

PLEASE ENSURE YOU READ THE “HPS APPLICATION GUIDELINES, SEPTEMBER 2011” BEFORE COMPLETING THIS APPLICATION FORM. SECTION 3 OF THE GUIDELINES INCLUDES IMPORTANT APPLICATION TIPS & DEFINITIONS

YOU CAN TYPE DIRECTLY ON THIS FORM AND SAVE YOUR WORK

SECTION A: GENERAL APPLICANT INFORMATION

A1: AGENCY INFORMATION

A 1.1 Name of Organization: (Note legal name if different)			
A 1.2 Mailing Address:			
A 1.3 Telephone:		A 1.4 Fax:	
A 1.5 Name of Executive Director/Senior Officer	A 1.6 Telephone:	A 1.7 Fax:	A 1.8 E-mail
A 1.9 Name and Title of Contact Person for application	A.10 Telephone:	A 1.11 Fax:	A 1.12 E-mail
A 1.13 Organization Type(check all that apply): <input type="checkbox"/> Not-for-profit (Incorporated) <input type="checkbox"/> Not-for-profit (Not Incorporated) <input type="checkbox"/> For-Profit Enterprise <input type="checkbox"/> Collaborative (Complete A2 below) <input type="checkbox"/> Public/Government <input type="checkbox"/> Other (specify)			A 1.14 Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French

A2: COLLABORATIVES

Only complete this section if you checked “Collaborative” in section A.1.13

A 2.1 Name of Collaborative

A 2.2 How long have you been working together?

A 2.3

Please provide contact information for the other members of your collaborative:

AGENCY	CONTACT NAME	PHONE #	EMAIL

APPLICATION FOR HOMELESSNESS PARTNERING STRATEGY (HPS) FUNDING –September 2011

AGENCY	CONTACT NAME	PHONE #	EMAIL
If there is not enough room above to list all your collaborative members please use this space to complete your list:			

A3: COMMUNICATIONS

A 3.1

How did you hear about the HPS Call for Application?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> City Staff | <input type="checkbox"/> Previous HPS application |
| <input type="checkbox"/> HPS Community Consultation | <input type="checkbox"/> City Website | <input type="checkbox"/> Public Service Announcement |
| <input type="checkbox"/> Other (specify) | | |

A4: REFERENCES

A 4.1

Please provide the names and phone numbers of two funders to be used as references who will confirm that:

- ✓ Your organization has the financial capacity to support this project
- ✓ Your organization has the human resource capacity to support this project
- ✓ Your organization has the structural capacity to support this project

Name	Phone Number
1.	
2.	

SECTION B: PROJECT DESCRIPTION

B1: PROJECT INFORMATION

B 1.1 Project Name:	B 1.2 Start Date: <i>*Note: HPS funding begins April 1st 2012</i>	B 1.3 End Date: <i>*Note: HPS funding ends March 31st 2014</i>
B 1.4 Total Project Budget: \$		
B 1.5		

Amount of HPS Funding being requested to help fund this project?
\$

B2: PROJECT DESCRIPTION

B 2.1

Which of the HPS priorities does your project objective(s) meet? (check all that apply)

- 1a) Direct support service to homeless individuals or families to support them in finding, attaining and maintaining safe, affordable and appropriate housing.
- 1 b) Direct support service to individuals or families at risk of homelessness to support them in attaining and maintaining safe, affordable and appropriate housing.
- 2) Partnership, joint planning, research and evaluation activities that promote solutions to end homelessness

**Note: If you project does not fit into any of the above priorities then it does not meet the requirements outlined for this Call for Proposals and an application should not be submitted.*

B 2.2

Does your project have a particular population group focus? If yes, please describe who. If no, please describe why not.

B 2.3

What is/are the issue(s) your project is trying to solve?

- a) Describe the issue(s);
- b) Provide supporting evidence (evaluations/research/data) of the issue(s).

B 2.4

Please describe the overall objective(s) for your project.

