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**REACHING HOME:**

**CANADA’S HOMELESSNESS STRATEGY FOR**

**COMMUNITIES IDENTIFIED AS “OTHER URBAN AREAS” IN B.C.**

**2022-2024 CAPITAL INVESTMENTS**

**Call for Proposals (CFP)**

**The deadline for submission is Thursday, April 14, 2022, 11:59 pm**

**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.*

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Project No.: |
| Funding Requested | Funding Approved? |

**Please note: All items marked with an asterisk (\*) in the application form are mandatory unless otherwise specified.**

**Before printing, check the form's page size: the application form should be**

**printed on legal-size paper (8 1/2" x 14").**

# **PART 1 – ORGANIZATION**

### Organization Type\*

[ ]  Not-for-profit

[ ]  Municipality

[ ]  Education Institution

[ ]  Public Health Institution

[ ]  For Profit (confirm eligibility based on the criteria in Appendix B of the Application Guide)

[ ]  Other, please specify...

### Organization Name: (Please indicate the full legal name of the applicant organization. This is usually the name associated with your registration with the Canada Revenue Agency (CRA)) \*

Click or tap here to enter text.

### Organization Common Name: (Please indicate the common name of the applicant organization (if significantly different from the legal name)\*

Click or tap here to enter text.

### 1.4 Applicant Organization Address\*

|  |
| --- |
| Street Address Click or tap here to enter text. |
| City or Town Click or tap here to enter text. |  Postal Code  Click or tap here to enter text. |

### 1.5 Primary Contact Person (Please note: this person should be able to speak to all aspects of the project should it reach the due diligence phase.)\*

|  |
| --- |
|  Name / Title Click or tap here to enter text. |
|  Phone Number Click or tap here to enter text. | Email AddressClick or tap here to enter text. |

### 1.6 Alternate Contact Person: (Please note: this person should also be able to speak to the project should it reach the due diligence phase.)\*

|  |
| --- |
|  Name / Title Click or tap here to enter text. |
|  Phone Number Click or tap here to enter text. | Email AddressClick or tap here to enter text. |

# **PART 2 – PROJECT INFORMATION**

## **Section 1: Project Summary**

### 2.1.1 Project Title : Please keep the title as brief as possible while still being descriptive (3 to 7 words).\*

Click or tap here to enter text.

### 2.1.2 Brief Project Summary: Please provide a brief (single sentence of 50 words or less) high level description of the project that clearly indicates the overall goal or outcome that will result.\*

### Click or tap here to enter text.

### 2.1.3 What is the specific need, gap or priority in relation to homelessness that your project is seeking to address?\*

### Click or tap here to enter text.

### 2.1.4 How has this need, gap or priority been demonstrated? Summarize any specific evidence and data that you have that clearly demonstrates the need your project is seeking to address. For renovation projects, you can mention things such as building condition assessments or inspections that have been done.\*

Click or tap here to enter text.

## **Section 2: Project Outcomes**

### 2.2.1 Which of the Reaching Home Community-level Outcomes are directly addressed by your project?\*

[ ]  Reducing new inflows to homelessness

[ ]  Reducing returns to homelessness

[ ]  Reducing chronic homelessness

[ ]  Reducing homelessness overall, particularly for priority populations

### 2.2.2 What are the key outcomes you hope to achieve through this project?\*

Click or tap here to enter text.

### 2.2.3 List the outcome measures or metrics you will use to assess the success and impact of this project.\*

Click or tap here to enter text.

### 2.2.4 How many beds/units will be created, renovated or enhanced as a result of this project?\*

### For any category that is not applicable to your project, please enter "0".

|  |  |  |
| --- | --- | --- |
| # of Transitional Housing beds/units |  Created Click or tap here to enter text. |  Renovated or enhancedClick or tap here to enter text. |
| # of Permanent Supportive Housing beds/units |  Created Click or tap here to enter text. |  Renovated or enhancedClick or tap here to enter text. |

## **Section 3: Target Populations and Demographics**

### 2.3.1 Does your project serve any specific target populations?\*

[ ]  Yes, this project is restricted to and/or provides specialized support for specific target population(s)

