

Community Entity for Yukon

**Homelessness Partnering Strategy (HPS)**

**Application for Funding / Specific Project**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Funding Stream** | | | | |  |
| **x DESIGNATED COMMUNITIES** | |  | **RURAL AND REMOTE HOMELESSNESS** | **□** | **ABORIGINAL HOMELESSNES**S | |

**SECTION 1**

# A) Organization Identification

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization type**  **Individual Private Not for profit Municipal Other** | | | |
| **Legal name** | | **Phone number** | **Fax number** |
| **Mailing address** | | **Web site** | |
| **Contact name and title** | | **Phone number** | **E-mail address** |
| **Language of correspondence French English** | **Incorporation number**  ***(Charter/letters patent)*** | | **Incorporation date**  ***(MM-YYYY)*** |
| **Business number**  ***(Canada Revenue Agency)*** | **GST/HST/QST numbers** | | **Tax refund percentage** |
| **Main activities and mandate** | | | |

**B) Legal signing officers**

**Contribution Agreement (according to letters patent or other incorporating documents)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title** | **Name** | **Specimen Signature** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

How many signatures are required to bind the applying organization into a legal agreement? ►

From among these authorized signatures, what is the position title of the officer(s) whose signature is always required to bind the applying organization into a legal agreement? ►

# Payment Claims and other reports submitted to CYFN

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title** | **Name** | **Specimen Signature** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

How many signatures should appear on applications for payment or reports submitted to CYFN? ►

From among these authorized signatures, what is the position title of the officer(s) whose signature is always required on payment claims or reports submitted to CYFN? ►

# Cheques

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title** | **Name** | **Specimen Signature** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

How many signatures should appear on your organization’s cheques? ►

From among these authorized signatures, what is the position title of the signing officer(s) whose signature is always required on your organization’s cheques? ►

# C) Accounting practices

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accounting is done internally** | **Accounting is done by an external firm** | | | |
| **Bookkeeper’s name** | | **Name of the external firm (if applicable)** | | **Telephone number** |
| **Manual system** | **Computerized system** | | **Name of software used** | |

**D) Amounts owing to Canada Do you owe any amount to a Government of Canada department or agency?**

**Yes No**

**If so, please specify:**

|  |  |  |
| --- | --- | --- |
| **Amount owing** | **Nature of the amount owing (tax, penalty, overpayment)** | **Government department or agency to which the amount is owing** |
| **$** |  |  |
| **$** |  |  |
| **$** |  |  |

**SECTION 2**

# A) Project Description

|  |  |  |
| --- | --- | --- |
| **2.1 Project title** | **2.2 Project duration** | |
| **Planned Start Date** | **Planned End Date** |
| **2.3 Location of project activities *(if different from the Organization’s address)*** | | |
| **2.4 For Rural and Remote Homelessness funding stream - Population size of the community where the project activities are located**  Population size of 25,000 and under Population size of over 25,000 | | |
| **2.5 HPS Program Description**  The HPS recognizes that the first steps toward self-sufficiency are to reduce individuals’ risk of homelessness, and to ensure stable living arrangements for those who are homeless. Community-based projects provide support to help ensure that people who are homeless and those at risk of becoming homeless can stabilize their circumstances and move beyond emergency needs. Once in stable housing, other supports can be introduced as required to improve health, parenting, education, and employment outcomes. As a result, communities are encouraged to foster the creation of longer-term solutions, especially supports and tools that help develop stable living arrangements, as well as facilitate permanent arrangements and economic integration for homeless individuals. | | |
| **2.6 HPS Project areas of activity *(check one or more answers)***  **Capital Investments (e.g. pre-development, purchase, construction renovation and purchase of appliances and furniture)**  Emergency shelter facilities Transitional housing facilities Supportive housing facilities Non-residential facilities | | |

