



# MN–S and Government of Canada's Reaching Home Strategy

**Reaching Home Non-Designated Indigenous Stream  
Reaching Home Rural & Remote Stream**

2023-2024 application



**This application is for Housing Services, Prevention and Shelter  
Diversion, Client Support Services, Capital Investments, and  
Coordination of Resources and Data.**

**Which stream are you applying for?  
Please check one box only**

Reaching Home Non-Designated Indigenous Stream

Reaching Non-Designated Home Rural and remote stream

PLEASE READ THE APPLICATION GUIDE CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM

**Please fill out separate applications for separate projects**

**Funding Streams**  
**NON-DESIGNATED INDIGENOUS AND RURAL AND REMOTE**

**Executive Summary – Word limit to 500 characters (with spaces) per summary question**

<b>Applicant Name:</b>	<b>Priority area:</b> <input type="checkbox"/> Housing Services <input type="checkbox"/> Prevention & Shelter Diversion <input type="checkbox"/> Client Support Services <input type="checkbox"/> Capital Investments
<b>Project Name:</b>	
<b>Project Location:</b>	
<b>RH contribution request:</b>	
<b>Other contribution:</b>	
<b>Total Project amount:</b>	
<b>Project Details and Summary:</b>	
<b>Community Needs:</b>	
<b>Partnerships and Community Supports:</b>	
<b>Measurable and Achievable Outcomes:</b>	
<b>Sustainability of the Benefits of the Project:</b>	
<b>Process to Measure success:</b>	
<b>Program History and Successes:</b>	
<b>Past Reaching Home Partnerships and Brief History:</b>	
<b>Environmental Impacts:</b>	

## Part 1

### 1.1 Organization Identification

<b>Organization type</b> <input type="checkbox"/> Individual <input type="checkbox"/> Private <input type="checkbox"/> Not for profit <input type="checkbox"/> Municipal <input type="checkbox"/> Indigenous			
<b>Legal Name</b>		<b>Phone Number</b>	<b>Fax Number</b>
<b>Mailing Address</b>		<b>Website Address</b>	
<b>Contact Name and Title</b>		<b>Phone Number</b>	<b>Email</b>
<b>Language of Correspondence</b> <input type="checkbox"/> English <input type="checkbox"/> French	<b>Incorporation Number (<i>Charters/letters patent</i>)</b>		<b>Incorporation Date (MM-YYYY)</b>
<b>Business Number (<i>Canada Revenue Agency</i>)</b>		<b>GST Number</b>	<b>PST Number</b>
<b>Registered Charitable Tax Number</b>		<b>Tax refund percentage (GST)</b>	
<b>From among the organization staff affected by the proposed activities, is any staff unionized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, have you obtained union concurrence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> It is not required. <b>Note: If yes, a <u>Copy of Union Concurrence</u> required upon submission</b>	
<b>Organization's main activities and mandate</b>			

### 1.2 Legal signing officers

Contribution Agreement (according to Letters Patent or other incorporating documents)		
How many signatures are required to bind the applying organization into a legal agreement?		<b>Number:</b>
From among these authorized signatures, what is the position title of the officer(s) whose signature is always required bind the applying organization into a legal agreement?		<b>Position Title:</b>
Title	Name	Specimen Signature
1		
2		
3		

Payment Claims and other reports submitted

How many signatures should appear on applications for payment or reports submitted?		<b>Number:</b>
From among these authorized signatures, what is the position title of the officer(s) whose signature is always required on payment claims or reports submitted?		<b>Position Title:</b>
	<b>Title</b>	<b>Name</b>
<b>1</b>		<b>Specimen Signature</b>
<b>2</b>		
<b>3</b>		

### 1.3 Accounting Practices

<input type="checkbox"/> Accounting is done internally		<input type="checkbox"/> Accounting is done externally	
<b>Bookkeeper's name</b>		<b>Name of the external firm (if applicable)</b>	
		<b>Telephone number</b>	
<input type="checkbox"/> Manual system		<input type="checkbox"/> Computerized system	
		<b>Name of software used</b>	
<b>What is the fiscal year-end of your organization?</b>		<b>Does your organization contract external auditors to conduct financial audits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>In the past three (3) years, has your organization been reviewed, audited, or investigated by the federal government, provincial government or another public body created under the law of a province?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, were there any irregularities or issues regarding your organization's financial management practices?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, have those issues been resolved and measures diligently put in place to prevent reoccurrence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do you have liability insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If you have liability insurance, please specify the amount:</b>	
		<b>Worker's Compensation Premium Rate (per \$100):</b>	

