

## Part 1: Organization Information

### 1. Organization Type

- Not-for-profit  First Nation (on-reserve) Municipality  Public Health Institution  Educational Institution  
 Other, please specify \_\_\_\_\_

2. Please indicate the full legal name of the applicant organization. This is usually the name associated with your registration with the Canada Revenue Agency (CRA)

3. Please indicate the common name of the applicant organization (if different from full legal name - optional)

### 4. Applicant Contact Information

Street Address (include unit number) \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

#### 4a. Primary Contact Person

Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

#### 4b. Alternate Contact Person

Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

5. Has the organization received funding from Reaching Home in the past two years?

- Yes  No

5a. If yes, which funding have you received and/or been recommended for (select all that apply)

- 2019/2020 Reaching Home transition year funding  
 Recommended for funding under the 2020-2022 Reaching Home CFP  
 March 2020 Emergency Response COVID-19 funding

6. Please briefly describe your organization's mandate, programs and services (250 word maximum).

7. What is your organization's approximate total annual budget?

8. Approximately how many staff does your organization employ?

## Part 2: Project Information

9. What is the proposed start date of this initiative? *Cannot be earlier than April 1.*

10. What is the proposed end-date of this initiative? *Cannot be later than Sep 30*

11. What is the total dollar amount requested from Reaching Home?

12. Is this application being submitted on behalf of a partnership or group of organizations?

- Yes
- No

11a. If yes, please describe the nature of this partnership/consortium.

11b. Please list the partners involved in this initiative:

Organization Name	Contact Person	Email Address	Role in the Partnership

13. Please indicate the geographic region(s) that this initiative will explicitly serve.

*If your organization does not have any geographic requirements and/or does not target a specific geographic region, please select "All of Metro Vancouver"*

- All of Metro Vancouver
- First Nation (on-reserve) (please identify)
- Village of Anmore
- Village of Belcarra
- Bowen Island Municipality
- Electoral Area A
- City of Burnaby
- City of Coquitlam
- City of Delta
- City of Langley
- Township of Langley
- Village of Lions Bay
- City of Maple Ridge
- City of New Westminster
- City of North Vancouver
- District of North Vancouver
- City of Pitt Meadows
- City of Port Coquitlam
- City of Port Moody
- City of Richmond
- City of Surrey
- Tsawwassen First Nation
- City of Vancouver
- District of West Vancouver
- City of White Rock
- Outside of Metro Vancouver (please identify)

14. Please indicate the housing status of the individuals this project will benefit:

- Currently housed, but at imminent risk of losing housing (for example, within two months)
- Homeless – sheltered (staying in a homeless shelter, couch-surfing, inappropriately housed)
- Homeless – unsheltered (sleeping outdoors or in locations otherwise not suitable or intended as shelter)

*In seeking to understand the services available to certain populations that might be particularly vulnerable, if your organization or this initiative specifically seeks to serve a particular population, please select the applicable characteristic below.*

15. Will this initiative specifically seek to serve/benefit Indigenous individuals/families?

Yes  No

16. Does this initiative serve the general population (meaning individuals any gender, any age, with any additional characteristics including mental/physical health issues, etc.), or does the initiative seek to serve individuals with specific characteristics?

- General Population
- Specific Characteristics

17. Age Group: Indicate the age group the initiative specifically seeks to serve

If the initiative would serve individuals of any age group, please select "all ages". If the initiative would serve young children in the context of services targeted towards parents (and their child/ren), please select "families" under the "other characteristics" category below.

- All ages
- Youth focused (15-30)
- Adults (meaning services NOT specifically provided for youth or seniors)
- Senior focused (65+)

18. Gender: Indicate the gender(s) this initiative specifically seeks to serve.

If the initiative would serve individuals of any gender, please select "all of the above".

- Men
- Women
- Gender diverse
- All of the above

19. Other characteristics: Indicate any additional characteristics an individual may have that this initiative specifically seeks to serve.

*IMPORTANT: If gender and/or age are the only criteria or target population and the initiative would serve individuals with any of the below characteristics - please select "any of the above characteristics"*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Youth exiting care (children's institution/group home/foster care) | <input type="checkbox"/> People from an official language minority community | <input type="checkbox"/> People fleeing domestic violence                      |
| <input type="checkbox"/> Women and their children   | <input type="checkbox"/> People experiencing mental illness                  | <input type="checkbox"/> People exiting the criminal justice system            |
| <input type="checkbox"/> Families   | <input type="checkbox"/> People living with physical disabilities            | <input type="checkbox"/> People exiting a medical or mental health institution |
| <input type="checkbox"/> Immigrants   | <input type="checkbox"/> People living with addictions                       | <input type="checkbox"/> Veterans  |
| <input type="checkbox"/> Refugees   | <input type="checkbox"/> People who identify as LGBTQ2S                      | <input type="checkbox"/> Other, please specify _____                           |
|   |  | <input type="checkbox"/> Any of the above characteristics                      |

