

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 or call 604-877-4527.

Project No: 0000

Funding Approved?

2.1 ORGANIZATIONAL INFORMATIONOrganization Type: **Choose One**

Legal Name:

Street Address:

Unit Number:

City:

Province: British Columbia

Postal Code:

Phone:

Cell:

Fax:

Website:

Email 1:

Email 2:

Contact Name:

Contact Title:

Organization's Mandate and Activities:

2.2 BUSINESS INFORMATION

Incorporation Number:

Incorporation Date (YYYY-MM-DD):

Business Number:

Tax Refund Percentage: **0.00%**

HST Number:

Number of employees:**0**Is your organization unionized? **Choose One**If Yes, have you obtained union concurrence: **Choose One****2.3 ACCOUNTING, INSURANCE, DEBTS and LOBBYING**Is your accounting done internally or externally? **Choose One**If done **EXTERNALLY**, please provide the following:

Contact Name:

Name of External Firm (if applicable):

Telephone Number:

Is your accounting system manual or computerized: **Choose One**

If accounting system is computerized, list name of software used:

What is the fiscal year-end of your organization (MM-DD):

Do you have liability insurance? **Choose One**

If you have liability insurance, please specify the amount: **\$0.00**

Worker's Compensation Premium Rate (per \$100): **\$0.00**

Do you owe any amount to a Government of Canada department or agency? **Choose One**

If Yes, please specify:

Department	Type	Amount
	Choose One	\$0.00
	Choose One	\$0.00
	Choose One	\$0.00

If Yes, please describe the nature of the amount(s) owing:

Are you presently a registered lobbyist? **Choose One**

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.

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.

Lobbyists may register on-line with the Office of the Registrar of Lobbyists (www.orl-bdl.gc.ca) 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 Questionslobbying@orl-bdl.gc.ca.

Please note that there is a fee for manual registrations.

2.4 LEGAL SIGNING OFFICERS (according to letters patent or other incorporating documents)

How many signatures are required to bind the agreement? **0**

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

TITLE	NAME	SPECIMEN SIGNATURE
1.		
2.		
3.		

How many signatures are required for reimbursement claims? **0**

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

TITLE	NAME	SPECIMEN SIGNATURE
1.		
2.		
3.		

How many signatures appear on your organization's cheques? **0**

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

TITLE	NAME	SPECIMEN SIGNATURE
1.		
2.		
3.		

2.5 GENERAL PROJECT INFORMATION

Project Name:

Type of Project: **Choose One**

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

Expected Start Date(YYYY-MM-DD):

Expected End Date (YYYY-MM-DD):

Primary Project Location:

Choose One

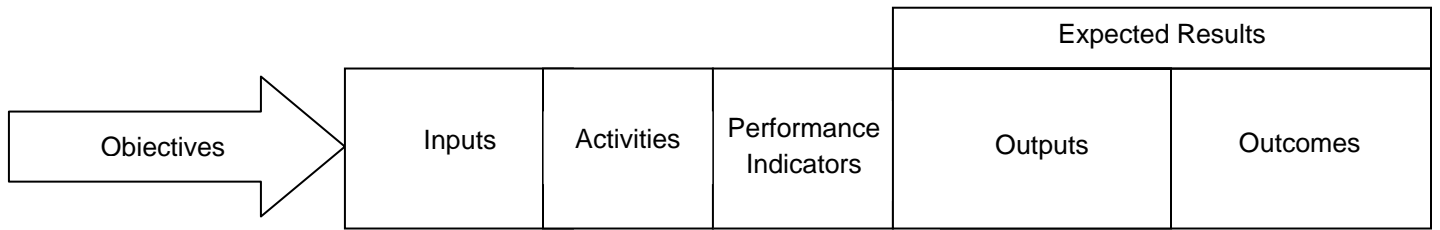
Secondary Project Location:

Choose One

Tertiary Project Location:

Choose One

2.6 PROJECT LOGIC



Project meets the HPS objective: Choose One	Priority area from community plan: Choose One
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Brief Project Description:

Project Objective:

Project Inputs: A. B. C. D. E. F.	Project Activities: A. B. C. D. E. F.	Project Performance Indicators: A. B. C. D. E. F.
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Project Outputs: A. B. C. D. E. F.	Project Outcomes: A. B. C. D. E. F.
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How is this project addressing a unique and unmet need in your community?