B2.5

Describe the activities of your project:

- a) What will the project staff be doing?
- b) Explain how these activities will address the issue(s) and meet the objectives you have identified above.

B 2.6

Provide evidence (evaluations/research/data) that demonstrates your approach is an effective and efficient way to solve the issue(s) identified in section B2.3.

B 2.7

Please explain why the applicant organization(s) is/are the best suited to deliver this project.

Please speak to organizational capacity and experience.

B2.8

Please provide a brief outline of: **A)** Your plan for project sustainability if the project is expected to continue past March 31st 2014 **OR;** **B)** Your project exit plan for ending the project by March 31st 2014.

SECTION C: PROJECT OUTCOMES

C1. STATING OUTCOMES

C 1.1

What are the primary outcomes your project expects to achieve? (Check all that apply).

- A.** Transition individuals or families to housing stability
- B.** Prevent loss of housing for individuals or families
- C.** Developments in partnership, joint planning, research and evaluation activities

C2. MEASURING OUTCOMES

Please fill in the outcome measurement information below. You only need to fill out the information for the outcomes you checked in section C1.1 above.

A. Outcome: Transition Individuals or families to housing stability

Indicators	Targets for End of Project	Data Collection Methods
1. Number of individuals who have experienced transitions in housing stability as a results of housing placement	Target Description: Expected number of unique individuals to have greater housing stability at the end of this project Target:	Source of Data:
2. Other indicator you will track? Please Indicate:	Target Description: Target:	Source of Data:

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B. Outcome: Prevent loss of housing for individuals or families		
Indicators	Targets for End of Project	Data Collection Methods
1. Number of individuals who retained their housing after receiving housing loss prevention services (after 3 month follow up period)	Target Description: Number of unique individuals who retained their housing after 3 month follow up Target:	Source of Data:
2. Number of individuals who were placed in housing as a result of discharge planning (from corrections, health facility or child welfare system)	Target Description: Number of unique individuals who were placed in housing as a result of discharge planning Target:	Source of Data:
3. Other indicator you will track? Please Indicate:	Target Description: Target:	Source of Data:

C. Outcome: Developments in partnership, joint planning, research and evaluation activities		
Indicators	Target(s) for End of Project	Data Collection Methods
1. Number of activities to improve service delivery or service delivery networks	Target Description: Number of information sharing tools/activities Target: Target Description: Number of tools developed for data collection or analysis Target: Target Description: Number of local research projects, studies or surveys Target: Target Description: Number of training sessions developed	Source of Data:

C. Outcome: Developments in partnership, joint planning, research and evaluation activities		
Indicators	Target(s) for End of Project	Data Collection Methods
	Target: Target Description: Number of evaluations conducted	
2. Other indicator you will track? Please Indicate:	Target Description: Target:	Source of Data:

C3. LINKING PROJECT ACTIVITIES TO OUTCOMES & IMPACT

C 3.1

Please explain how the project objectives and activities outlined in section B will result in the outcomes you have identified above in section C.

C 3.1

Based on the information provided in this section, please describe the overall long term impact you hope this project will have on the issue you identified in section B. Please also indicate if there are other long term impacts you anticipate your project to have for individuals, families, groups, service systems and/or housing and homelessness in Hamilton more broadly.

SECTION D: PROJECT BUDGET

D1. Project Funding Sources

In the table below, please list all expected funding sources for your project. This includes both cash and in kind contributions.

Name	Cash	In Kind	Confirmed	Anticipated
Government Sources (Federal, Provincial, Municipal- not HPS funding)				
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Non Government				
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Your Organization's Contributions				
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

D2. Budget Summary

Tips for completing this form are available in Section 3 of the “HPS Application Guidelines, September 2011”.

List all items related to your request for HPS funding in the most appropriate categories below.

