

SCHEDULE "C"

Funding Request and Reconciliation Form

For the period from January 1, 2014 to March 31, 2014

Organization: Agency X
Name of Project: Youth Homelessness Prevention Initiative

Expenditure Report and Funding Request				
Description	Budget July 1, 2012 – Mar 31, 2014*	Period	Y-T-D (cumulative)	Variance (YTD – Budget)
Personnel Costs:				
Program Coordinator (1 FTE)	88822.86			
Sub Total: Personnel Costs	88822.86			
Professional Services: N/A				
Regional Accounting Centre	1903.12			
Management Support Assessment	5250.00			
Sub Total: Professional Services	7153.12			
Direct Materials Costs:				
Office Supplies	1545.00			
Computer	56.74			
Occupancy – Space/utilities/janitorial	8550.00			
Sub Total: Direct Materials Costs	10151.74			
Other Project Expenses				
Copying/Printing/Distribution	792.09			
Staff Training	1856.49			
Communications	3500.00			
Project Travel & Transportation Expenses	5480.00			
Project Supplies and Activities	9681.44			
Sub Total: Other Project Expenses	21310.02			
TOTALS:	127437.74			
A	Total Expenditures			
B	Contribution Received to date			
C	Contribution Request for next period per Agreement			
Budget Variance				
Provide an explanation if allocated funds were not fully expensed during this reporting period. If you are requesting a carry-over of the unspent funds to the next quarter, please provide a detailed budget breakdown on how the funds are going to be used.				

Notes (*):

- Budget column reflects total dollars left for balance of project (7 quarters). Variance column is YTD minus budget.

Budget Variance Report

<p>Budget Variance Report</p>

Service Report

Description	Approved Deliverables	Period	Y-T-D
Project Outputs/Deliverables*			
Number of different clients served	395		
Community Kitchen – weekly workshop (not different individuals)	546		
Computer Lab – 5 workshops per week (not different individuals)	4550		
Life skills – weekly workshop (not different individuals)	910		
Programming – 5 workshops per week (not different individuals)	1365		
Financial Literacy – weekly workshops (not different individuals)	364		

Note (*): For Outputs: Individuals need to be distinct/different individuals, except where identified.

Community Priority Area(s) Narrative*

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Priority: Supports and Services for the at risk and homeless are limited	
<p>Activity: Developing community-based comprehensive homelessness prevention strategies.</p>	<p>Comments:</p>

<p>Activity: Increasing and maintaining existing services and expand access to services directed at the prevention of homelessness</p>	<p>Comments:</p>
<p>Activity: Developing and providing a more extensive and coordinated approach to outreach services for homeless people and those who are at risk of becoming homeless by population group across York Region</p>	<p>Comments:</p>
<p>Activity: Establishing harm reduction services in emergency shelters and transitional housing for homeless individuals who are addicted and actively using substances.</p>	<p>Comments:</p>
<p>Activity: Based on the results of Hidden From Sight and Anybody's Couch, exploring opportunities and piloting a multi-service centre to expand access to services to homeless people and those at risk of becoming homeless.</p>	<p>Comments:</p>

Note (*): This section highlights the Community Priority Area identified in your submission. Please provide a **brief** comment as to how the project is meeting each of the identified priorities.

Testimonials*

Note (*): Please report any testimonials and/or success stories as a result of the HPS funding. Please note this section is optional.

Authorized Signature	Date
Authorized Signature	Date
Office Use Only	