results include *outcomes* and *outputs* that are expected to occur, and must be specific, measurable and clearly linked to the project objective(s).  Expected results include *outcomes* (i.e. 12 seniors at- risk of homelessness will remain housed) and *outputs* (i.e. - development of a landlord engagement strategy) that will allow the desired outcomes to be achieved. | | | | | | |
| * Ensure the answer is well written and reader friendly (avoid acronyms) * **Output is the physical result of your work** * **Outcomes record the changes that occur as a result of your project** | | | | | | |
| **2.16 Project Sustainability Plan or Exit Plan** - Describe how project activities will continue beyond the project end date, or the Exit Plan to describe project wind-down and (where applicable) a strategy to minimize challenges for project participants. | | | | | | |
|  | | | | | | |
| **3 – Project Budget** | | | | | | |
| **3.1 Project Budget Template**  Please complete tab for **each** fiscal year of funding being applied for. | | | | | | |
| **3.2 Partnerships:**  Contributing partners can include provincial and local governments, health authorities, not-for-profit organizations, and private foundations or corporations.  Please list all ***program specific*** partnerships below. Partners provide cash or in-kind contributions from sources other than Reaching Home funding.   |  |  |  |  | | --- | --- | --- | --- | |  | **TITLE OF PARTNERING ORGANIZATION and CONTACT PERSON NAME and CONTACT DETAILS** | **DOLLAR AMOUNT and INDICATE CASH or**  **IN- KIND CONTRIBUTION** | **LIST THE SERVICES OR ACTIVITIES BEING CONTRIBUTED THROUGH NON-REACHING HOME SOURCES** | | 1 | NAME  EMAIL  PHONE NUMBER | CASH AMOUNT = $0.00  IN-KIND AMOUNT = $10,000.00 | Housing – 10x housing unit rentals for 12x months | | 2 |  |  |  | | 3 |  |  |  | | 4 |  |  |  | | 5 |  |  |  | | | | | | | |

**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.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Signatory Name (please print) | Title (please print) | Signature | Date(yyyy-mm-dd) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Signatory Name (please print) | Title (please print) | Signature | Date (yyyy-mm-dd) |

|  |
| --- |
| **Appendix – Application Assessment Process** |
| **Assessment Criteria** |
| **Describe your organization’s capacity & expertise to manage the project activities and budget. & Examples of Previous Projects. (10 points)**  • Does the application demonstrate the organization has the internal policies and procedures to support the project – i.e. human resources policies, privacy policies and staff supervision / reporting structure?  • Does the application clearly explain the capacity of the organization to manage the project budget? |
| **Describe the Need for the Project in the Community & Provide Letters of Support. (10 points)**  • Does the application include qualitative and quantitative information to support the need for the project in the community?  • Does the letter of support include the following?  • the name and description of the organization offering support  • address and phone number of the organization offering support  • the name, position title, signature of the author  • the date written  • knowledge and support of your organization  • knowledge and support of your proposed project  • the need for the proposed project in the community |
| **Project Objective(s) (10 points)**  • Does the project objective(s) provide a clear statement of desired change the project will accomplish?  • Is the project objective(s) specific, measurable, attainable, relevant and time-bound?  • Does the project objective support the Reaching Home goal of preventing and reducing homelessness?  • Does the project objective(s) identify who will benefit from the project? |
| **Project Activities (10 points)**  For each Reaching Home activity included in the project, does the application:  • Identify the applicable sub-activity area(s)  • Clearly describe what will occur, including the role of staff and (if applicable) the role of other organizations.  • Provide a clear description of the steps required to achieve the project objective(s)?  • Include an evaluation strategy to assess project progress?  • Will all project activities be complete by the project end date? |
| **Project Staffing Plan (5 points)**  • Does the application demonstrate the organization has the required staff and/or recruitment plan?  • Does the application include job descriptions and required certification for project staff?  • Does the application include a description of internal policies, practices and required staff training ensuring culturally appropriate service for Indigenous people accessing project services? |
| **Project Expected Results (5 points)**  Expected Results include outcomes and outputs that are expected to occur, and must be specific, measurable and clearly linked to the project objective(s).  Expected results include outcomes (i.e. 12 seniors at- risk of homelessness will remain housed) and outputs (i.e. - development of a landlord engagement strategy) that will allow the desired outcomes to be achieved.  • Does the application include clearly defined outcomes?  • Does the application include clearly defined outputs? |
| **Project Sustainability Plan or Exit Plan (5 points)**  Does the application include a Sustainability Plan explaining how project activities will continue beyond the project end date, or an Exit Plan to describe project wind-up and (where applicable) a strategy to minimize challenges for project participants. |
| **Project Budget (10 points)**  • Do costs support the delivery of eligible activities?  • Do any of the costs support ineligible activities?  • Are Staff Wages representative of the labour market?  • Do Staff Wages include benefit costs, vacation, CPP, EI and WCB?  • Are requested costs reasonable and at fair market value?  • Are there potential budget oversights / costs required to deliver project activities that are not included in the budget?  • If the budget includes funding from other sources to support activities integral to the project.  • the amount of funding identified as a cash contribution and/or an in-kind contribution  • a description of the activities supported by the funding |