### 1.4 Amounts Owing to Canada

Do you owe any amount to a Government of Canada department or agency?  Yes  No

If so, please specify:

Amount Owing	Nature of the amount owing (i.e. tax, penalty, overpayment)	Government department or agency to which the amount is owing
\$		

## 1.5 Lobbying Efforts / Involvement of Public Servants

<p><b>Are you presently a registered lobbyist?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<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 online with the Office of the Registrar of Lobbyists (<a href="http://www.orl-gdl.gc.ca">www.orl-gdl.gc.ca</a>) free of charge. For further information, please contact the Office of the Registrar of Lobbyists by telephone at (613) 957-2760 or email at <a href="mailto:questionslobbying@orl-bdl.gc.ca">questionslobbying@orl-bdl.gc.ca</a></p>
<p><b>Has there been any involvement of past federal government public servants in the preparation of this proposal?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Applicants are responsible for declaring involvement of past federal government public servants in the preparation of their proposals as per the Values and Ethics Code for the Public Service. The Values and Ethics Code for the Public Service can be found at: <a href="http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?section=text&amp;id=25049">http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?section=text&amp;id=25049</a></p>

## Part 2 Project Details

<p><b>2.1 Project Name</b></p>	<p><b>2.2 Length of Project</b></p> <p><input type="checkbox"/> 1 year ending March 31<sup>st</sup> 2024</p>
<p><b>2.3 Location of Project activities (if different than applicant's mailing address).</b></p>	
<p><b>2.4 Please indicate if the facilities for <u>Capital Investment</u> projects are owned or rented/leased (If rented or leased, a minimum 5-year lease and letter of support for project activities from landlord are required). Please provide documentation.</b></p>	
<p><b>2.5 Please provide population size of community where project activities are to take place.</b></p>	
<p><b>2.6 Project areas of activity (check all that apply)</b></p> <p><input type="checkbox"/> Emergency shelter facilities</p> <p><input type="checkbox"/> Transitional housing facilities</p> <p><input type="checkbox"/> Supportive housing facilities</p> <p><input type="checkbox"/> Non-residential facilities</p> <p><b>Please check the type of expense that applies to this project</b></p> <p>➤ <b>Housing Services</b></p> <p><input type="checkbox"/> Housing Placement.</p> <p><input type="checkbox"/> Emergency Housing Funding</p> <p><input type="checkbox"/> Housing set-up</p> <p><input type="checkbox"/> Other _____</p> <p>➤ <b>Prevention &amp; Shelter Diversion</b></p> <p><input type="checkbox"/> Discharge Planning Services</p> <p><input type="checkbox"/> Help obtaining or retaining housing</p> <p><input type="checkbox"/> Advice on budgeting, credit counseling and debt consolidation</p> <p><input type="checkbox"/> Legal advice, advocacy, and legal representation in order to avert eviction</p> <p><input type="checkbox"/> Moving costs</p> <p><input type="checkbox"/> Short-term financial assistance to help avert eviction or loss of housing with rent, rental arrears, utility deposits or payments</p> <p><input type="checkbox"/> Other _____</p>	

➤ **Client Support Services**

- General Client Supports
- Clinical and treatment services
- Economic integration services
- Social and community integration services
- Other \_\_\_\_\_

➤ **Capital Investments**

- Renovation of emergency shelters, transitional housing, permanent supportive housing, or non-residential facilities
- Repairs of damages resulting from housing placements
- New construction of transitional or permanent support housing, or non-residential facilities
- Purchase of transitional housing, permanent supportive housing, or non-residential facility
- Purchase of furniture, appliances, machinery, electronic equipment, and vehicles
- Professional fees
- Other \_\_\_\_\_

**2.7 Project details and summary. Must include project activities and links to Project Areas of Activity selected in section 2.5. Maximum word limit to 2000 characters (with spaces).**

**2.8 Project timeline and work plan descriptions. Maximum word limit to 1500 characters (with spaces).**

**2.9 Community Needs (what are your community needs and how your activities will meet these needs). Maximum word limit to 2000 characters (with spaces).**

**2.10 Partnerships and community supports on this project. Include at least 2 letters of support with the application. Maximum word limit to 500 characters (with spaces).**

**2.11 List any partner organizations, businesses, institutions, or other funding agencies that you have approached or will approach to provide funding for this project. Maximum word limit to 500 characters (with spaces).**

**2.12 Measurable and achievable outcomes and outputs and expected results. Maximum word limit to 1000 characters (with spaces).**

