





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

## Call for Proposals 2023-2024

# 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

PLEASE READ THE APPLICATION GUIDE CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM

### Part 1

1.1 Organization Identification			
Organization type Indigenous Org. Private	☐ Not for pro	ofit Munic	cipal Other
Legal Name	Phon	e Number	Fax Number
Mailing Address	Webs	site Address	
Contact Name and Title	Phon	e Number	Email
English French Incorporate Inc	ooration Number <i>(Cl</i>	harters/letters patent)	Incorporation Date ( <i>MM-YYYY</i> )
Business Number (Canada Revenue Ag	gency) GST N	lumber	PST Number
Registered Charitable Tax Number		Tax refund percen	tage
From among the organization staff aff	ected by If yes, ha	eve you obtained union	concurrence?
the proposed activities, is any staff un			∃It is not required.
□Yes □No	Note: If	yes, a <u>Copy of Union Co</u>	ncurrence required upon submission
Organization's main activities and mai	ndate		

Describe identified needs of the Indigenous co	mmunity, and how the prop	posed project responds to those needs.
Describe evidence of your organization's, and i	if applicable, partners in you	ur application, capacity to respond to the
specific needs of the Indigenous community.		
,		
Indigenous Representation		
% Board Members who self-identify as Inc	digenous	
% Payroll who self-identify as Indigenous		
% Individuals Served by this project who s	self-identify as Indigenous	
.3 Legal Signing Officers		
Contribution Agreement (accord	ding to Letters Patent or ot	her incorporating documents)
How many signatures are required to bind the a	applying organization into a	Number:
legal agreement?		
From among these authorized signatures, what	is the position title of the	Position Title:
officer(s) whose signature is always required to	bind the applying	
organization into a legal agreement?	77 7 3	
Title	Name	Specimen Signature
11616		Specificity of the contract of
1		·
1		
2		
2		
2		
2		
3	Claims and other reports su	
2  Payment ( How many signatures should appear on applications)	Claims and other reports su	
2 Payment (	Claims and other reports su	bmitted
Payment ( How many signatures should appear on applicative reports submitted?  From among these authorized signatures, what	Claims and other reports su tions for payment or is the position title of the	bmitted
Payment  How many signatures should appear on applicative reports submitted?  From among these authorized signatures, what officer(s) whose signature is always required on	Claims and other reports su tions for payment or is the position title of the	bmitted Number:
Payment ( How many signatures should appear on applicative reports submitted?  From among these authorized signatures, what	Claims and other reports su tions for payment or is the position title of the	bmitted Number:
Payment ( How many signatures should appear on applicative reports submitted?  From among these authorized signatures, what officer(s) whose signature is always required on	Claims and other reports su tions for payment or is the position title of the	bmitted Number:
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Payment ( How many signatures should appear on applicative reports submitted?  From among these authorized signatures, what officer(s) whose signature is always required on submitted?  Title 1	Claims and other reports su tions for payment or is the position title of the payment claims or reports	bmitted Number:  Position Title:
Payment ( How many signatures should appear on applicative reports submitted?  From among these authorized signatures, what officer(s) whose signature is always required on submitted?  Title	Claims and other reports su tions for payment or is the position title of the payment claims or reports	bmitted Number:  Position Title:

1.4 Accounting Practice	S						
Accounting is done	internally				Αςςοι	unting is o	done by an external firm
Bookkeeper's name	Nai			Name of the external firm (if applicable)			Telephone number
Manual system	Com	puterized s	ystem	Name of soft	ware used		I
What is the fiscal year	-end of your org	ganization?		Does your or conduct final		ntract ext	ernal auditors to
In the past three (3) ye been reviewed, audite federal government, p another public body or province?	ed or investigate provincial govern	ed by the nment or	irregul your o	were there and larities or issue rganization's' gement practics  \textsquare \textsqu	es regarding financial	resolved diligent	ave those issues been d and measures ly put in place to reoccurrence?  No
Do you have liability in Yes No	nsurance?	If you hav the amou	-	insurance, ple	ease specify		's Compensation m Rate (per \$100):
1.5 Amounts Owing to C Do you owe any amount If so, please specify:  Amount Owi	nt to a Governm	Nature of	the amo	rtment or agen unt owing erpayment)		nt departr	No ment or agency to which unt is owing
\$							
1.6 Lobbying Efforts / Ir	ivolvement of Pu	ublic Servan	ts				
Are you presently a registered lobbyist?  Yes No	Office of the Reg	gistrar of Lob	byists pur licit, nego	suant to the Lob	byists Registrat	ion Act. In	is registered with the addition, applicants who partment may not pay a
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.							
		ner informati	ion, please	contact the Off	ice of the Regist		orl-gdl.gc.ca) free of byists by telephone at
Has there been any infederal government p		ast Ap	plicants a	ra racnoncibla fo	or declaring invo	olvement c	of past federal government

1 Project	<u>ct Details</u> : Name		2.2 Length of Pro	oject ending March 31 <sup>st</sup> 2024
-	ct areas of activity for ho es listed in each sub-cat	_	client support and prevention and she nust come to 100%)	elter diversion services (total of
×	Activity	×	Activity Areas	% of Overall Project Allocated to This Activity
			Housing Placement	
			Emergency Housing Funding	
Ш	Housing		Housing Set-up	
			% Allocation Totals:	0%
	Prevention and Shelter Diversion		Core and Secondary Services	
			% Allocation Totals:	0%
			Economic Integration Income	
			Economic Integration Employment	
			Economic Integration Education	
	Client Support Services		Economic Integration  Job-Training	
			Social and Community Integration Services	
			Clinical and Treatment Services	
			Basic Needs Services	

### Note:

- Please review the Application Guide for further explanation on each of the Project Areas of Activity
- If your application is for a Capital Investment Project <u>only</u>, you are not required to complete the above section, you are required to complete the section below.

- 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	Transitional Facility	Permanent Supportive Facility	Non-Residential Facility				
Note: - Please review the Ap	plication Guide for furth	er explanation on each	n Type of Capital Investm	nent				
2.4 Project details and summ	nary.							
2.5 Project timeline and wor	k plan descriptions.							
2.6 List any partner organiza approach to provide funding		utions or other funding	g agencies that you have	e approached or will				
2.7 Measurable and achievable outcomes and outputs and expected results.								
2.8 Process to measure success.								
2.9 Program History and Sucsuccesses of this program).	cesses (description of sp	ecific program that is	connected to proposed	project and past				
2.10 Please discuss past Read	ching Home partnership	s with brief project an	d funding details.					
2.11 Environmental impacts	(if applicable).							
2.12 Capital Investment Proj sustainable and activities ma forms part of the Sustainabil clients.	aintained for a five (5) ye	ear period after Reach	ing Home funding ends.	. If an Exit Strategy				

### **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** Chronically Homeless History of Chronic or Episodic Homeless (Individuals, often with disabling conditions (e.g. illness, disability, (must be currently permanently housed substance abuse), who are currently homeless and have been homeless through a housing first program or exiting an for six months or more in the past year (more than 180 cumulative institution). nights in a shelter or place not fit for human habitation). Gender Ages **Special Needs Populations of Interest** General General General population □ Indigenous peoples\_ population population People with addictions □ Immigrants Male Children (0-14) People with disabilities or □ Refugees\_\_\_\_ Youth (15-30) □ Veterans\_\_\_\_% Female mental health issues Transgender Adults (31-64) People with HIV/AIDS Seniors (65+) **Families** Reported % of total people Victims of domestic violence served People who identify as LGBTQ **Client complexity** The Reaching Home program in Saskatoon currently is moving toward implementation of Coordinated Access. Please indicate client level of complexity (acuity) your organization can support. Low | medium high highest Confirm your organization's ability/commitment to participate in the Coordinated Access process.; 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. For more information on HIFIS 4 please refer to the Application Guide and or https://www.canada.ca/en/employmentsocial-development/programs/homelessness/hifis.html **Part 4 Project Funding Details** Note: Funding for multiple years (up to 31 March 2024 can be requested. Yearly renewal of any funding agreement

will be based on project having met all performance and reporting requirements as determined by the Reaching Home Community Entity (on behalf of ESDC), and on continued community need as established by the Saskatoon Homelessness Community Advisory Board (SHCAB). Funding may be approved for one year only based on SHCAB recommendation.

