**Logo

Description automatically generated**

**REACHING HOME:**

**CANADA'S HOMELESSNESS STRATEGY FOR**

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

**2022-2024 SERVICE PROJECTS**

**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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. ORGANIZATION IDENTIFICATION** | | | | | | |
| Legal Name \*  Click or tap here to enter text. | | | Operating (Common) Name (if different from legal name \*)  Click or tap here to enter text. | | | Business Registration Number \*  Click or tap here to enter text. |
| Organization Type \*  Choose an item. | | | | | | Year Established  Click or tap here to enter text. |
| Organization Address \*  Click or tap here to enter text. | | | | | | |
| City or Town \*  Click or tap here to enter text. | Province or Territory \*  Click or tap here to enter text. | | | Country (if not Canada \*)  Click or tap here to enter text. | | Postal Code \*  Click or tap here to enter text. |
| Telephone Number \*  Click or tap here to enter text. | | Fax Number  Click or tap here to enter text. | | | E-mail Address\*  Click or tap here to enter text. | |
| Mailing Address \* (if different from organization Address)  Click or tap here to enter text. | | | | | | |
| City or Town \*  Click or tap here to enter text. | Province or Territory \*  B.C. | | | Country (if not Canada \*)  Canada | | Postal Code \*  Click or tap here to enter text. |
| Organization’s Mandate\*  Click or tap here to enter text. | | | | | | |
| **B. ORGANIZATION CONTACT (**This should be our primary contact person in respect to this application for funding) | | | | | | |
| Given Name\*  Click or tap here to enter text. | | Surname\* Click or tap here to enter text. | | | Position Title\*  Click or tap here to enter text. | |
| Will the project activities be delivered in a different location than where your organization is located?\*  Same as Organization Address Same as Organization Mailing Address Different (include below) | | | | | | |
| Contact Address \* | | | | | | |
| City or Town \*  Click or tap here to enter text. | Province or Territory \*  B.C. | | | Country (if not Canada \*)  Canada | | Postal Code \*  Click or tap here to enter text. |
| Telephone Number \*  Click or tap here to enter text. | | Fax Number  Click or tap here to enter text. | | | E-mail Address\*  Click or tap here to enter text. | |

|  |
| --- |
| **C. ORGANIZATIONAL CAPACITY** |
| 1. How many employees does your organization currently have? \*   Click or tap here to enter text. |
| 1. Has your organization undergone any critical transformations in the past two (2) years? \*   YES NO If 'YES', please describe the changes  Click or tap here to enter text. |
| 1. Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any experience with Lu'ma and the results of the project\*   Click or tap here to enter text. |
| 1. Does your organization provide culturally relevant supports for Indigenous Peoples? \*   YES  NO If “YES’, please describe how  Click or tap here to enter text. |
| 1. Does this proposed project fit with your organization's other activities? \*   YES  NO If 'YES', please describe how  Click or tap here to enter text. |

**PART 2- PROJECT**

|  |  |
| --- | --- |
| **A. PROJECT IDENTIFICATION** | |
| Project Title \*  Click or tap here to enter text. | |
| Planned Project Start Date \*  Click or tap to enter a date. | Planned Project End Date \*  Click or tap to enter a date. |

|  |
| --- |
| **B. PROJECT OBJECTIVES \*** |
| a. 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.  b. 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.  Click or tap here to enter text.  c. Brief Project Summary: Please provide a brief (150 words or less) high level description of the project that clearly indicates the overall goal or outcome.  Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **C. Please complete the table below indicating the project key activities and outcomes.**  **Key Activities: What individual activities will be undertaken in order to achieve the milestone? (only complete for activities relevant to your proposed project)** | | |
| **Priorities** | **Key Activities** | **the key outcomes to achieve through this project term** |
|
| Housing Services | Click or tap here to enter text. | Click or tap here to enter text. |
|
|
| Prevention and Shelter Diversion | Click or tap here to enter text. | Click or tap here to enter text. |
|
|
| Heath and Medical Services | Click or tap here to enter text. | Click or tap here to enter text. |
| Support Services | Click or tap here to enter text. | Click or tap here to enter text. |
|
|
|
|