Describe how you will track and report on progress and performance(your evaluation strategy which links to project activities, timelines, indicators, outputs, and outcomes):

Why is your organization the best possible organization to develop this project?
How will you address the needs of clients requiring culturally sensitive services?
Please describe any special conditions or critical dates that may affect your project:
For all projects , how will you continue the project if HPS funds are no longer available?
For community development projects , how would you wind down the project if funds are no longer available?

2.7 DEMOGRAPHICS OF POPULATION SERVED		
Primary Population	Secondary Population	Tertiary Population
Target Population: Choose One	Target Population: Choose One	Target Population: Choose One
Population of Interest: Choose One	Population of Interest: Choose One	Population of Interest: Choose One
Age Group: Choose One	Age Group: Choose One	Age Group: Choose One
Family Characteristics: Choose One	Family Characteristics: Choose One	Family Characteristics: Choose One
Gender: Choose One	Gender: Choose One	Gender: Choose One
Additional Barriers: Choose One	Additional Barriers: Choose One	Additional Barriers: Choose One
If you selected "Other" for Additional Barriers please specify:		

2.8 FINANCIALS AND BUDGET
Total Amount of Funding Requested: \$0.00
Specific Use of HPS funds:
Other contributions (\$ or in kind): \$0.00
Funding for Service Delivery Expenses (if applicable): \$0.00
Funding for Prevention Expenses (if applicable): \$0.00
Funding for Support Expenses if applicable (if applicable): \$0.00
Funding Community Development if applicable (if applicable): \$0.00
Does your proposal engage other funding partners? Choose One

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
	Choose One		\$0.00
	Choose One		\$0.00
	Choose One		\$0.00
	Choose One		\$0.00
	Choose One		\$0.00
	Choose One		\$0.00

For each individual contributor above, please provide a letter of confirmation.

Total Project Amount from All Sources: **\$0.00**

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

Do you expect to generate revenue from your project? **Choose One**

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

ALL PROJECTS	<i>Applicants must also complete the attached Form 2B-Budget Negotiation Notes document.</i>
SERVICE PROJECTS	<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>

COMMUNITY DEVELOPMENT PROJECTS	<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

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

APPENDIX A

SUBMISSION CHECKLIST	
<p>Please note that this checklist is for your use only 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, double sided.</p> <p>DO NOT INCLUDE this checklist with your application for funding.</p> <p>Other items to consider including, but are not mandatory:</p> <ul style="list-style-type: none"> • List of Board of Directors; • 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; • Any letters of support for your project from contributors, clients, or the community served. 	
MANDATORY REQUIREMENTS – PROJECT SUITABILITY	
The project must meet the HPS objective	<input type="checkbox"/>
The project must meet at least one of the Community Plan priorities	<input type="checkbox"/>
The application and project must meet the eligibility criteria	<input type="checkbox"/>
MANDATORY REQUIREMENTS – APPLICATION PACKAGES	
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 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. Late applications will not be considered. No electronic signatures.</p>	<input 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>Hand written documents, oral submissions or faxed copies WILL NOT BE CONSIDERED.</p>	<input type="checkbox"/>
Letters from all contributors (financial or in-kind) confirming the nature and value of their contribution as indicated on the budget sheet. (See APPENDIX 2 of application guide)	<input type="checkbox"/>
If you are representing a coalition and submitting on behalf of your “partners”, letters from partners describing and confirming their involvement	<input type="checkbox"/>
A sustainability or exit plan beyond HPS funding MUST be submitted. The plan should not be longer than 1 page.	<input 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 type="checkbox"/>
If applicable, union concurrence agreement letter.	<input type="checkbox"/>
MANDATORY REQUIREMENTS – LEGAL	

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 WILL NOT BE CONSIDERED.	<input type="checkbox"/>
Any proposal found to contain false or misleading information WILL NOT BE CONSIDERED.	<input type="checkbox"/>