

HOMELESSNESS PARTNERING STRATEGY (HPS)

**CALL FOR PROPOSALS**

**FORM 2A**

APPLICATION FOR FUNDING



**Vancity** Community Foundation



## **INSTRUCTIONS**

This is a fillable form created in Microsoft Word.

Each section below will contain either 1) A drop-down menu, where you can choose one response from a list of options, or 2) a text box where you can type a written response, or 3) a textbox where you can enter a monetary amount.

Here are a few simple rules to help you:

- 1. All Applicants must complete sections 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.10**
2. To choose from a list of drop-down options simply click on the text that says "Choose One"
3. For questions that require text input, simply click to the right of the question. When you do, a grey box should appear. Click on this grey area to move the cursor into the text area. Then begin typing.
4. Some textboxes have a limit on the amount of text you can type. If you find that you can no longer type additional text, this means you have reached the limit. Try to rephrase your response to be more concise.
5. Monetary responses allow for a maximum of eight figures plus two decimal places. (e.g. \$12345678.90)
6. Do not add any extra characters to a response. For example, if a question asks for a number, do not add any non-numeric characters or you may encounter unexpected results.

If you have any questions, please email Lisa Ross at [lisa\\_ross@vancity.com](mailto:lisa_ross@vancity.com) or call 604-877-4527.

Project No: 0000

Funding Approved?

**2.1 ORGANIZATIONAL INFORMATION**Organization Type: **Not for Profit**Legal Name: **Youth Housing Corporation**Street Address: **123 Housing Street**Unit Number: **5**City: **Coquitlam**Province: **British Columbia**Postal Code: **V5Z1B8**Phone: **604-555-5555**Cell: **604-333-3333**Fax: **604-555-5656**Website: **www.youthhousingcorp.ca**Email 1: **Lisa@youthhousingcorp.ca**Email 2: **Kingsley@youthhousingcorp.ca**Contact Name: **Lisa Smith**Contact Title: **Program Manager**

Organization's Mandate and Activities: **Since 1973 the Youth Housing Corporation has been providing outreach services to street youth in the Tri-Cities area. Our mobile van operates 5 nights a week providing food and shelter resources to street entrenched youth.**

**2.2 BUSINESS INFORMATION**Incorporation Number: **1234567891**Incorporation Date (YYYY-MM-DD): **1973-03-25**Business Number: **498-001-199-665-112**Tax Refund Percentage: **10.00%**HST Number: **1-107-448-991**Number of employees: **8**Is your organization unionized? **Yes**If Yes, have you obtained union concurrence: **Yes****2.3 ACCOUNTING, INSURANCE, DEBTS and LOBBYING**Is your accounting done internally or externally? **Accounting is done by outside firm**If done **EXTERNALLY**, please provide the following:Contact Name: **Trevor Bower**Name of External Firm (if applicable): **Astro & Newman Accounting Ltd**Telephone Number: **604-373-3333**

Is your accounting system manual or computerized: <b>Computerized</b>		
If accounting system is computerized, list name of software used: <b>Simply Accounting</b>		
What is the fiscal year-end of your organization (MM-DD): <b>00-31</b>		
Do you have liability insurance? <b>Yes</b>		
If you have liability insurance, please specify the amount: <b>\$5000000.00</b>		
Worker's Compensation Premium Rate (per \$100): <b>\$1.67</b>		
Do you owe any amount to a Government of Canada department or agency? <b>Yes</b>		
If Yes, please specify:		
<b>Department</b>	<b>Type</b>	<b>Amount</b>
<b>Canada Revenue Agency</b>	<b>Penalty</b>	<b>\$5000.00</b>
	<b>Choose One</b>	<b>\$0.00</b>
	<b>Choose One</b>	<b>\$0.00</b>
If Yes, please describe the nature of the amount(s) owing: <b>Late in filing charitable tax return, levied a fine, have worked out a payment plan with CRA to cover this penalty.</b>		
Are you presently a registered lobbyist? <b>Yes</b>		
<p>Applicants are responsible for ensuring that any person lobbying on their behalf is registered with the Office of the Registrar of Lobbyists pursuant to the Lobbyists Registration Act. In addition, applicants who seek outside assistance to solicit, negotiate or obtain a contribution from the department may not pay a contingency fee for such assistance.</p> <p>At the agreement stage, applicants requesting funding of \$25,000 or more will be asked to declare the above requirements concerning the registration of lobbyists and contingency fees have been met.</p> <p>Lobbyists may register on-line with the Office of the Registrar of Lobbyists (<a href="http://www.orl-bdl.gc.ca">www.orl-bdl.gc.ca</a>) free of charge. For further information, please contact the Office of the Registrar of Lobbyists by telephone at 1-613-957-2760 or e-mail at <a href="mailto:Questionslobbying@orl-bdl.gc.ca">Questionslobbying@orl-bdl.gc.ca</a>.</p> <p><b>Please note that there is a fee for manual registrations.</b></p>		
<b>2.4 LEGAL SIGNING OFFICERS (according to letters patent or other incorporating documents)</b>		
How many signatures are required to bind the agreement? <b>3</b>		

