**Reaching Home**

**October 2023 - March 2024**

**APPLICATION FORM**

Please sign, scan and e-mail the following documents to:

**Laura Wallis, Reaching Home Coordinator**

reachinghome@bnrc.ca

* FUNDING APPLICATION or INCREASE REQUEST APPLICATION
* WAGE DETAILS *(if requesting funds for staff wages)*
* CAPITAL PROPOSAL FORM *(capital proposals only)*
* MOST RECENT AUDIT *(only required for organizations which do not currently have an Agreement with the BNRC)*

**Deadline for first round consideration: October 6th, 2023 at 4:30pm**

**Total Funding Available: $90,000**

***\*****Prior to completing application, please review the contents of the Information Package for details on funding availability, eligible activities, and eligible geographic areas.*

*\*All fields/sections are MANDATORY, applications with missing information it will NOT be accepted. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**SECTION 1: ORGANIZATION INFORMATION**

**How much is the total request? $**Click or tap here to enter text.

**Project Title:** Click or tap here to enter text.

**Does your organization currently have a Reaching Home funding Agreement with the BNRC?**

[ ]  Yes [ ]  No

**If no funding agreement is currently in place between your organization and the BNRC, please include your most recent AUDIT.**

**SECTION 1: ORGANIZATION INFORMATION**

## 1.1 Organization Identification

|  |
| --- |
| **Organization type**[ ]  Individual [ ]  Private [ ]  Not for profit [ ]  Municipal [ ]  Other |
| Legal Name | Contact Name & Title |
| Phone Number | Email |
| Mailing Address | City/Town | Postal Code |

## 1.3 Legal Signing Officers

|  |
| --- |
| **Contribution Agreement (according to Letters Patent or other incorporating documents)** |
| How many signatures are required to bind the applying organization into a legal agreement? | Number of Signatures |
| From among these authorized signatures, whose signature is always required to bind the applying organization into a legal agreement?  | Position Title |
| **Title** | **Name** | **Specimen Signature** |
| **1** | Title | Name |  |
| **2** | Title | Name |  |
| **3** | Title | Name |  |
| **Cheques (according to letters patent or incorporation document)** |
| How many signatures are required to legally write cheques? | Number of Signatures |
| From among these authorized signatures, whose signature is always required to sign cheques?  | Position Title |
| **Title** | **Name** | **Specimen Signature** |
| **1** | Title | Name |  |
| **2** | Title | Name |  |
| **3** | Title | Name |  |

|  |
| --- |
| **Payment Claims and other reports submitted** |
| How many signatures should appear on applications for payment or reports submitted? | Number of Signatures |
| From among these authorized signatures, whose signature is always required on payment claims or reports submitted?  | Position Title |
| **Title** | **Name** | **Specimen Signature** |
| **1** | Title | Name |  |
| **2** | Title | Name |  |
| **3** | Title | Name |  |

## SECTION 2: PROJECT DESCRIPTION & DETAILS

|  |
| --- |
| **Which Reaching Home Investment Priority does the project support?** |
| [ ]  **Housing Services** | [ ]  **Prevention & Shelter Diversion** | [ ]  **Client Support Services** |
| [ ]  **Capital Investment** | [ ]  **Coordination of resources & data collection** |  |

 **A. PROPOSED PROJECT DURATION***All activities for this funding must take place during the fiscal year ending March 2024*
Start date: Click or tap here to enter text.

End date: Click or tap here to enter text.

 **B. LOCATION ADDRESS OF PROJECT ACTIVITIES (if different from business address on page 1):**

Click or tap here to enter text.

**C. APPROPRIATE LOCATION:** *Why it is appropriate*? Proximity to supports or services, transit, etc.

Click or tap here to enter text.

**D. PROJECT DESCRIPTION:** This should be a description that gives an overview of the project. *Please explain in 2 – 5 sentences.*

Click or tap here to enter text.

**E. BENEFICIARIES:**

Number of beneficiaries to be served through this project?Click or tap here to enter text.

Specific target population? Click or tap here to enter text.

##### F. WHY IS THIS PROJECT NEEDED IN OUR COMMUNITY? DELIVERABLES?

Click or tap here to enter text.

**G. ORGANIZATIONAL STRENGTH:** Please explain why your organization is the appropriate organization to undertake this project.

Click or tap here to enter text.