|  |
| --- |
| **Client Services**  Assistance to address basic needs such as shelter and food services  Individual support services and other case-managed support services (including referrals to treatment or health services)  Assistance with housing placement and housing retention e.g. services to transition people out of homelessness, or help those at imminent risk of homelessness to remain housed  Bridging to existing employment programs or removing barriers to employment of skill enrichment to facilitate labour market readiness  **Community Coordination, Partnership Development and Data Management**  Coordination of community consultation; community planning; and needs assessment  Local research and information collection and sharing (specific to the particular community); partnership and network development; and coordination/improvement of service provision Emergency shelter usage data collection activities; data development; data coordination activities and reporting on, for example, progress against community performance indicators |
| **2.7 Please link project activities to:**  **Community needs for Designated Communities** |
| **2.8 Project objectives *(what is intended to be accomplished under the project)*. Link to the HPS Program Description in section 2.5.** |
| **2.9 Project activities and timelines *(these activities describe the tasks to be carried out under the project).* Link to Areas of Activity selected in section 2.6.** |

|  |
| --- |
| **2.10 Expected Results including description of expected outputs and outcomes** |
| **2.11 Evaluation Strategy *(describe how you will track and report on progress and performance).* Link to Project Activities and Timelines section 2.9 and Expected Results section 2.10.** |
| **2.12 Environmental impacts of the project, if any** |
| **2.13 Sustainability plan or exit strategy**  Recipients must demonstrate sustainability of the activities proposed after HPS funding ends if they will be not be completed by March 31, 2017, or if there are ongoing costs association with the project.  **Service Projects**  Projects providing direct services to clients are required to provide either a sustainability action plan or an exit strategy, whichever is applicable to the circumstances surrounding the project activities.  The sustainability plan must demonstrate how the benefits of the project will be sustainable and activities maintained after HPS funding ends.  If an exit strategy forms part of the sustainability action plan, then the exit strategy must demonstrate that a minimum amount of disruption to clients will occur and how the benefits to the clients outweigh any potential concerns resulting from the project ending.  **Capital Projects**  A solid sustainability plan is required for capital projects (an exit strategy is not acceptable). Applicants need to clearly demonstrate how ongoing operational costs will be managed after the purchase, construction or renovation of the facility. |

**Applicants seeking funding for Capital Projects must complete the Sustainability Checklist provided to ensure the sustainability plan addresses all the key elements of sustainability and should also provide copies of annual financial statements.**

**2.14 History of HRSDC funding *(including years funded and funding amounts)***

# B) 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **SPECIAL NEEDS** | | | |
| General population | | | |
| People with addictions  People with physical disabilities People with developmental disabilities People with mental health issues  People with HIV/AIDS and/or other infectious diseases | | Lone-parent families  Two-parent families Pregnant women  Victims of domestic violence People who identify as LGBTQ | |
| **AGE** | **GENDER** | | **POPULATIONS OF INTEREST** |
| General population Children (0-14)  Youth (15-30)  Adults (31-64)  Seniors (65+) | General population Male  Female Transgender | | First Nation  Immigrants Refugees Veterans |

**SECTION 3:**

# Project Funding Details

CONTRIBUTION REQUESTED FROM CYFN: $

OTHER SOURCES OF CONTRIBUTION $

TOTAL PROJECT AMOUNT: $

# IMPORTANT: The HPS Budget Negotiation Notes template provided must be completed and submitted with the application form.

**SECTION 4:**

# Submitting your Funding Application

1. **Checklist**

In order for your application to be considered for funding, it must include:

Application Form completed and signed by a Legal official representative(s) appointed by the organization

Proposal (not mandatory, but can be used to enhance your application)

Budget Negotiation Notes

Sustainability Checklist and annual financial statements (for capital investment projects)

Letters of support from the community

Letters of commitment from other funding partners (if applicable)

# 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.
* I understand that if the information described above is false or misleading, I or the Organization may be required to repay some or all of the funding received.
* I declare 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.

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

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