For each of these binding signatures, please provide the following:

TITLE	NAME	SPECIMEN SIGNATURE
1. Board President	Patrick Smith	
2. Board Vice President	John Adams	
3. Executive Director	Lily Odlin	

How many signatures are required for reimbursement claims? **2**

For each of these reimbursement signatures, please provide the following:

TITLE	NAME	SPECIMEN SIGNATURE
1. Executive Director	Trevor Bower	
2. Finance Director	James Appleton	
3.		

How many signatures appear on your organization's cheques? **3**

For each of these cheque signatures, please provide the following:

TITLE	NAME	SPECIMEN SIGNATURE
1. Executive Director	Trevor Bower	
2. Finance Director	James Appleton	
3. Treasurer	Alice Tung	

**2.5 GENERAL PROJECT INFORMATION**

Project Name: **Outreach 101**

Type of Project: **Service**

Based on the type of project selected (service or community development) : **Enhancement**

Expected Start Date(YYYY-MM-DD): **2012-06-01**

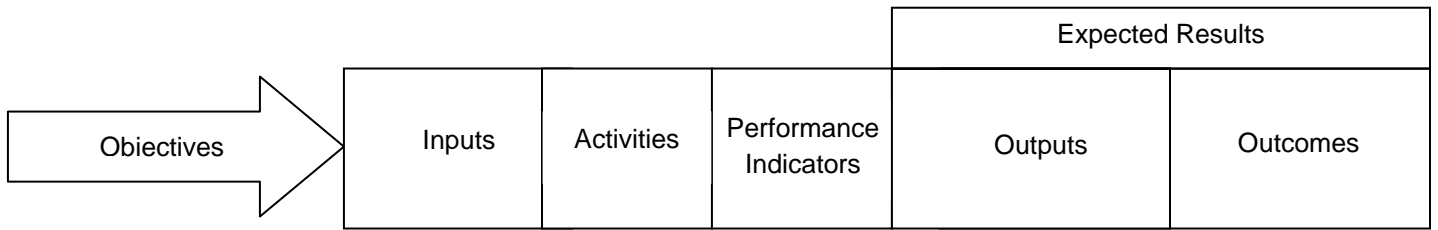
Expected End Date (YYYY-MM-DD): **2014-02-28**

Primary Project Location: **Tri-Cities**

Secondary Project Location:  
**Not Applicable**

Tertiary Project Location:  
**Not Applicable**

**2.6 PROJECT LOGIC**



Project meets the HPS objective: <b>Both</b>	Priority area from community plan: <b>Outreach services</b>
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Brief Project Description: **To expand our existing outreach services to older "youth" ages 19-23 in the Tri-Cities area .**

Project Objective: **To provide outreach services to a population that has no homeless prevention or reduction services in this region in order to provide them with resources to move beyond homelessness.**