##### H. COMMUNITY COLLABORATION & PARTNERSHIPS: How does this project fit within your community's collective response to address, reduce and prevent homelessness? Who are the anticipated partners?

Click or tap here to enter text.

**I. CULTURAL APPROPRIATENESS:** Please explain how the project will support demographics most at risk and to reduce and eliminate homelessness?

Click or tap here to enter text.

**J. EXIT STRATEGY/ SUSTAINABILITY:** The plan must demonstrate how the benefits of the project will be sustainable and activities maintained after Reaching Home funding ends.

An exit strategy is required for Service Delivery Projects. **A completed *Capital Proposal and Sustainability Plan* template required to support applications for all Capital Projects**. Applicants need to clearly demonstrate how ongoing operational expenses will be managed for at least 5 years after the purchase, construction or renovation of a capital facility.

Click or tap here to enter text.

###### SECTION 3 - FINANCIAL INFORMATION

**PROJECT EXPENSE AND REVENUE**

**K. BUDGET**

|  |  |  |
| --- | --- | --- |
| **PROJECT EXPENSES- Summary** | Total | Details |
| **Staff Wages** including CPP, EI, WCB, Benefits \*Wage Details spreadsheet required | $0 |  |
| **Professional Fees** include sub-contracting specifically to support the project | $0 |  |
| **Travel** Staff and volunteer travel directly linked to assisting clients, e.g., housing placement or mobile counselling | $0 |  |
| **Capital Costs** Cost of purchasing land and/or building(s); Construction or renovations to facilities; Pre-development costs; Capital assets of more than $1,000 (excluding taxes). | $0 |  |
| **Project Costs** This includes costs directly associated with the project activities that are not included in any other budget category. For example: office supplies, rent, phone & internet, utilities, professional development, etc. | $0 |  |
| **Client Costs** Expenses associated with the participants/clients of the project. | $0 |  |
| **Organizational Infrastructure** supervision & bookkeeping | $0 |  |
| **TOTAL** | **$0** |  |

Please provide relevant additional details of the project expense calculations and assumptions.
**\*\*If requesting funding for wages you must fill out the Wage Details spreadsheet\*\***

Click or tap here to enter text.

###### SECTION 4 – SUBMITTING YOUR FUNDING APPLICATION

**Please sign, scan and e-mail the following documents to:**

**Laura Wallis, Reaching Home Coordinator:** **reachinghome@BNRC.ca**Subject Line: *Reaching Home Fall2023 CFP—<your organization’s name>*

* FUNDING APPLICATION or INCREASE REQUEST APPLICATION
* WAGE DETAILS *(if applying for staff wages)*
* CAPITAL PROPOSAL FORM *(capital proposals only)*
* MOST RECENT AUDIT *(only required for organizations which do not currently have an Agreement with the BNRC)*

**Deadline for first round consideration October 6th, 2023 at 4:30pm.
Proposals may be accepted after deadline until funding is exhausted.**

***\*Prior to completing application, please review Information Package and Program Directives at the link below for list eligible program activities.***

<https://www.infrastructure.gc.ca/homelessness-sans-abri/directives-eng.html>

Please be advised that only applications meeting Reaching Home Terms and Conditions can be recommended for project development. Funding is contingent upon the BNRC receiving the funds from Service Canada. Any submissions accepted from this Call for Proposals are subject to the appropriation of funds Service Canada for the Fiscal Year in which the applicant has requested funding and is dependent on the maintenance of current and forecasted funding allocation levels for the Program. In the event that the Government of Canada cancels the Community Entity (CE) Agreement with BNRC, or cancels the Reaching Home program or reduces the level of funding for the Reaching Home Program for any Fiscal Year in which payment is to be made under this Agreement; or in the event that Canada reduces the overall level of funding for the programs of Service Canada for any Fiscal year in which payment is to be made under this Agreement, the BNRC may terminate the Call for Proposals, the recommendation of submissions or reduce the amount of the Contribution payable from this Call for Proposals in that Fiscal Year by such amount that it deems advisable.

**SECTION 5 –DECLARATION**

**PLEASE CAREFULLY REVIEW APPLICATION CHECKLIST ON PAGE 1 OF THIS APPLICATION PRIOR TO SUBMITTING TO THE BNRC.**

**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.)*](http://laws-lois.justice.gc.ca/eng/acts/L-12.4/) 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.

**ORGANIZATION AUTHORITY:**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_

TITLE/POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_

TITLE/POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_