**REACHING HOME:**

**CANADA’S HOMELESSNESS STRATEGY**

**Rural & Remote and Indigenous Base Funding**

**April 2024 - March 2026**

**FUNDING APPLICATION FORM***(for new projects not currently being funded by Reaching Home)*

**The BNRC must receive the complete application for funding before the closing date:   
February 16th, 2024 at 12:00pm (noon)**

Please sign, scan and e-mail completed application to:

**Laura Wallis, Rural & Remote Reaching Home Coordinator** [reachinghome@bnrc.ca](mailto:reachinghome@bnrc.ca)  
**OR;**

**Kerrie Vinthers, Indigenous Reaching Home Coordinator** [homelessnessmb@bnrc.ca](mailto:homelessnessmb@bnrc.ca)

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| ***Total Funding Available*** | | | |
|  | **April 2024 – March 2025** | **April 2025 – March 2026** | **Total** |
| **Indigenous Stream** | $1,930,883 | $1,930,883 | **$3,861,765** |
| **Rural and Remote** | $1,462,105 | $1,462,105 | **$2,924,210** |

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

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| **Project Details** | | | | | | |
| **Legal Name or  Name of Organization:** | Legal Name of Organization | | | | | |
| **Funding stream:** | Choose an item. | | | | | |
| **Total amount requested:** | Total Amount Requested | | | | | |
| **Project Title:** | Project Title | | | | | |
| **Has your organization previously had a Reaching Home Funding Agreement with the BNRC?** | | | | | | **Yes  No** |
| **Which Reaching Home Investment Priority does the project support?** | | | | | | |
| **Housing Services** | **Prevention & Shelter Diversion** | | | | **Client Support Services** | |
| **Capital Investment** | **Coordination of Resources & Data Collection** | | | | | |
| **Project Start Date:** Click or tap to enter a date. | | | | **Project End Date:** Click or tap to enter a date. | | |
| *All project activities must take place between April 1, 2024 and March 31, 2026* | | | | | | |
| **Applicant Information** | | | | | | |
| **Complete Mailing Address:** | | Complete Mailing Address | | | | |
| **Location of Activities if different from mailing address:** | | Location of Activities | | | | |
| **Website:** | | Website | | | | |
| **Organization Type (Select One):** | | Organization Type | | | | |
| **Contact Information** | | | | | | |
| **Primary Contact Name:** | | Primary Contact Name | | | | |
| **Primary Contact Title:** | | Primary Contact Title | | | | |
| **Primary Contact Phone #:** | | Primary Contact Phone Number | | | | |
| **Primary Contact Email Address:** | | Primary Contact Email | | | | |
| **Secondary Contact Name:** | | Secondary Contact Name | | | | |
| **Secondary Contact Title:** | | Secondary Contact Title | | | | |
| **Secondary Contact Phone #:** | | Secondary Contact Phone Number | | | | |
| **Secondary Contact Email Address:** | | Secondary Contact Email | | | | |
| Accounting Information | | | | | | |
| **Worker’s Compensation Premium Rate (per $100):** | | | WCB Rate | | | |
| **Tax refund percentage** | | | Tax Refund Percentage | | | |
| **What is the fiscal year-end of your organization?** | | | Fiscal Year End | | | |
| **Accounting is done internally**  **Accounting is done by an external firm** | | | | | | |
| **Does your organization contract external auditors to conduct financial audits?**  Yes  No | | | | | | |

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| Indigenous Declaration (mandatory if applying to the Indigenous Funding Stream) **Please demonstrate your capacity to respond to the unique challenges of Indigenous people who are experiencing homelessness or at imminent risk of becoming homeless** | |
| **Does the sponsor have a mandate to provide services primarily to Indigenous people?** | Yes  No |
| **Is the sponsor recognized by the Indigenous community as an Indigenous organization?** | Yes  No |
| **Does the sponsor have a majority representation of Indigenous individuals on both their Board of Directors and staff?** | Yes  No |
| **Does the sponsor provide services to projects off-reserve that include addressing homelessness among Indigenous individuals who are chronically or episodically homeless?** | Yes  No |

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| **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, what is the position title of the officer(s) whose signature is always required 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 other incorporating documents)** | | | |
| 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, what is the position title of the officer(s) 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 |  |