Timeline	2023-2024	
Reaching Home funding requested amount	\$	
Other sources of contribution	\$	
Total project amount	\$	
Total project amount for all years		

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 amou	unt of Financial and In-Kind C	ontributions from All Sources:	\$
Mandatory Supporting Docum	nents required. Letter(s) of co	nmitment are required to confirm contribut	ions declared in

### **Part 5 Budget Negotiation Notes**

this application form as part of the financial and/or activity reporting.

Legal Name of Organization:		
Proposed Project Name:		
Project Number: (for office use only)		

### EXPENDITURE CATEGORIES \_PLEASE REQUEST A REVISED BUDGET FORM IF YOU ARE SUBMITTING A MULTI YEAR PROPOSAL.

There are 8 cost categories for all project costs. All costs must be linked to project activities included in the proposal and to functions that are project specific. For example, wages/salaries of project staff are in Category 1(i.e. project managers, case managers, housing placement workers, data coordinator), and wages/salaries of head office management are in category 8 (payroll, HR, admin). Reimbursement will be supported by invoices (payroll and/or travel claims, as appropriate) and will be subject to monitoring and audit. Examples of costs for which a contribution can be considered include, but are not limited to:

	Amount Requested For 2023-24	Detail Description / Comments
1. Staff Wages		
Staff Wages includes Mandatory Employment Related Costs (MERCs) which refer to payments an employer is required by law to make in respect of its employees such as EI and CPP/QPP premiums, workers' compensation premiums, vacation pay and Employer Health Tax.	\$ -	Provide details (i.e. hourly rate, number of hours, number of weeks, MERCs) <b>by position</b> .
Benefits which refer to payments an employer is required to make in respect of its employees by virtue of company policy or a collective agreement. Examples of Benefits include contributions to a group pension plan or premiums towards a group insurance plan, extended illness and maternity leave, termination pay where warranted by provincial employment standards and organizational policies in existence at the time, severance pay where warranted by provincial labour standards, etc.		
Sub-Total 1: Staff Wages	\$ - \$ -	
2. Professional Fees		
Professional fees – sub-contracting contracted specifically to support the project (e.g. bookkeeping, janitorial services and supplies, community plan facilitator, information technology, equipment maintenance services and security. Legal fees are noted separately below); all fees related to the purchase, predevelopment, construction or renovation of facilities are noted in Category 5: Facilities.	\$ -	
Legal fees (e.g. allowance for costs related to review of lease for new project site premises)	\$	
Sub-Total 2: Professional Fees	\$ -	
3. Travel		
Staff and volunteer travel directly linked to assisting clients (e.g. housing placement or mobile counseling); travel for meetings and networking is <b>noted in Category 7: Administrative Costs</b>	\$ -	Provide details (i.e. means of transportation, number of kilometers)
Sub-Total 3: Travel	\$ -	

