**APPLICATION FOR COVID-19 ECONOMIC RESPONSE PLAN FUNDING (CERP)**

**GREATER VANCOUVER DESIGNATED COMMUNITY**

**APPLICATIONS DUE 12:00 PM NOVEMBER 6, 2020.** EMAIL YOUR COMPLETED APPLICATION FORM TO REACHINGHOME@VANCITY.COM.

**PLEASE SIGN YOUR APPLICATION FORM PRIOR TO SUBMITTING – SIGNATURE SECTION ON PAGE 8.**

1. **What is legal name of the applicant organization (the name associated with your registration with the Canada Revenue Agency)?** Click or tap here to enter text.
2. **Primary Contact Person**

Contact Name: Click or tap here to enter text.

Contact Title: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

1. **Has this project received funds since April 1, 2020 under Reaching Home’s COVID-19 Economic Response Plan funding?**

[ ]  **Yes** (Answer Questions A and B, then go directly to Question 11. Do not answer Questions 5-10)

1. **If yes, what is the project number?** COVID-
2. **If yes, what is the project name?** Click or tap here to enter text.

[ ]  **No**

**IF YOU ANSWERED “YES” TO QUESTION 3, PLEASE PROCEED TO QUESTION 11. IF YOU ANSWERED “NO”, PLEASE ANSWER QUESTIONS 5 TO 10.**

1. **Proposed Project Name** (please keep brief) Click or tap here to enter text.
2. **Applicant Organization Contact Information:**

Street Address (include unit number): Click or tap here to enter text.

City: Click or tap here to enter text.

Postal Code: Click or tap here to enter text.

1. **Organization Type**

[ ]  Not-for-profit [ ]  First Nation (on-reserve) [ ]  Municipality [ ]  Public Health Institution

[ ]  Educational Institution [ ]  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Click or tap here to enter text.

1. **What is your organization’s approximate total annual budget?** Click or tap here to enter text.
2. **Approximately how many staff does your organization employ?** Click or tap here to enter text.
3. **Is this application being submitted on behalf of a partnership or consortium?**

[ ]  Yes [ ]  No

1. **If yes,** what is the nature of the partnership/consortium (200 word maximum).

Click or tap here to enter text.

1. **If yes,** please indicate the partners involved in this initiative using the table below

|  |  |
| --- | --- |
|  **Organization Name**  | **Role in the Partnership**  |
|  |  |
|  |  |
|  |  |

1. **Please indicate the geographic region(s) that this initiative will explicitly serve/target. IMPORTANT:** If your organization does not have any geographic requirements and/or does not target a specific geographic region, please select “All of Greater Vancouver”

[ ]  Burnaby

[ ]  New Westminster

[ ]  The Langley’s

[ ]  Ridge Meadows

[ ]  North Vancouver

[ ]  West Vancouver

[ ]  Richmond

[ ]  Delta

[ ]  Surrey/White Rock

[ ]  Vancouver

[ ]  Vancouver – Downtown Eastside

[ ]  Tri-Cities (Coquitlam, Port Coquitlam, Port Moody and Anmore/Belcarra)

[ ]  Tsawwassen

[ ]  All Greater Vancouver

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

[ ]  General Population

[ ]  Specific Characteristics

1. **If you selected “specific characteristics”, please choose the TOP THREE that best describe the characteristics of the individuals the project seeks to serve:**

[ ]  Youth and/or youth aging

out of care

[ ]  Indigenous individuals/families

[ ]  Seniors

[ ]  Women

[ ]  Families

[ ]  Immigrants and Refugees

[ ]  Official language minority community

[ ]  People experiencing mental illness

[ ]  People living with physical disabilities

[ ]  People living with addictions

[ ]  People who identify as LGBTQ2S

[ ]  People fleeing domestic violence

[ ]  People exiting the criminal justice system

[ ]  People exiting a medical or mental health institution

[ ]  Veterans

[ ]  Other, please specify\_\_\_\_\_\_\_\_\_\_

[ ]  Any of the above characteristics

1. **What is the total dollar amount you are requesting from Reaching Home for this project?**  $Click or tap here to enter text.
2. **What are the anticipated start and end dates of this project?**

Start Date (cannot be earlier than October 1, 2021) End Date (cannot be later than March 31, 2021)

Click or tap to enter a date. Click or tap to enter a date.

1. **What specific needs, issues or challenges arising out of the COVID-19 pandemic are you seeking to address with this funding (250 word maximum)?**

Click or tap here to enter text.

1. **Please select the primary activities the project will be engaged in.**

**Improving Housing Stability:**

[ ]  Housing placement services

[ ]  Capital investments in permanent housing (acquiring, re-purposing, renovating or building units)

[ ]  Other (please describe) Click or tap here to enter text.

**Preventing Inflows to Homelessness:**

[ ]  Housing loss prevention services (specifically rental/utility payment or arrears, mediation, etc.)