[ ]  No

### 2.3.2 Specific Target Populations and Demographics. For the next 2 questions, please only check target populations that your project is for specifically. This means that your project is restricted to and/or provides specialized support for the populations you have selected.\*

#### a. Indicate any gender(s) this project intends to serve specifically:\*

[ ]  Male [ ]  Female [ ]  Gender Diverse

#### b. Does this project intend to specifically serve:\*

[ ]  Youth

[ ]  Youth aging out of care

[ ]  Seniors

[ ]  Immigrant individuals and/or families

[ ]  Refugee individuals and/or families

[ ]  Single parents and their children

[ ]  Women fleeing domestic violence

[ ]  Families

[ ]  People from an Official Language Minority community

[ ]  People experiencing mental illness

[ ]  People living with physical disabilities

[ ]  People living with addiction

[ ]  People identifying as LGBTQ2S+

[ ]  People exiting the criminal justice system

[ ]  People exiting a mental health institution

[ ]  People exiting a medical institution

[ ]  Veterans

[ ]  Other, please specify...

#### c. Please provide any additional information that you feel is important to highlight regarding who this project intends to serve (this question is optional).

Click or tap here to enter text.

#### d. Please provide geographic area served\*

Click or tap here to enter text.

## **Section 4: Partnership Information**

### 2.4.1 Are you formally partnering with any other organizations for this project?\*

This can be for the capital project and/or service delivery at the site/facility this capital project is for.

[ ]  Yes

[ ]  No

### 2.4.2 Partner Organization Information: Please provide details on each partner organization. The applicant can attach any formal documentation or a Memorandum of Understanding to better demonstrate these partnerships. You can enter up to 3 partners. \*

**Partner Organization 1**

|  |
| --- |
|  Organization Name (legal name): Click or tap here to enter text. |
|  Briefly describe the nature of the partnership and the value it brings to the project Click or tap here to enter text. |
|  Partnership Start Date (YYYY/MM/DD) Click or tap here to enter text. |
|  Primary Contact Name Click or tap here to enter text. |  Title Click or tap here to enter text. |
|  Phone Number Click or tap here to enter text. |  Email Address Click or tap here to enter text. |
|  Do you have a document that formalizes this partnership? [ ]  Yes [ ]  No |

**Partner Organization 2 (if applicable) Organization Name (legal name)**

|  |
| --- |
| Organization Name (legal name): Click or tap here to enter text. |
|  Briefly describe the nature of the partnership and the value it brings to the project Click or tap here to enter text. |
|  Partnership Start Date (YYYY/MM/DD) Click or tap here to enter text. |
|  Primary Contact Name Click or tap here to enter text. |  Title Click or tap here to enter text. |
|  Phone Number Click or tap here to enter text. |  Email Address Click or tap here to enter text. |
|  Do you have a document that formalizes this partnership? [ ]  Yes [ ]  No |

**Partner Organization 3 (if applicable) Organization Name (legal name)**

|  |
| --- |
| Organization Name (legal name): Click or tap here to enter text. |
|  Briefly describe the nature of the partnership and the value it brings to the project Click or tap here to enter text. |
|  Partnership Start Date (YYYY/MM/DD) Click or tap here to enter text. |
|  Primary Contact Name Click or tap here to enter text. |  Title Click or tap here to enter text. |
|  Phone Number Click or tap here to enter text. |  Email Address Click or tap here to enter text. |
|  Do you have a document that formalizes this partnership? [ ]  Yes [ ]  No |

## **Section 5: Experience, Capacity and Engagement**

### 2.5.1 Describe how your organization (and if applicable, partner) has the experience and expertise required to complete this project (relating to the purchase/renovation/construction).\*

Click or tap here to enter text.

2.5.2 If your organization has undertaken or completed a capital project before, describe the project and its outcomes.\*

Click or tap here to enter text.

### 2.5.3 Are there any specific licenses or permits required for your organization to provide services in relation to this project? (e.g. from the municipality or health authority)\*

[ ]  Yes

[ ]  No (go to Question 2.5.5)

2.5.4 What are the required licenses or permits and have these been confirmed/secured?\*

Click or tap here to enter text.

