**REACHING HOME:**

**CANADA’S HOMELESSNESS STRATEGY FOR**

**COMMUNITIES IDENTIFIED AS “OTHER URBAN AREAS”**

**IN B.C.**

**2024-2026 CAPITAL INVESTMENTS**

**Call for Proposals (CFP)**

**The deadline for submission is Thursday, February 22, 2024, 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.*

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| **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**

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| **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. | Year EstablishedClick or tap here to enter text. |
| Business Registration Number \*Click or tap here to enter text. | Refundable GST Percentage \*Click or tap here to enter text. | Organization Type \*Choose an item. |
| Organization Address \*Click or tap here to enter text. |
| City or Town \*Click or tap here to enter text. | Province British Columbia | Postal Code \*Click or tap here to enter text. |
| Telephone 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 British Columbia | Postal Code \*Click or tap here to enter text. |
| Organization’s Mandate \* (250 words or less)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. |
| Telephone Number \*Click or tap here to enter text. | E-mail Address \*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) |
| **Project Activity Address \*** |
| Address \* (if different from organization Address)Click or tap here to enter text. |
| City or Town \*Click or tap here to enter text. | Province British Columbia | Postal Code \*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.  |

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| 1. Has your organization undergone any critical transformations in the past two (2) years? \*

[ ] YES [ ] NO If 'YES', describe the changes.Click or tap here to enter text. |
| 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). If your organization has undertaken or completed a capital project before, describe the project and its outcomes. \*

Click or tap here to enter text. |
| 1. Does your organization provide culturally relevant supports for Indigenous Peoples? \*

[ ]  YES [ ]  NO If “YES’, describe how.Click or tap here to enter text. |
| 1. 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. |
| 1. Does this proposed project fit with your organization's other activities? \*

 [ ]  YES [ ]  NO If 'YES', describe how.Click or tap here to enter text.  |

## **PART 2 – PROJECT**

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| **2A. 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. |
| **2B. PROJECT OBJECTIVE** |
| 1. Identify the specific need, gap, or priority your project aims to tackle in homelessness. Provide a summary of evidence and data highlighting this need. \*

Click or tap here to enter text. |
| 1. Project Objective: Provide an objective that clearly indicates the overall goal or outcomes your project is seeking to address. \*

Click or tap here to enter text. |
| 1. Brief Project Description: Provide a brief (200 words or less) high level description of the project that clearly indicates the overall goal or outcome in addressing the identified need, gap, or priority.\*

Click or tap here to enter text. |
| **2C. Complete the table below indicating the project key activities and outcomes.****Key Measures: Number of beds/units will be created, renovated, or enhanced as a result of this project? (Only complete for activities relevant to your proposed project)**  |
| **Activity Area** | **Expected Outcome \*** | **# of additional beds/units to be created \*** | **# of beds/ units to be renovated or enhanced \***  |
| Emergency Shelter Facility | [ ]  Increased Capacity[ ]  Renovations/Additions/Repairs to existing Facilities[ ]  Developing New Facilities[ ]  Operational Equipment and Supplies  | Click or tap here to enter text. | Click or tap here to enter text. |
| Transitional Housing Facility | [ ]  Increased Capacity[ ]  Renovations/Additions/Repairs to existing Facilities[ ]  Developing New Facilities[ ]  Operational Equipment and Supplies  | Click or tap here to enter text. | Click or tap here to enter text. |
| Permanent Supportive Housing Facility | [ ]  Increased Capacity[ ]  Renovations/Additions/Repairs to existing Facilities[ ]  Developing New Facilities[ ]  Operational Equipment and Supplies  | Click or tap here to enter text. | Click or tap here to enter text. |
| Non- Residential Facility | [ ]  Increased Capacity[ ]  Renovations/Additions/Repairs to existing Facilities[ ]  Developing New Facilities[ ]  Operational Equipment and Supplies   |  |
| 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. |
| **2D. PROJECT WORKPLAN** |
| 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 activities that Reaching Home funding is being requested for (fiscal year April 1, 2024 - March 31, 2026 only) | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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.  |
| 1. Complete the table below indicating the proposed 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 and deliverable: 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 \* |
| 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. | Click or tap here to enter text. | Click or tap here to enter text. |