[ ]  Placing individuals exiting institutions directly into housing

[ ]  Shelter diversion activities

[ ]  Other (please describe) Click or tap here to enter text.

**Extending Emergency COVID-19 Measures for Individuals Experiencing Homelessness:**

[ ]  Operating temporary spaces (temporary housing, isolation/emergency response centres, or non-residential spaces such as hygiene facilities, drop-ins, etc.)

[ ]  Capital investments in temporary spaces (including acquiring, re-purposing, renovating temporary housing, isolation/emergency response centres, or non-residential spaces such as hygiene facilities, drop-ins, etc.)

[ ]  Delivering client support or basic needs services (including health/medical services)

[ ]  Activities that increase the safety of a service or facility

[ ]  Other (please describe) Click or tap here to enter text.

**Other (including Coordination of Resources and Data Collection), please describe:**

Click or tap here to enter text.

1. **Please briefly elaborate on the project activities selected in #16 and indicate the applicable expected results. Please only indicate those relevant to your project**. **Where applicable, please add/ include your own measures/indicators, and fill in those already included that are relevant to your project.**

|  |  |  |
| --- | --- | --- |
| **Category** | **BRIEF description of the activities the project will undertake in this category.** | **Expected Results**  |
| **Improving Housing Stability (Including housing services and capital investments)** |  | # individuals placed into permanent housing: Click or tap here to enter text. # of new units or beds created  |
| **Preventing Inflows to Homelessness:**  |  | # individuals receiving housing loss prevention interventions (financial or otherwise):Click or tap here to enter text. |
| **Extending Emergency COVID-19 Measures** |  | # individuals placed in temporary accommodation: Click or tap here to enter text.# new temporary beds available because of this project (including hotel/motel beds) Click or tap here to enter text.# individuals who received basic needs Click or tap here to enter text. |
| **Other**  |  | Indicate measure(s), if applicableClick or tap here to enter text. |

1. **Using the table below, please provide a detailed description and breakdown of the funds requested. This is your “project budget”. IMPORTANT: The total project budget (when you add all category total values together) should equal the same amount you have entered in Question 13**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **CATEGORY TOTAL** | **DESCRIPTION** |
| Examples have been provided in grey font. PLEASE DELETE ALL EXAMPLE DESCRIPTIONS AND CATEGORY TOTALS PRIOR TO SUBMITTING YOUR FINAL BUDGET. Leave any lines/categories you are not applying for blank. IMPORTANT: Please double check that the math in your description is correct AND that the total in the description column aligns with the category total.  |
| **SERVICES OR OPERATIONAL EXPENSES** |
| **Direct staff wages** (including MERCs and benefits)  | $56,019.60 (total of all items in description) | 2 housing placement workers: $26/hr. at 35 hrs. per week for 27 weeks = $24,570 per staff x 2 staff = **$49,140.00**. MERCs and benefits calculated at 14%. $49,140.00\*14% = **$6,879.60**  |
| **Other staff expenses**: hazard/pandemic pay or other expenses to facilitate staff availability such as accommodation, childcare, etc. | $20,300 | Hazard pay of $2.00/hr. for 29 staff across various sites at 35 hrs. per  week for 10 weeks = **$20,300.00**  |
| **Temporary accommodation**: hotel/motel stays, and expenses related to maintaining/operating a temporary unit  | $14,000 | Approximately 140 nights hotel/motel (10 people x 14 nights each) accommodation for symptomatic or vulnerable individuals to self-isolate x $100/night = **$14,000.00** |
| **Permanent housing placement:** includes damage/utility deposits, moving fees, housing setup costs, etc. | $5,000 | Estimated $500 per person housing setup for 10 individuals = **$5,000.00** |
| **Housing loss prevention:** rental/utility arrears or emergency payment, unit repairs, etc.  | $20,000 | $1,000/person for 20 people for rental/utility arrears to prevent eviction = **$20,000.00.**  |
| **Basic needs:** food or grocery cards in the context of housing setup or crisis intervention (not mass food or prepared meal distribution). Transit, hygiene/cleaning supplies for individuals housed or unhoused. | $3,000 | **$1,000** for 20 grocery cards in the amount of $50 each for individuals in crisis. **$2,000** for cleaning/sanitation baskets at $20.00 each for 100 individuals. |
| **Bulk food or prepared meal distribution:** to individuals who may/may not have been previously identified and meal/food delivery to allow self-isolation including packaging, etc. | $5,000 | Approx. 100 prepared meals for tenants who are self-isolating at $5/meal = **$5,000.00**  |
| **Cleaning, safety and security supplies/services and facility modifications:** including first-aid, PPE, cleaning/sanitation supplies or services and security equipment or services.Facility modificationsrequired to safely continue service delivery while adhering to COVID-19 protocols (installing plexiglass, minor renovations to increase the distance between beds, etc.) | $8,840.00   | One additional part-time cleaning staff to meet new health/safety guidelines - $17/hr. x 20 hrs./week x 26 weeks = **$8,840.00**  |
| **Technology:** purchase and/or operation of phones, tablets, or equipment required for remote service delivery/communication.  |  |  |
| **Health and Medical Services**: medical professional’s wages, including Clinical Counsellors | $15,600.00  | Clinical Counselor - $40/hr. x 15 hrs./week x 26 weeks = **$15,600.00**   |
| **Other:** administrative costs (including wages), mileage and other items not otherwise described above |  | Important: admin costs may not exceed 15% of the total of direct project costs.  |
| **TOTAL SERVICES OR OPERATIONAL EXPENSES** |  |  |
| **CAPITAL EXPENSES** |
| **Major capital investments (over 50K) in permanent housing** (Acquiring, re-purposing, renovating, creating) | $500,000 | $90,000 – portion of down payment to acquire a 12-unit motel to be converted to permanent supportive housing. $100,000 – electrical upgrades including contracting and materials. $200,000 – plumbing and outfitting kitchenettes in each unit. $110,000 – structural changes and renovations. |
| **Major capital investments (over 50K) in temporary housing** (Acquiring, re-purposing, renovating, creating) |  |  |
| **Other major capital investments (over 50K)** (acquiring or renovating non-residential facilities, outdoor or temporary facilities, equipment, vehicles, furnishings, etc.)  | $190,000 | $52,000 – van to be used by supportive housing unit. $138,000 furnishing 12 units including appliances, furniture, window coverings and other finishings. |
| **TOTAL CAPITAL EXPENSES** |  |  |
| **TOTAL PROJECT ASK (add up category totals)** |  |  |