<p>Project Inputs:</p> <ul style="list-style-type: none"> <li>A. <b>2 new outreach workers</b></li> <li>B. <b>Donated van</b></li> <li>C. <b>Donated van gas/maintenance</b></li> <li>D. <b>Resource kits for this age group</b></li> <li>E. <b>Promotional material to advertise new service</b></li> <li>F. <b>Office equipment for new staff.</b></li> </ul>	<p>Project Activities:</p> <ul style="list-style-type: none"> <li>A. <b>Advertise and train new workers</b></li> <li>B. <b>Marketing department to work on promotion</b></li> <li>C. <b>Buying computers and office furniture for new staff</b></li> <li>D. <b>Securing van from our partner ABC Van company</b></li> <li>E. <b>Securing gas/maintenance donations from XYZ Gas company</b></li> <li>F. <b>New workers to build relationships with other providers for resource kit.</b></li> <li>G. <b>Volunteers to put together hygiene kits part of resource kits. Donations</b></li> </ul>	<p>Project Performance Indicators:</p> <ul style="list-style-type: none"> <li>A. <b>20 youth X 3 nights a week provided with resources</b></li> <li>B. <b>150 Hygiene kits given out</b></li> <li>C. <b>Monthly providers meeting to build relationships/resources for this group.</b></li> <li>D. <b>Increased volunteer capacity of agency.</b></li> <li>E. <b>200 1:1 intakes</b></li> <li>F. <b>6 Key Messaging Media stories a year on this project.</b></li> </ul>
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<p>Project Outputs:</p> <p>A. <b>A compilation of community resource materials for the 19-23 year old homeless/at-risk of homelessness population within the Tri-Cities.</b></p> <p>B. <b>Establishment of a formalized service providers network in the Tri-Cities for those serving 19-23 year old homeless/at-risk of homelessness group.</b></p> <p>C.</p> <p>D.</p> <p>E.</p> <p>F.</p>	<p>Project Outcomes:</p> <p>A. <b>Number of target population who have knowledge of services they can access within the Tri-Cities.</b></p> <p>B. <b>Number of target population who experienced housing transition as a result of placement</b></p> <p>C. <b>Number of target population who started or finished a job training program.</b></p> <p>D. <b>Number of target population who have applied or been placed on income assistance.</b></p> <p>E.</p> <p>F.</p>
<p>How is this project addressing a unique and unmet need in your community? <b>Research from XYZ and 123 research group has shown that there is a gap in services in the Tri-Cities region for this population leading to a higher likelihood of long term homelessness for over-age youth unless services can be provided.</b></p>	
<p>Describe how you will track and report on progress and performance(your evaluation strategy which links to project activities, timelines, indicators, outputs, and outcomes):<b>Outreach workers to conduct intakes and put into client database for reporting and analysis purposes. Our partner Healthy U, will also conduct pre- and post-surveys with youth receiving hygiene kits to gauge improvement in health outcomes</b></p>	
<p>Why is your organization the best possible organization to develop this project? <b>Expertise in the community on youth homeless/at-risk population for the past 38 years. Past successes with this population.</b></p>	
<p>How will you address the needs of clients requiring culturally sensitive services?<b>There has been an influx of immigrants from the Persian community into this area and we are seeing more youth from this community on the streets. We have a Farsi speaking worker on staff with connections to the local Persian community and resources.</b></p>	
<p>Please describe any special conditions or critical dates that may affect your project: <b>N/A</b></p>	
<p><b>For all projects</b>, how will you continue the project if HPS funds are no longer available? <b>We have a fundraising committee working on a fundraising campaign for longer term funding. We have a 6 year funding partnership with Healthy U to examine health outcomes in this population. ABC Van company and XYZ gas company donate van and gas.</b></p>	
<p><b>For community development projects</b>, how would you wind down the project if funds are no longer available?</p>	

2.7 DEMOGRAPHICS OF POPULATION SERVED		
Primary Population	Secondary Population	Tertiary Population
Target Population: <b>Living on the street</b>	Target Population: <b>At Risk of becoming homeless</b>	Target Population: <b>Hidden Homeless</b>

2011 HPS Funding Application Form for Client Services and Community Development Projects

Population of Interest: <b>Not Applicable</b>	Population of Interest: <b>Not Applicable</b>	Population of Interest: <b>Not Applicable</b>
Age Group: <b>15-30</b>	Age Group: <b>Not Applicable</b>	Age Group: <b>Not Applicable</b>
Family Characteristics: <b>Adults with no dependant children</b>	Family Characteristics: <b>Not Applicable</b>	Family Characteristics: <b>Not Applicable</b>
Gender: <b>General/all gender</b>	Gender: <b>Not Applicable</b>	Gender: <b>Not Applicable</b>
Additional Barriers: <b>General population</b>	Additional Barriers: <b>Not Applicable</b>	Additional Barriers: <b>Not Applicable</b>
If you selected "Other" for Additional Barriers please specify:		

<b>2.8 FINANCIALS AND BUDGET</b>
Total Amount of Funding Requested: <b>\$50000.00</b>
Specific Use of HPS funds: <b>wages for new outreach staff, travel to reach target population in the area, resource kits contents, travel for service provider meetings.</b>
Other contributions (\$ or in kind): <b>\$36000.00</b>
Funding for Service Delivery Expenses (if applicable): <b>\$50000.00</b>
Funding for Prevention Expenses (if applicable): <b>\$0.00</b>
Funding for Support Expenses if applicable (if applicable): <b>\$0.00</b>
Funding Community Development if applicable (if applicable): <b>\$0.00</b>
Does your proposal engage other funding partners? <b>Yes</b>

If Yes, please identify all contributors and their contribution and roles/responsibilities. Include all partner organizations, government agencies (of any level – federal, provincial, municipal), businesses, non-profits, individuals, or others:

Contributor	Type	Roles and Responsibilities	Financial or In-kind Value
ABC Van Company	Business	van donation	\$15000.00
XYZ Gas company	Business	gas/maintenance donation	\$16000.00
Bags R Us	Business	donation of bags to put resource material contents	\$1000.00
Volunteers	Individual	time and coordination of hygiene kits	\$2000.00
City of Coquitlam	Municipal Government	parking permit for van,space for providers meeting	\$2000.00
	Choose One		\$0.00

Total Project Amount from All Sources: **\$100000.00**

Does your organization have a fundraising committee, branch or foundation? **Yes**