**2.13 The sustainability plan must demonstrate how the benefits of the project will be sustainable and activities maintained after Reaching Home funding ends. If an exit strategy forms part of the sustainability action plan, then the exit strategy must demonstrate a minimum amount of disruption to clients. Maximum word limit to 1000 characters (with spaces).**

**2.14 Process to measure success. Maximum word limit to 500 characters (with spaces).**

<p><b>2.15 Program History and Successes (description of specific program that is connected to proposed project and past successes of this program). Maximum word limit to 1000 characters (with spaces).</b></p>
<p><b>2.16 Please discuss past Reaching Home (formerly HPS) partnerships with brief project and funding details. Maximum word limit to 1000 characters (with spaces).</b></p>
<p><b>2.17 Environmental impacts (if applicable). Maximum word limit to 500 characters (with spaces).</b></p>

**Part 3 Beneficiaries**

**Please provide information on the client groups (those who are homeless and those at risk of homelessness) served as part of your project. Please check all that apply.**

Housing Status			
<input type="checkbox"/> Chronically Homeless <i>(Individuals with a total of at least 6 months (1180 days) of homelessness over the past year or recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days))</i>		<input type="checkbox"/> History of Chronic Homelessness <i>(must be currently permanently housed through a housing first program or exiting an institution)</i>	
Gender	Ages	Special Needs	Populations of Interest
<input type="checkbox"/> General population <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> General population <input type="checkbox"/> Children (0-14) <input type="checkbox"/> Youth (15-30) <input type="checkbox"/> Adults (31-64) <input type="checkbox"/> Seniors (65+)	<input type="checkbox"/> General population <input type="checkbox"/> People with addictions <input type="checkbox"/> People with disabilities or mental health issues <input type="checkbox"/> People with HIV/AIDS <input type="checkbox"/> Families <input type="checkbox"/> Victims of domestic violence <input type="checkbox"/> People who identify as LGBTQ	<input type="checkbox"/> Aboriginal peoples ____% <input type="checkbox"/> Immigrants ____% <input type="checkbox"/> Refugees ____% <input type="checkbox"/> Veterans ____%  <b>Reported % of total people served</b>

**Part 4 (For Capital Investment Projects Only)**

This section must be completed by all applicants seeking funding for capital investment projects to ensure that their application and sustainability plan address all the key elements required of an eligible capital project. This section contains elements that will be verified during the selection process by Community Advisory Board.

**Sustainability Plan**

<p><b>Long-term benefit for the community</b></p> <p><b>Indicate how the purchased equipment or furniture, or renovated facility, will remain in the long term for the benefit of individuals who are homeless or at imminent risk of homelessness?</b></p>
<p><b>Operation for five years after the project ends</b></p> <p><b>Indicate the operational impacts of the project (i.e., additional staff or services needed once the project is completed or additional demand for health and social services?).</b></p>



What are the relevant and related operational costs identified for the project? (Include any costs related to additional staff and service requirements).

Show what operational funding sources will cover the total operating costs related to the project? (i.e., a balanced annual operating budget for five years following the end date of the project).

Identify all the partners and operational funding sources identified in the sustainability plan?

Have you read and do you understand the Capital Investment Sustainability Requirements from the Application Guide, and have you completed the Sustainability Checklist?

Yes     No

❖ Legal Signatory Name (please print)	❖ Title (please print)	❖ Signature	❖ Date (dd-mm-yy)

**Part 5 Project Funding Details**

Reaching Home (formerly HPS) funding Contribution requested amount	\$
Other sources of contribution	\$
Total project amount	\$

Please name all matching cash and in-kind contributions to the project, summarize partner roles/responsibilities and financial or in-kind contribution value.

Include all partner organizations, government agencies (of any level – federal, provincial, municipal), businesses, non-profits, individuals, or others as well as partnership letters as per the Application Guide instructions.

Do not include contribution partners of your organizations' operational budget. Only include contributors or partners of the project proposed for Reaching Home funds. Please send documentation from listed contributors confirming the amounts of contribution listed.