**IMPORTANT: PLEASE DOUBLE CHECK – DOES THE TOTAL PROJECT ASK DIRECTLY ABOVE ALIGN WITH THE AMOUNT YOU’VE INDICATED IN QUESTION 13?**

1. **If the project were to be recommended at a lower amount than you have requested, which budget items would you prioritize?**

Click or tap here to enter text.

1. **What is the total cost of the priority items you have described above, or the minimum amount of money required for those priority activities to be viable?**

$ Click or tap here to enter text.

1. **OPTIONAL:** Please use this area to provide any additional information you would like to convey. This question is optional. (250 word maximum)

Click or tap here to enter text.

**SERVICES AND COORDINATION PROJECTS - END OF QUESTIONS. PLEASE GO DIRECTLY TO THE SIGNATURE SECTION ON PAGE 8.**

**THE FOLLOWING QUESTIONS APPLY TO CAPITAL PROJECTS ONLY**

1. **What stage is your project currently in, and what is your project timeline? If applicable, please describe any permitting, zoning or other needs.**

Click or tap here to enter text.

**b. When do you expect your project to be completed (operational and/or and ready for occupancy)**

Click or tap here to enter text.

1. **If applicable, please indicate both the number of beds and number of units that will be created as a result of this project:**

# of beds Click or tap here to enter text. # of units Click or tap here to enter text.

1. **What is the cost of the entire project (not only what you are requesting from Reaching Home)**

Total Project Cost: $ Click or tap here to enter text.

1. **Thinking about the major cost categories applicable to your project (acquisition, development/construction, renovation, furnishings/fixtures, equipment and vehicles, other etc.), and the funds required for each, please use the table below to indicate the sources of funding you have secured for the project. IMPORTANT: A detailed breakdown within each category is not required; please indicate funding sources for each major category only. Examples have been provided in grey font. Please delete examples and add rows if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| **USE OF FUNDS/COST CATEGORY** | **AMOUNT**  | **FUNDING SOURCE AND CONTACT (IF EXTERNAL)** | **PENDING OR SECURED?** |
| Purchase (funds required for down payment) | $500,000 | * $250,000 internal funds
* $250,000 Grant from ABC Foundation – contact Jane Doe at janedoe@abc.com
 | SecuredSecured |
|  Renovations  | $400,000 | * $100,000 DEF Foundation - contact Jane Doe at janedoe@def.com
* $250,000 GHI Foundation - contact Jane Doe at janedoe@ghi.com
* $50,000 Internal funds (fundraising revenue)
 | PendingSecuredSecured |
|  |  |  |  |
|  |  |  |  |
| **GRAND TOTAL** | **$900,000** |  |  |

1. **If applicable, please provide a very high-level description of how you plan to operate the facility, and any funding sources secured for operations.**

Click or tap here to enter text.

1. **If applicable, will this project impact existing tenants, and if yes, do you have a tenant relocation plan?**

Click or tap here to enter text.

**IMPORTANT NOTE TO CAPITAL APPLICANTS:** any applicants proposing capital projects may be asked to submit a sustainability plan, operating budget, and/or other supporting documentation, depending on the project type.

**SIGNATURE SECTION FOLLOWS ON PAGE 8!**

**By signing below, I certify that I am authorized to apply for funding on behalf of the organization named in Question #1.**

**First and Last Name:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Electronic Signature:**

(If you are unable to provide an electronic signature, please type your name).