Budget Item	2012 (April 1 to Dec.31)	2013 (Jan.1 to Dec.31)	2014 (Jan.1 to Mar.31)	Totals
Direct Labour Costs (list every position,- indicate FTE or PTE , rate of pay x hours x weeks being paid)				
Sub Total				
MERC (max. 14%) Please include all percentages				
CPP @ %				
EI @ %				
EHT @ %				
Vacation @ %				
NON – MERC- (max. 6%)				
WSIB @ %				
RRSP @ %				
Dental @ %				
Other@ %				
Sub Total				
Direct Labour Cost Total				
Overhead Costs				
Evaluation				
Overhead Cost Total				
Direct Material Costs				
Direct Material Cost Total				
Capital Costs				
Capital Cost Total				

TOTAL

Direct Labour Costs	
Overhead Costs	

Direct Material Costs	
Capital Costs	
Total Project Cost	

SECTION E: REPORTING ON PREVIOUS HPS PROJECT **This section only needs to be filled out if the proposed project received HPS funding during 2009-2011*

If the project being proposed in this application did not receive HPS funds during 2009-2011, please skip this section.

E1: REPORTING OUTCOMES FOR 2009 TO 2011

E 1.1

What have the primary outcomes of your HPS project been? (report a maximum of three outcomes)

Outcome #1

Outcome #2

Outcome #3

If your project is unable to report any outcomes above please explain why:

E 1.2

How do you know the above stated have been outcomes of your project? Please provide evidence from 2009-2011 project activities, evaluations, results reporting forms or other relevant sources.

E 1.3

Are these outcomes consistent with what you expected at the beginning of this project? Yes/No, please explain why:

E3: REPORTING ON WHAT'S BEEN LEARNED 2009 TO 2011

E 3.1

What are the primary things that have been learned from the past two years of this project? How will those learnings be used to improve project outcomes for 2012-2014?

(maximum 3 learnings)

Learning #1:

Result of this learning will be:

Learning #2

Result of this learning will be:

Learning #3

Result of this learning will be:

SECTION F: DECLARATION

Declaration:

I/We understand that:

- a) The City of Hamilton, reserves the right not to allocate any portion of the funds mentioned in this Call for Application, for any reason.
- b) Any decision made by the City of Hamilton, to provide funding to a non-profit corporation will not be binding with the City of Hamilton until a legally enforceable Agreement has been executed by both the City and your organization.
- c) Any funding Agreement resulting from allocations made under this Call for Application will contain a clause stating that the City of Hamilton may terminate or suspend the Agreement at any time, without cause, upon not less than three (3) months' written notice of intention to terminate.
- d) All information contained in this application is subject to the *Municipal Freedom of Information and Protection of Privacy Act* R.S.O. 1990, c.M.56. As such, it is public information and may be disclosed to third parties upon request under the Act.

Signature of Executive
Director

Name of Signatory
(please print)

Date

Signature of Board President
or Chair (or other signing officer)

Name of Signatory
(please print)

Date

If this is a collaborative application, it should be signed by the chair or president of the lead applicant's board of directors.

SECTION G: APPLICATION PACKAGE CHECKLIST

Your Application Submission **MUST** include:

- Four (4) Copies of Complete Application Form with all necessary sections complete**

Please Note: The following items are **NOT** required to be submitted with your application form. However they will be required should your application be approved for HPS funding:

- Proof of Eligibility as an incorporated organization or if unincorporated submission of eligibility proof from the provincial or national organization. For collaborative projects, proof of eligibility for the lead applicant only will be required.
- Financial Statements- Your organization's most recent annual report, including a budget summary. It is recommended that the financial statements have been audited or reviewed by a licensed public accountant. For collaborative projects, the most recent annual report for the lead applicant only will be required. However, if a recent annual report has been produced for the collaborative this will be requested as well.
- Current Operating Budget- A forecast of revenues and expenses for the organization's current complete fiscal year. For collaborative projects, the current operating budget for the lead applicant only will be required. If the collaborative has an operating budget that will be requested as well.
- If the project includes property renovations or retrofits, proof of lease agreement that covers the time period of the project, proof of ownership, or land use agreement of the building that will be renovated will be required as well as photographs of all areas of the building where renovations will take place.