Contributor	Type of Organization	Roles and Responsibilities	Financial or In-Kind Value
<b>Total project amount of Financial and In-Kind Contributions from All Sources:</b>			\$

*Mandatory Supporting Documents required. Letter(s) of commitment are required to confirm contributions declared in this application form as part of the financial and/or activity reporting.*

## Part 6 Budget Negotiation Notes

Legal Name of Organization: \_\_\_\_\_

Project Number: (completed by MN-S after submission) \_\_\_\_\_

Proposed Project Name: \_\_\_\_\_

### EXPENDITURE CATEGORIES

There are 7 cost categories for all project costs. All costs must be linked to project activities included in the proposal and to functions that are project specific. For example, wages/salaries of project staff are in Category 1 (i.e., project managers, case managers, housing placement workers, data co-ordinator), and wages/salaries of head office management are in category 8 (payroll, HR, admin). Reimbursement will be supported by invoices (payroll and/or travel claims, as appropriate) and will be subject to monitoring and audit. Examples of costs for which a contribution can be considered include, but are not limited to:

	Amount Requested	Detail Description / Comments
<b>1. Staff Wages</b>		
<b>Staff Wages</b> includes Mandatory Employment Related Costs (MERCs) which refer to payments an employer is required by law to make in respect of its employees such as EI and CPP/QPP premiums, workers' compensation premiums, vacation pay and Employer Health Tax.	- \$	Provide details (i.e., hourly rate, number of hours, number of weeks, MERCs) by position.
<b>Benefits</b> which refer to payments an employer is required to make in respect of its employees by virtue of company policy or a collective agreement. Examples of Benefits include contributions to a group pension plan or premiums towards a group insurance plan, extended illness and maternity leave, termination pay where warranted by provincial employment standards and organizational policies in existence at the time, severance pay where warranted by provincial labour standards, etc.	- \$	
<b>Sub-Total 1: Staff Wages</b>	- \$	
<b>2. Professional Fees</b>		
Professional fees – sub-contracting contracted specifically to support the project (e.g., bookkeeping, janitorial services and supplies, community plan facilitator, information technology, equipment maintenance services and security. Legal fees are noted separately below); all fees related to the purchase, pre-development, construction, or renovation of facilities are noted in Category 5: Facilities.	- \$	
Legal fees (e.g., allowance for costs related to review of lease for new project site premises)	- \$	
<b>Sub-Total 2: Professional Fees</b>	- \$	

3. Travel		
Staff and volunteer travel directly linked to assisting clients (e.g., housing placement or mobile counseling); travel for meetings and networking is noted in Category 7: Administrative Costs	\$ -	Provide details (i.e., means of transportation, number of kilometers, KM's rate)
<b>Sub-Total 3: Travel</b>	<b>\$</b> -	
4. Capital assets (except facilities)		
Capital assets of more than \$1,000 (excluding taxes). By default, all capital assets remain the property of the Recipient at the end of the project, unless an agreement for their disposition is prepared. List all capital asset purchases.	\$ -	Provide list of individual assets and specify which will not remain with the recipient at the end of the project.
Furniture of more than \$1,000 excluding taxes	\$ -	
Appliances of more than \$1,000 excluding taxes	\$ -	
<b>Sub-Total 4: Capital assets (except facilities)</b>	<b>\$</b> -	
5. Facilities (capital investments)		
Cost of purchasing land and/or building(s), including refundable deposits;	\$ -	Provide details of market value of property.
Construction or renovations to facilities: costs of labour and materials, general contractors, professional fees for project management, site supervision and inspections	\$ -	Provide details of preliminary cost estimates for the construction or renovation and market value of property.
Pre-development costs: property zoning and assessment fees, environmental assessments, architectural drawings and advice, engineering drawings and advice, building permits, licenses, and taxes	\$ -	Provide details of the different professionals involved and their fees
<b>Sub-Total 5: Facilities (Capital investments)</b>	<b>\$</b> -	Proof of market values are required.
6. Other Activity Related Project Costs		
<b>This includes costs directly associated with the project activities that are not included in any other budget category.</b>		
Rent, lease (including applicant owned premises) and repairs, leasehold improvements	\$ -	
Furniture costing \$1,000 or less, excluding taxes	\$ -	
Staff disability supports	\$ -	
Staff training (specify)	\$ -	
Conference attendance fees	\$ -	