2.5.5 Please describe your organization's (and/or your partner's) capacity to serve the needs of the specific target population(s) identified for this project.\*

Click or tap here to enter text.

### 2.5.6 How have/will individuals with lived or living experience of homelessness been/be involved in the development and implementation of this project?\*

Click or tap here to enter text.

## **Section 6: Location and Site Information**

### 2.6.1 Have you identified and/or secured a location for your project?\*

[ ]  No (answer Question 2.6.2, then go to section 7)

[ ]  More than 1 specific potential location has been identified (answer Question 2.6.2, then go to Section 7)

[ ]  A specific location has been identified (go to Question 2.6.3 and continue)

[ ]  A specific location has been identified AND secured (lease or purchase) (go to Question 2.6.3 and continue)

### 2.6.2 As a specific location has not been identified or confirmed for this project, what is your plan for securing a confirmed location?\*

Click or tap here to enter text.

### 2.6.3 Location of Proposed Project \*

|  |
| --- |
| Street Address Click or tap here to enter text. |
| City or Town Click or tap here to enter text.  |  Postal Code  Click or tap here to enter text. |

2.6.4 What is your ownership status with this property? Although this information may have been provided in the LOI stage, we are asking applicants to answer this question in case this status has changed.\*

[ ]  Currently leasing or renting

[ ]  Agreement to lease

[ ]  Own (go to Question 2.6.7)

[ ]  Agreement to purchase (go to Question 2.6.7)

[ ]  Other, please specify...

2.6.5 What is the term of your lease?\*

Click or tap here to enter text.

2.6.6 When does your current lease end?\*

Click or tap here to enter text.

### 2.6.7 Is there a lien or mortgage on the property? (Check all that apply) \*

[ ]  Lien (answer Question 2.6.8 and continue)

[ ]  Mortgage

2.6.8 Please provide further details on the lien. How might this impact the proposed project or operations?\*

Click or tap here to enter text.

### 2.6.9 Additional details about this location

#### Physical dimensions of the property \*

a. Size of site in square feet (to nearest 10 square feet): Click or tap here to enter text.

b. Gross area of building in square feet (to nearest 10 square feet): Click or tap here to enter text.

c Number of stories: Click or tap here to enter text.

d Age of the building (in years): Click or tap here to enter text.

e Describe any aspects of the building that make it more accessible (e.g. elevators, wheelchair ramps)

Click or tap here to enter text.

### 2.6.10 Please provide information on any approvals required for your project.

#### a. If any of these are not applicable to your project, then check "Not required". For any approvals that have not yet been approved, please provide details on the current status and the anticipated approval date.\*

|  |  |  |  |
| --- | --- | --- | --- |
| Stage | Not required | Status | Approval Date |
| Rezoning |[ ]   Click or tap here to enter text. |  Click or tap here to enter text. |
| Development Permit |[ ]   Click or tap here to enter text. |  Click or tap here to enter text. |
| Building Permit |[ ]   Click or tap here to enter text. |  Click or tap here to enter text. |
| Environmental Assessment |[ ]   Click or tap here to enter text. |  Click or tap here to enter text. |

b. What is the current zoning designation?\*

Click or tap here to enter text.

c What makes this location suitable and/or desirable? (e.g. nearby amenities and supports such as public transportation, medical institutions, schools, recreational facilities, commercial/retail stores)\*

Click or tap here to enter text.

d What are the current risks/challenges with this location? What is your contingency plan to address these?\*

Click or tap here to enter text.

##  **Section 7: Project Workplan**

2.7.1 Project Timeline \* Start Date End Date

|  |  |  |
| --- | --- | --- |
| OVERALL Project timeline | Click or tap to enter a date. | Click or tap to enter a date. |
| Project timeline for portion of project that Reaching Home funding is being requested for (fiscal year June 1, 2022 - March 31, 2024 only) | Click or tap here to enter text. | Click or tap here to enter text. |

### 2.7.2 What is the current status of your project and what have you done to date in relation to this project?\*

Click or tap here to enter text.

### 2.7.3 Please complete the table below indicating the project phases, key activities, and duration.\* Note: you may use up to all three rows, but are only required to complete one row.

