**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](mailto: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 applicable  Click 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 | Secured  Secured |
| Renovations | $400,000 | * $100,000 DEF Foundation - contact Jane Doe at [janedoe@def.com](mailto:janedoe@def.com) * $250,000 GHI Foundation - contact Jane Doe at janedoe@ghi.com * $50,000 Internal funds (fundraising revenue) | Pending  Secured  Secured |
|  |  |  |  |
|  |  |  |  |
| **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).