|  |  |  |
| --- | --- | --- |
| **D. List the outcome measures or metrics will you use to assess the success and impact of this project.**  **For any category that is not applicable to your project, please enter "0".** | | |
| **Activity Area** | **Expected Outcome Measures or Metrics** | **# of Proposed Expected Results** |
| Housing Services | Number of people placed into housing | Click or tap here to enter text. |
| Number of people who benefited from an Emergency Housing Funding service | Click or tap here to enter text. |
| Prevention and Shelter Diversion | Number of people who benefited from a Prevention Service | Click or tap here to enter text. |
| Number of people who benefited from a Diversion Service | Click or tap here to enter text. |
| Number of instances of Diversion Services | Click or tap here to enter text. |
| Heath and Medical Services | Number of people who benefited from a Heath and Medical Services | Click or tap here to enter text. |
| Support Services (Economic, Social and Community Integration) | Number of people who began receiving income assistance | Click or tap here to enter text. |
| Number of people who access information on pre-employment supports or began new employment | Click or tap here to enter text. |
| Number of people who began an education program | Click or tap here to enter text. |
| Number of people who began a job-training program | Click or tap here to enter text. |
| Number of people who improved their cultural awareness | Click or tap here to enter text. |
| Number of people who participated in Social and Community Integration activities | Click or tap here to enter text. |

|  |
| --- |
| **E. Target Populations and Demographics** |
| **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 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. |

**PART 3 - FUNDING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. ANTICIPATED SOURCES OF FUNDING** | | | | | | |
| Source Name\* | Source Type\* | | Cash | In-kind ($ value) | Confirmed \* | |
| Cash | In-kind |
| ESDC | ESDC | |  |  |  |  |
| 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. | |  |  |  |  |
| 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. | |  |  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  |  |
| Total Funding for the Project |  | | $0.00 | $0.00 | $0.00 | $0.00 |
| **Letters confirming the nature and amount of each partnership, along with the full name and contact information, must be submitted with the application. \*** | | | | | | |
| **B. PROJECT BUDGET (Please refer to the Budget Detail Template to provide additional budget, which must be included as part of the application. \*** | | | | | | |
| Cost Category\* | | Planned Expenditures ($) | | | | |
| LU'MA BCH | | Other-Cash | Other- In kind | |
| STAFF WAGES | |  | |  |  | |
| PARTICIPANT COSTS | |  | |  |  | |
| PROJECT COSTS | |  | |  |  | |
| ADMINISTRATIVE COSTS | |  | |  |  | |
| Click or tap here to enter text. | |  | |  |  | |
| TOTAL PROJECT BUDGET REQUESTED FROM APPLICANT | | $0.00 | | $0.00 | $0.00 | |

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

|  |  |  |
| --- | --- | --- |
| **C. INVESTMENT PRIORITIES** | | |
| Identify the percentage (%) of the activities that align with the following eligible activities. (The total percentage allocated must be 100%) \* | | |
| Eligible activities | | Percentage (%) |
| Housing Services  Prevention & shelter diversion  Medical & medical services  Client support services | Housing placement |  |
| Emergency Housing Funding |  |
| Housing set-up |  |
| Prevention focuses on people at risk of homelessness |  |
| Shelter Diversion focuses on people as they are seeking entry into shelters |  |
| Health and medical services |  |
| Basic needs services |  |
| Clinical and treatment services |  |
| Economic integration services |  |
| Social and community integration services |  |
| Other (Innovative initiatives) |  |
| **Total percentage allocated** (The total percentage allocated must be 100%) | | 0% |

**\*\*Please note the successful applicants will be required to participate in Data Collection System initiated by PIHC and Lu'ma BCH**

**PART 4 – DECLARATION**

In order for your application to be eligible for funding, 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 (ies) the following:

* 1. I certify that I have the capacity and that I am authorized to sign and submit this CFP on behalf of the organization named in Part 1;
  2. I certify that the information provided in this application form and supporting documentation is true, accurate, and complete to the best of my knowledge; and
  3. I 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 Supp.) and that no commissions or contingency fees have or will be paid directly or indirectly to any person for negotiating or securing this request for funding.

Click or tap here to enter text. Click or tap here to enter text.

Signatory Name (please print) Title (please print)

Click or tap to enter a date.

Signature Date (yyyy-mm-dd)

Click or tap here to enter text. Click or tap here to enter text.

Signatory Name (please print) Title (please print)

Click or tap to enter a date.

Signature Date (yyyy-mm-dd)

Click or tap here to enter text. Click or tap here to enter text.

Signatory Name (please print) Title (please print)

Click or tap to enter a date.

Signature Date (yyyy-mm-dd)