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| **Project Description** |
| |  | | --- | | If you require additional space to complete the following questions, please provide a maximum of 3 additional pages of information and reference the applicable question. | |
| **Description of Organization’s current services** |
| Current Services |
| **Short description of project** |
| Project Description |
| **Project Objectives** |
| Project Objectives |
| **Why is this project needed in your community?** |
| Community Need |
| **What are the measurable and achievable outcomes/outputs, and expected results?** |
| Outcomes, Outputs, & Results |
| **Please explain why your organization is the appropriate organization to undertake this project.** |
| Organization Appropriateness |
| **Please explain how the project will support demographics most at risk of homelessness.** |
| Support for Homelessness Demographic |
| **Does this service already exist in the community?** If so, please explain the importance of this project given the duplication. |
| Service Availability |

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| **Exit Strategy & Sustainability** *A Sustainability Plan is* ***mandatory for Capital Projects****. An Exit Strategy is* ***mandatory for Service Delivery Projects****.* |
| **For Service Delivery Projects** |
| **Please provide an exit plan to demonstrate how the benefits of the project will be sustainable and activities maintained after Reaching Home funding ends.** |
| Exit Plan for Service Delivery |
| **For Capital Investment Projects** |
| **Please provide a sustainability plan to explain how the benefits of the project will be sustainable and activities maintained for a five (5) year period after Reaching Home funding ends.** |
| Sustainability for Capital Projects |

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| **Additional comments or information** If not included in the above questions, please include anything here that you would like the RH Funding Advisory Boards to consider with your application. |
| Additional Information |

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| **Demographics served by this project** | | | |
| Although your organization may serve multiple populations, please select the target population(s) that would apply under this project agreement. Please check all that apply. | | | |
| **Gender** | **Ages** | **Client Characteristics** | **Populations of Interest** |
| General population **OR;**  Male  Female  Transgender | General population **OR;**  Children (0-11)  Youth (12-24)  Adults (25-64)  Seniors (65+) | General population **OR;**  People with addictions  People with mental health issues  People with physical disabilities  Families  Pregnant Women  Victims of domestic violence  People who identify as LGBTQ2S+  Other: | General population **OR;**  Indigenous peoples  Immigrants  Refugees  Veterans  Unknown |