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| 1. Use this additional space to clarify or expand on any of the above. \*

Click or tap here to enter text. |
| 1. Are any disruptions to tenants or clients anticipated as a result of the proposed activities? \*

[ ]  Yes [ ]  No, proceed to section “2E” |
| 1. Describe your tenant relocation or disruption mitigation plan \*

Click or tap here to enter text. |
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| **2E. LOCATION AND SITE INFORMATION**  |

1. Have you identified and/or secured a location for your project? \*

[ ]  No (answer Question “2E.b” and proceed to section “2F”)[ ]  More than 1 specific potential location has been identified (answer Question “2E.b” and proceed to section “2F”)[ ]  A specific location has been identified (proceed to Question “2E.c” and continue)[ ]  A specific location has been identified AND secured (lease or purchase) (proceed to Question “2E.c” and continue) |
| 1. 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. |
| 1. 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. |
| 1. 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 (proceed to Question “2E.g”)[ ]  Agreement to purchase (proceed to Question “2E.g”)[ ]  Other, specify. Click or tap here to enter text. |
| 1. What is the term of your lease? \*

Click or tap here to enter text. |
| 1. When does your current lease end? \*

Click or tap here to enter text. |
| 1. Is there a lien or mortgage on the property? (Check all that apply) \*

[ ]  Lien [ ]  Mortgage |
| 1. Provide further details on the lien. How might this impact the proposed project or operations? \*

Click or tap here to enter text. |
| 1. Will the potentiel funding recipient obtain and maintain commercial general liability insurance throughout the term of the agreement? The insurance must be acceptable to Lu'ma and have limits of not less than $5,000,000 inclusive per occurrence for bodily injury, death, and damage to property, including loss of use thereof.

☐ Yes☐ No |

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| 1. Additional details about this location\*

Physical dimensions of the property * Size of site in square feet (to nearest 10 square feet): Click or tap here to enter text.
* Gross area of building in square feet (to nearest 10 square feet): Click or tap here to enter text.
* Number of stories: Click or tap here to enter text.
* Age of the building (in years): Click or tap here to enter text.
* Describe any aspects of the building that make it more accessible (e.g. elevators, wheelchair ramps)

Click or tap here to enter text. |
| 1. Provide information on any approvals required for your project. \*

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)\*If any of these are not applicable to your project, then check "Not required". For any approvals that have not yet been approved, 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. |
| Other |[ ]  Click or tap here to enter text. | Click or tap here to enter text. |
| 1. What is the current zoning designation? \*

Click or tap here to enter text. |
| 1. 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. |
| 1. What are the current risks/challenges with this location? What is your contingency plan to address these? \*

Click or tap here to enter text.  |
| **2F. PARTNERSHIP INFORMATION**  |
| **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, Provide details on each partner organization in the CapitalBudgetTemplate-Capital, **“Other Contributors” worksheet**.[ ]  No |
|  **2G. 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)[ ]  No1. **Specific Target Populations and Demographics. \*** For the next 2 questions,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, specify. Click or tap here to enter text. **c. 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. 1. **List the primary region(s) that this project intends to serve. \***

Click or tap here to enter text.  |

## **PART 3 – FUNDING**

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| 3a. 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. |
| 3b. Amount you are requesting from Reaching Home for the fiscal year ending March 31, 2026 only.\*Attach a complete budget with the application submission package. \*Click or tap here to enter text. |
| 3c. Have you received any previous funding from Reaching Home for this specific project? \*[ ]  Yes[ ]  No |
| 3d. 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. |

## **PART 4: PROJECT SUSTAINABILITY CHECK LIST**

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. \*

### **1. Capital Budget:**

#### a. Are all relevant and related project costs identified in your Capital Budget Application? \*

[ ]  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. 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

### **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 "Other Contributors" worksheet). \*

Click or tap here to enter text.

### **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.

## **PART 5 – 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**

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

Signatory Name (please print) Title

 Click or tap here to enter text.

Signature Date (yyyy-mm-dd)

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

Signatory Name (please print) Title

 Click or tap here to enter text.

Signature Date (yyyy-mm-dd)