Do you expect to generate revenue from your project? **No**

If Yes, how much revenue do you expect to generate? **\$0.00**

Please explain how you expect to generate this revenue:

Please explain how you will re-invest this revenue into project activities:

**2.9 ADDITIONAL DOCUMENTS**

<b>ALL PROJECTS</b>	<i>Applicants must also complete the attached Form 2B-Budget Negotiation Notes document.</i>
<b>SERVICE PROJECTS</b>	<i>A one-page financial sustainability action plan is required. Your proposal must include one or more funding sources and a description of the measures you intend to take to continue paying the operating costs.</i>

<b>COMMUNITY DEVELOPMENT PROJECTS</b>	<i>Please include with your proposal your one page exit strategy, which explains your strategy at the conclusion of HPS funding. If you intend to continue on, please include a description of the measures you intend to take to continue to pay for the community development.</i>
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**2.10 DECLARATION**

Please note that electronic signatures are not acceptable

I/we certify that the above information accurately describes my/our organization and plans related to the above-mentioned project.

LEGAL SIGNATORY NAME (IN BLOCK LETTERS)	POSITION
PATRICK SMITH	BOARD PRESIDENT
JOHN ADAMS	BOARD VICE PRESIDENT
LILY ODLIN	EXECUTIVE DIRECTOR

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## APPENDIX A

<b>SUBMISSION CHECKLIST</b>	
<p>Please note that this checklist is for <b>your use only</b> to ensure you have all relevant parts of the proposal application filled out as well as supporting documents. If possible, all pages of your application including attachments should be the same size, <b>double sided</b>.</p> <p><b>DO NOT INCLUDE</b> this checklist with your application for funding.</p> <p><b>Other items to consider including, but are not mandatory:</b></p> <ul style="list-style-type: none"> <li>• <b>List of Board of Directors;</b></li> <li>• <b>If your organization has adopted terms of reference, a vision or mission statement, or it is a registered Society or business, you are encouraged to attach a copy of your documentation stating the purposes and objectives of your organization;</b></li> <li>• <b>Any letters of support for your project from contributors, clients, or the community served.</b></li> </ul>	
<b>MANDATORY REQUIREMENTS – PROJECT SUITABILITY</b>	
The project must meet the HPS objective	<input checked="" type="checkbox"/>
The project must meet at least one of the Community Plan priorities	<input checked="" type="checkbox"/>
The application and project must meet the eligibility criteria	<input checked="" type="checkbox"/>
<b>MANDATORY REQUIREMENTS – APPLICATION PACKAGES</b>	
Form 2A must be completed electronically in Microsoft Word format (NO PDFs) and emailed to Lisa_Ross@vancity.com by 4:00 p.m. on 12/21/2011 Subject line “HPS Application.”	<input checked="" type="checkbox"/>
<p>Four complete, printed sets of Forms 2A and 2B.1, including attachments and signed original to be submitted by regular mail, by hand, or by courier to:</p> <p style="text-align: center;">ATTN: Lisa Ross Vancity Community Foundation 510-815 W. Hastings Street, Vancouver BC, V6C 1B4</p> <p>This submission is due by 4:00 p.m. on 12/21/2011. All documents to be secured by paper clips or elastic band, no staples, binders or cerlox binding. <b>Late applications will not be considered. No electronic signatures.</b></p>	<input checked="" type="checkbox"/>
<p>All copies and supporting documents to be in one envelope. Where possible, documents should be the same size, double sided.</p> <p><b>Hand written documents, oral submissions or faxed copies WILL NOT BE CONSIDERED.</b></p>	<input checked="" type="checkbox"/>
Letters from all contributors (financial or in-kind) confirming the nature and value of their contribution as indicated on the budget sheet. <b>(See APPENDIX 2 of application guide)</b>	<input checked="" type="checkbox"/>
<b>If you are representing a coalition and submitting on behalf of your “partners”,</b> letters from partners describing and confirming their involvement	<input checked="" type="checkbox"/>
<b>A sustainability or exit plan beyond HPS funding MUST be submitted. The plan should not be longer than 1 page.</b>	<input checked="" type="checkbox"/>
Most recent audited financial statements. If audit not complete or required submit most recent fiscal year balance sheet or revenue and expense statement.	<input checked="" type="checkbox"/>
<b>If applicable,</b> union concurrence agreement letter.	<input checked="" type="checkbox"/>
<b>MANDATORY REQUIREMENTS – LEGAL</b>	

For those owing a debt to a Government of Canada department or agency, the amount owing must be disclosed as well as a debt repayment plan must be in place, otherwise the Application <b>WILL NOT BE CONSIDERED.</b>	<input checked="" type="checkbox"/>
Any proposal found to contain false or misleading information <b>WILL NOT BE CONSIDERED.</b>	<input checked="" type="checkbox"/>