4. Capital assets (except facilities)			
Capital assets of more than \$1,000 (excluding taxes). By default, all capital assets remain the property of the Recipient at the end of the project, unless an agreement for their disposition is prepared. List all capital asset purchases.			Provide list of individual assets and specify which will not remain with the recipient at the end of the project.
	\$	-	
Furniture of more than \$1,000 excluding taxes	\$	-	
Appliances of more than \$1,000 excluding taxes	\$	-	
Sub-Total 4: Capital assets (except facilities)	\$	-	
5. Facilities (capital investments)			
Cost of purchasing land and/or building(s), including refundable deposits;	\$	-	Provide details of market value of property.
Construction or renovations to facilities: costs of labour and materials, general contractors, professional fees for project management, site supervision and inspections			Provide details of preliminary cost estimates for the construction or renovation and market value of property.
Pre-development costs: property zoning and assessment fees, environmental assessments, architectural drawings and advice, engineering drawings and advice, building permits, licenses and	\$		Provide details of the different professionals involved and their fees
taxes	\$	-	
Other: please specify	\$	-	
Sub-Total 5: Facilities (Capital investments)	\$	-	Proof of market values are required.
6. Other Activity Related Project Costs			
This includes costs directly associated with the project activities	that are not	included in any o	ther budget category.
Rent, lease (including applicant owned premises) and repairs, leasehold improvements	\$	-	
Furniture costing \$1,000 or less, excluding taxes	\$	-	
Staff disability supports	\$	-	
Staff training (specify)	\$	-	
Conference attendance fees	\$	-	
Conference costs (meeting room rental, guest speakers, etc.)	\$	-	
Signage	\$	-	
Utilities	\$	-	
Equipment lease, rental or purchase (including computers, fax machines, etc.; meter charge for photocopies, repair and maintenance cost items are included in cost type 7:  Administrative Costs)	\$	_	
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Computer software and licenses directly related to delivering project activities including those that support the use of a client tracking system	\$	-	
Costs associated with use of applicant-owned assets other than premises (e.g. computers and other equipment, furniture, etc.)	\$	-	
Memberships (professional and organizational), affiliation fees and business licenses and permits	\$	-	
Advertising (newspaper ads, flyer production, web page design etc.)	\$	-	
Reference materials (books, periodicals, subscriptions, etc.)	\$	-	
Telephone and/or fax line installation and charges	\$	-	
Internet installation and monthly fees	\$	-	
IT maintenance	\$	-	
Printing	\$	-	
Staff professional development (courses required by staff to ensure the success of the project, must not be part of the routine development courses required by the organization's policies)	\$	-	
Postage	\$	_	
Costs related to transition/wind-down (termination and/or severance pay, other HR related costs, penalties for breaking leases, etc.)	\$	-	
Materials and supplies (e.g. food supplies, laundry supplies, cleaning supplies, personal or household items for facilities that house homeless people, office supplies for the facility)	\$	-	
Participant related costs: Expenses associated with the participar be paid directly to clients (for example, in the case of a rent paym Reimbursement will be supported by invoices and will be subject expense category #6: Other Activity Related Costs, and may include	ent to avoid ev to monitoring	viction, the recip and audit. The fo	ient would reimburse the landlord directly).
Housing Emergency assistance (e.g. rent and utilities)	\$	-	
Living expenses for individuals (e.g. vouchers for food, clothing, grocery, baby diapers, eyeglasses)	\$	-	
Disability related supports	\$	-	
Disability related incremental costs	\$		
Professional fees related to participants/clients-contracting, sub-contracting (e.g. vocational assessments, needs assessments)	\$	-	
Dependent care	\$	_	
Materials and supplies, household items that remain with the participant/client	\$		
Travel associated with participants / clients (e.g. bus tickets)	\$	-	
Sub-Total 6: Other Activity Related Costs	\$	-	

7. Administrative Costs			
Insurance (fire, theft, liability) and extended warranties	\$	-	
Telephone and/or fax line installation and charges	\$	-	
Internet installation and monthly internet fees	\$	-	
IT maintenance	\$	-	
Postage and courier	\$	-	
Operational printing contracted externally (business cards, letterhead, printing of organizational or project brochures, etc.)	\$	-	
Equipment repair and maintenance associated with everyday upkeep not covered by a lease or service contract (includes photocopy meter charges)	\$	-	
Staff professional development - to cover basic training needs as per organization's existing policies; employment related requirements, which can include, but is not limited to, health and safety, first aid, CPR, self-defence, crisis intervention, antiracism, sensitivity, conflict resolution, etc.	\$	-	
Office supplies (pens, paper, envelopes, subscriptions)	\$	-	
Bank charges	\$ -	-	
Other non-participant-based costs (e.g. staff and volunteer recognition)	\$	-	
Staff and volunteer travel for meetings or networking (does NOT include monthly parking fees; travel to assist participants is noted in cost type 6 (Other Activity Related Project Costs)			
Computer software and/or license renewals and upgrades	\$	- -	
Sub-total 7: Administrative Costs	\$	-	