Commented [LN1]: To confirm but I have heard the term 2 spirit in the Indigenous community not sure to add this

Commented [IG2R1]: I think 2S refers to 2 spirit

19. What specific issues, needs or challenges relating to COVID-19 are you seeking to address with this funding?

20. Please indicate which categories of funding you are applying for.

- Housing services:** services and financial supports related to placing individuals in permanent or temporary housing
- Prevention and shelter diversion:** services and financial supports related to housing loss prevention, crisis intervention, and moving individuals directly from institutions into housing.
- Health and medical Services:** providing health care services directly to clients
- Client support services (including basic needs):** purchase/distribution of basic needs to individuals and activities related to increasing safety and limiting the spread such as cleaning supplies/services, physical barriers, PPE, etc.
- Capital investments:** securing, repurposing and outfitting spaces in order to create new temporary housing, installing sanitation facilities and outfitting existing spaces to address needs arising due to COVID.
- Coordination of Resources and Data Collection:** supporting or enhancing the sector’s capacity to respond to the COVID crisis.
- Other activities or initiatives** (please describe). *Important: please contact us at [reachinghome@vancity.com](mailto:reachinghome@vancity.com) to ensure project eligibility.*

21. Using the table below, please describe the key activities the project will undertake in order to address the needs/challenges described in Question 19. A summary of the eligible activities for each category described can be found in the Fact Sheet. – timeline must be between April 1 and September 30, 2020.

**Please note** only the categories selected in Question 20 will populate below.

Category	Activity	Timeline
Housing Services		
Prevention and Shelter Diversion		
Health and Medical Services		
Client Support Services (Including Basic Needs)		
Capital Investments		
Coordination of Resources and Data Collection		
Other		

22. Using the table below, please provide a detailed description and breakdown of the funds requested. This is your “project budget”.

Project Budget		
Category	April – Sep 2020	Description
<b>1. Staff Wages</b>		
Direct Staff Wages (including any additional payment such as hazard/incentive pay)		
MERCs (mandatory employment related costs such as EI, CPP etc.)		
Benefits		
Total – Staff Wages	Auto-Sum	

<b>2. Direct Project Costs</b>		
<b>Expenses that directly support an individual's housing and basic needs</b>		
Placement: moving individuals into a safer/more stable housing situation (temporary or permanent) including rental assistance, utility deposits, moving fees, housing setup, hotel/motel expenses, etc.		
Crisis Intervention: supports that enable housing-loss prevention such as rental arrears/assistance, utility payments, unit repairs, or in-kind support such as food/hygiene or cleaning items.		
Basic needs items/gift cards for individuals (food, hygiene, cleaning supplies, etc.)		
Access to communication tools/technology for individuals		
<b>Expenses relating to increasing the safety of sites, staff and individuals</b>		
Cleaning: supplies/services leading to increased sanitation within a facility or site		
Personal protection equipment or medical supplies to be used by staff on or off-site		
Acquiring physical barriers or other measures that enhance the safety of staff or clients at a facility.		
<b>Capital Investments</b>		
Securing, repurposing and/or outfitting a facility not currently used for shelter in order to create new temporary housing		
Outfitting existing spaces (shelters, transitional housing, etc.) to address needs arising from COVID		
Securing or acquiring new units for temporary or permanent housing		

Installing facilities to increase sanitation (showers, washrooms, handwashing/sanitation facilities)		
<b>Coordination of Resources and Data Collection</b>		
Activities that support the sector's ability to respond to the COVID crisis (please provide a detailed description of expenses)		
<b>Health and Medical Services</b>		
Health and medical services: direct payment of wages to medical professionals		
Health and medical services: other		
<b>Other expenses</b>		
Childcare, accommodation or transportation expenses required to facilitate staff safety and availability		
Expenses related to sustaining an organization's core operations/services due to financial disruption attributed to COVID		
Administration expenses. Please detail each item and its cost. Note: administration costs cannot exceed 15% of the total project budget.		
Please indicate and detail any other expenses related to the delivery of your project here.		
<b>Total – Direct Project Costs</b>	Auto-sum	

**23. Please list any other sources of funding you have secured from Government, foundations, donors or internal resources specifically related to the COVID-19 response. Please include name of funding organization, funding amount and brief purpose.**

Funding Organization	Amount	Purpose of Funds

**24. Please use this area to provide any additional information you would like to convey. This question is optional.**