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| **Budget Information** | | |
| Please review full list of eligible activities and directives here:  <https://www.infrastructure.gc.ca/homelessness-sans-abri/directives-eng.html> | | |
| **Staff Wages** | | |
| **Staff Wages** includes Mandatory Employment Related Costs (MERCs) or payments an employer is required by law to make in respect of its employees such as employment insurance (EI) and CPP/QPP premiums, workers’ compensation premiums, vacation pay and Employer Health Tax. **Please fill out the *Wage Details Spreadsheet* and put the total in this form** | | |
|  | **YEAR 1** | **YEAR 2** |
| Staff Wages *(incl. MERCS, Benefits, Pension)* | Year One Amount | Year Two Amount |
| Other **Click or tap here to enter text.** | Year One Amount | Year Two Amount |
| **Total Staff Wages** | **Year One Total** | **Year Two Total** |
| **Professional Fees** | | |
| **Professional fees** include sub-contracting specifically to support the project (e.g., Audit, janitorial services and supplies, community plan facilitator, information technology, equipment maintenance services and security.) | | |
|  | **YEAR 1** | **YEAR 2** |
| Portion of Audit *(The portion of the audit is reflective of the Reaching Home budget as a portion of agreement holder's total organizational budget)* | Year One Amount | Year Two Amount |
| Honoraria (ex. services provided by Indigenous Elders) | Year One Amount | Year Two Amount |
| Other **Click or tap here to enter text.** | Year One Amount | Year Two Amount |
| **Total Professional Fees** | **Year One Total** | **Year Two Total** |
| **Travel** | | |
| **Staff and volunteer travel** directly linked to assisting clients, e.g., housing placement or mobile counselling (*travel for meetings and networking is in Project Costs, travel for clients is in Client Costs*) | | |
|  | **YEAR 1** | **YEAR 2** |
| Staff & Volunteer Travel *(Kilometric rate not to exceed Treasury Board rate which is updated quarterly)* | Year One Amount | Year Two Amount |
| Other **Click or tap here to enter text.** | Year One Amount | Year Two Amount |
| **Total Travel** | **Year One Total** | **Year Two Total** |
| **Capital Investments** | | |
| 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). | | |
|  | **YEAR 1** | **YEAR 2** |
| Capital assets *(Any asset requiring agreement of disposition, as per program specific Terms and Conditions of a value of $1,000 or more including taxes)* | Year One Amount | Year Two Amount |
| Purchase of land(s) and/or purchase or construction of building(s); | Year One Amount | Year Two Amount |
| Renovations | Year One Amount | Year Two Amount |
| Pre-development costs | Year One Amount | Year Two Amount |
| Other **Click or tap here to enter text.** | Year One Amount | Year Two Amount |
| **Total Capital Investments** | **Year One Total** | **Year Two Total** |
| **Project Costs** | | |
| **(*****This includes*** ***costs directly associated with the project activities that are not included in any other budget category.*** | | |
|  | **YEAR 1** | **YEAR 2** |
| Office Rent *(Rent should not exceed 80% of market rate if renting internally)* | Year One Amount | Year Two Amount |
| Office Supplies *(Office materials, furniture, computers, computer software less than $1000)* | Year One Amount | Year Two Amount |
| Staff Development (training and conference fees) | Year One Amount | Year Two Amount |
| Memberships (professional and organizational), affiliation fees and business licenses and permits | Year One Amount | Year Two Amount |
| Advertising or Signage *(Newspaper ads, brochures, web page design etc.)* | Year One Amount | Year Two Amount |
| Project materials | Year One Amount | Year Two Amount |
| Telephone & Internet | Year One Amount | Year Two Amount |
| Printing *(paper and ink for printer/photocopier)* | Year One Amount | Year Two Amount |
| Other **Click or tap here to enter text.** | Year One Amount | Year Two Amount |
| **Total Project Costs** | **Year One Total** | **Year Two Total** |
| **Client Costs** | | |
| Expenses associated with the participants/clients of the project. Please note: for Reaching Home, these costs cannot be paid directly to clients (for example, in the case of a rent payment to avoid eviction, the recipient would reimburse the landlord directly). Reimbursement will be supported by invoices and will be subject to monitoring and audit. | | |
|  | **YEAR 1** | **YEAR 2** |
| Client Rent *(Only eligible until client can access provincial Employment and Income and Assistance Program)* | Year One Amount | Year Two Amount |
| Damage Deposit *(First/last month's rent)* | Year One Amount | Year Two Amount |
| Living Expenses *(Initial start-up groceries are eligible, but ongoing groceries are not an eligible Reaching Home expense)* | Year One Amount | Year Two Amount |
| Tenant Damages | Year One Amount | Year Two Amount |
| Materials that stay with client *(Initial start up furniture and dishes are eligible, but ongoing costs are not an eligible Reaching Home expense)* | Year One Amount | Year Two Amount |
| Other **Click or tap here to enter text.** | Year One Amount | Year Two Amount |
| **Total Client Costs** | **Year One Total** | **Year Two Total** |

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| **Organizational Infrastructure** | | |
| Also known as centralized administrative costs (supervision & bookkeeping) | | |
|  | **YEAR 1** | **YEAR 2** |
| Organizational Infrastructure | Year One Amount | Year Two Amount |
| **Total Organizational Infrastructure** | **Year One Total** | **Year Two Total** |

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| **TOTAL REACHING HOME COSTS** | **YEAR 1** | **YEAR 2** | **TOTAL** |
| **Year One Total** | **Year Two Total** | **Total Request** |

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| **Other Sources of Funding** | | |
| Cash and in-kind contributions from other sources (Please provide details including organizations, amount of contribution, nature and value of contribution, purpose of funding) | | |
|  | **YEAR 1** | **YEAR 2** |
| Click or tap here to enter text. | Year One Amount | Year Two Amount |
| Click or tap here to enter text. | Year One Amount | Year Two Amount |
| **Total Other Sources of Funding** | **Year One Total** | **Year Two Total** |

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| **Required Document Checklist** | |
| Funding Application | Capital Proposal Form (Capital projects) |
| Sustainability Checklist | Wage Details (Staffing projects) |
| Most Recent Audit (organizations which do not currently have an Agreement with the BNRC | |

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| 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 Infrastructure Canada. Any submissions accepted from this Call for Proposals are subject to the appropriation of funds provided by Infrastructure 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 Infrastructure 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. |

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| **Declaration** | |
| Must be signed by the number of 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. |

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| **Organization Authority** |

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Signatory Name Signature

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Title Date