### 8. Organizational Infrastructure Costs

Also known as centralized **administrative costs**, these are expenses incurred for "main office", "head office", or "administrative office" of the Recipient, which guide and enable effective program delivery and contribute to the success of the project by providing support through overall organization governance, management, planning, finance, communications, human resources and information technology. These are costs related to functions which are not project specific. For example, wages/salaries and related office costs of management or other staff whose time is not spent specifically on management or delivery of project activities (i.e. CEO, HR department, Finance group, Administration section etc.) Expenses associated with the project under this heading can be included in payments that are based on a formula. (Maximum 15% of proposal cost)

Staff wages and MERCS for staff working only indirectly on the project	\$ -	
Benefits and other HR costs. (See Section 1 for details)	\$ -	
Rent, lease (including applicant owned premises) and minor repairs and leasehold improvements	\$ -	
Utilities	\$ -	
Furniture	\$ -	

OTHER SOURCES OF FUNDING	Value	of contribution	Detail the cash and in-kind contributions from other
TOTAL REACHING HOME COSTS	\$	-	
Sub-total 8: Organizational Infrastructure Costs	\$	-	
Memberships and affiliation fees (professional, inter- and intra- organizational, etc.)	\$	-	
Bank charges	\$	-	
Office supplies	\$	<u>-</u>	
Training and development costs (volunteer and staff)	\$	-	
Travel associated with staff of the head office and board members (based on travel claims)	\$	-	
General insurance (e.g. directors' liability insurance)	\$		
Advertising costs	\$	-	
Printing costs	\$	-	
Internet costs (web page design, etc.) and other IT requirements;	\$		
Postage and courier	\$	-	
Telephone costs	\$	-	
Staff disability supports	\$	-	
Professional fees – contracting (e.g. bookkeeping, janitorial services, IT, equipment maintenance services, security)	\$	-	
Computer software and licenses	\$	-	
Equipment maintenance and repairs	\$	-	
Costs associated with use of applicant-owned assets other than premises (e.g. computers and other equipment, furniture, etc.)	\$	-	
Equipment purchase, lease or rental (including computers)	\$	-	
Signage	\$	-	

OTHER SOURCES OF FUNDING	Value of contribution 2023-2024	Detail the cash and in-kind contributions from other sources (Organizations, amount of contribution, nature and value of contribution, purpose of funding)
Cash	\$ -	
In-Kind	\$ -	
TOTAL OTHER SOURCES OF FUNDING	\$ -	

TOTAL PROJECT COSTS	\$ -	
VALUE FOR MONEY (Cost per person)	Cost \$ per person.	

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:	If No, please explain:				
2. Are wages within the prevailing wage labour rate for this occupation in the community? Yes \ No \					
Comments:	Comments:				
Have you read and do you understand the Capital Investment Sustainability Requirements from the Application Guide?					
Yes No					
<b>Legal Signatory Name</b> (please print)	<b>Title</b> (please print)	Signature	Date (dd-mm-vy)		

<b>Legal Signatory Name</b> (please print)	<b>Title</b> (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
<ul> <li>Are all relevant and related project costs identified in the application package and/or sustainability plan?</li> </ul>		
<ul> <li>Do the application package and/or sustainability plan clearly show funding sources equal to the total costs of the project?</li> </ul>		
<ul> <li>Are all funding sources confirmed through letters of support in the application package?</li> </ul>		
2. Project Impacts		
Impacts of the project on staff and service requirements:	YES	NO
<ul> <li>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)?</li> </ul>		
3. Partnerships		
Demonstrate support:	YES	NO
<ul> <li>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?</li> </ul>		
4. Operational Costs at the End of the Project		
After project ends:	YES	NO
<ul> <li>Do the application documents and/or the sustainability plan clearly indicate funding sources for additional staff or service requirements?</li> </ul>		
<ul> <li>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)</li> </ul>		