Project Phases: What are the big pieces of work involved in the project? e.g. Demolition Phase:

Key Activities: What individual activities will be undertaken in order to achieve the milestone? e.g. a) Rubbish and junk are removed. b) Wall between rooms 1 & 2 is demolished. c) Staircase on north wall is removed

Project Phases Key Activities and Deliverables Start date End Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| 2 |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| 3 |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |

### 2.7.4 Please use this additional space to clarify or expand on any of the above. \*

Click or tap here to enter text.

### 2.7.5 Are any disruptions to tenants or clients anticipated as a result of the proposed activities?\*

[ ]  Yes

[ ]  No

2.7.6 Please describe your tenant relocation or disruption mitigation plan \*

Click or tap here to enter text.

##  **Section 8: Project Budget**

2.8.1 Total Project Budget (for entire project including costs beyond this fiscal year) Provide the best estimate for your overall budget that you are able to provide at this time.\*

Click or tap here to enter text.

### 2.8.2 Amount you are requesting from Reaching Home for the fiscal year ending March 31, 2024 only

**\*Attach a complete budget with the application submission package.\***

Click or tap here to enter text.

### 2.8.3 Have you received any previous funding from Homelessness Partnering Strategy (HPS) or Reaching Home for this specific project?\*

[ ]  Yes

[ ]  No

2.8.4 What is the contingency plan and/or impact on your project if you do not receive funding from this Reaching Home CFP?\*

Click or tap here to enter text.

##  **Section 9: Project Sustainability Plan**

The purpose of this section is to help applicants seeking Reaching Home funding for capital projects ensure that their application and sustainability plan address all the key elements of sustainability.\*

### 2.9.1. Funding to Implement the project: To fund the project

#### a. Are all relevant and related project costs identified in your application (in Section 8 project budget spreadsheet)?\*

[ ]  Yes

[ ]  No

#### b. Does your application clearly show funding sources equal to the total costs of the project?\*

[ ]  Yes

[ ]  No

#### c. Are all funding sources confirmed through documentation in your application?\*

[ ]  Yes

[ ]  No

### 2.9.2. Project Impacts

#### a. Impacts of the project on staff and service requirements: Does your application clearly indicate the impacts of the project (i.e., will be a need for additional staff or services after completion)?\*

[ ]  Yes

[ ]  No

### 2.9.3. Partnerships Demonstrate support:

#### a. Does your application clearly identify all partners and indicate support that will be provided by each towards new requirements and impacts of the project?\*

[ ]  Yes

[ ]  No

b. Provide any additional information on partners and their support that you would like to highlight (beyond what you have already provided in the "Partner Information" section earlier).\*

Click or tap here to enter text.

### 2.9 4. Operational Costs at the End of the Project After project ends:

#### a. Does your application clearly indicate funding sources for additional staff or service requirements?\*

[ ]  Yes

[ ]  No

#### b. Does your completed budget template (5-Year Operating Budget worksheet) 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)\*

[ ]  Yes

[ ]  No

c. Provide any additional information on how you will ensure the sustainability of your project.\*

Click or tap here to enter text.

##  **Section 10: Innovation**

### Please describe the aspects of your project that are the most compelling or unique in terms of how you are addressing homelessness.

Click or tap here to enter text.

# **PART 3 – SIGN YOUR APPLICATION**

# **Declaration\***

Electronic/digital signatures are acceptable.

In order for your application to be considered, 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/ certifies the following:

* I/we certify that I/we have the capacity and that I/we are authorized to sign and submit this application on behalf of the Organization mentioned in the "Applicant Information" section.
* I/we certify that the information provided in this application is true, accurate, and complete to the best of my/our knowledge; and
* I/we 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 Sup.) and that no commissions or contingency fees have or will be paid directly or indirectly to any person negotiating or securing this request for funding.

All information contained in this application is subject to the Freedom of Information and Protection of Privacy Act, RSBC. 1996, c.165 and the Access to Information Act, R.S.C., 1985, C. A-1.

**Legal Signatories**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Legal Signatory Name (Please print clearly in block letters) | Title | Date |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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