Conference costs (meeting room rental, guest speakers, etc.)	\$ -	
Signage	\$ -	
Utilities	\$ -	
Equipment lease, rental, or purchase (including computers, fax machines, etc.; meter charge for photocopies, repair and maintenance cost item are included in cost type 7: Administrative Costs)	\$ -	
Computer software and licenses directly related to delivering project activities including those that support the use of a client tracking system	\$ -	
Costs associated with use of applicant-owned assets other than premises (e.g., computers and other equipment, furniture, etc.)	\$ -	
Memberships (professional and organizational), affiliation fees and business licenses and permits	\$ -	
Advertising (newspaper ads, flyer production, web page design etc.)	\$ -	
Reference materials (books, periodicals, subscriptions, etc.)	\$ -	
Telephone and/or fax line installation and charges	\$ -	
Internet installation and monthly fees	\$ -	
IT maintenance	\$ -	
Printing	\$ -	
Staff professional development (courses required by staff to ensure the success of the project, must not be part of the routine development courses required by the organization's policies)	\$ -	
Postage	\$ -	
Costs related to transition/wind-down (termination and/or severance pay, other HR related costs, penalties for breaking leases, etc.)	\$ -	
Materials and supplies (e.g., food supplies, laundry supplies, cleaning supplies, personal or household items for facilities that house homeless people, office supplies for the facility)	\$ -	
<b>Participant related costs:</b> Expenses associated with the participants/clients of a particular project. Please note: for Reaching Home, these costs cannot be paid directly to clients (for example, in the case of a rent payment to avoid eviction, the recipient would reimburse the landlord directly). Reimbursement will be supported by invoices and will be subject to monitoring and audit. The following participant related costs are part of this expense category #6: Other Activity Related Costs, and may include, but are not limited to:		
Housing Emergency assistance (e.g., rent and utilities)	\$ -	

Living expenses for individuals (e.g., vouchers for food, clothing, grocery, baby diapers, eyeglasses) items that remains with clients	\$ -	
Disability related supports	\$ -	
Disability related incremental costs	\$ -	
Professional fees related to participants/clients- contracting, sub-contracting (e.g., vocational assessments, needs assessments)	\$ -	
Dependent care	\$ -	
Materials and supplies, household items that remain with the participant/client	\$ -	
Travel associated with participants / clients (e.g., bus tickets)	\$ -	
<b>Sub-Total 6: Other Activity Related Costs</b>	<b>\$ -</b>	
<b>7. Administrative Costs ((Administration))</b>		
Staff wages and MERCS for staff working on the project indirectly (See Section 1 for details)	\$ -	
Benefits and other HR costs (See Section 1 for details)	\$ -	
Staff professional development - to cover basic training needs as per organization's existing policies; employment related requirements, which can include, but is not limited to, health and safety, first aid, CPR, self-defense, crisis intervention, anti-racism, sensitivity, conflict resolution, etc.	\$ -	
Staff and volunteer travel for meetings or networking (does NOT include monthly parking fees; travel to assist participants is noted in cost type 6 (Other Activity Related Project Costs)	\$ -	
Rent, lease (including applicant owned premises) and minor repairs and leasehold improvements	\$ -	
Utilities	\$ -	
Furniture	\$ -	
Signage	\$ -	
Equipment purchase, lease or rental (including computers)	\$ -	
Equipment repair and maintenance associated with everyday upkeep not covered by a lease or service contract (includes photocopy meter charges)	\$ -	
Computer software and/or license renewals and upgrades	\$ -	
Insurance (fire, theft, liability) and extended warranties	\$ -	
General insurance (ie directors' liability insurance)	\$ -	
Telephone and/or fax line installation and charges	\$	

Internet installation and monthly internet fees	\$	
IT maintenance	\$	
Postage and courier	\$	
Operational printing contracted externally (business cards, letterhead, printing of organizational or project brochures, etc.)	\$	
Professional fees – contracting (e.g. bookkeeping, janitorial services, IT, equipment maintenance services, security)	\$	
Office supplies (pens, paper, envelopes, subscriptions)	\$	
Bank charges	\$	
Travel associated with staff of the head office and board members (based on travel claims)	\$	
Memberships and affiliation fees (professional, inter- and intra-organizational, etc.)	\$	
<b>Sub-total 7: Administrative Costs</b>	\$	
	\$	
<b>TOTAL Reaching Home COSTS</b>	\$	

	\$	
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**OTHER SOURCES OF FUNDING**

	Value of contribution	Detail the cash and in-kind contributions from other sources (Organizations, amount of contribution, nature and value of contribution, purpose of funding)
Cash		
In-Kind	\$	
	-	
<b>TOTAL OTHER SOURCES OF FUNDING</b>	\$	
	\$	
	-	

<b>TOTAL PROJECT COSTS</b>	\$	
	\$	
	-	

**TO BE COMPLETED BY COMMUNITY ENTITY**

1. Are administrative expenses (Sub-totals 7 and 8) within the 15% of the HRSDC contribution? Yes  No

If No, please explain: \_\_\_\_\_

2. Are wages within the prevailing wage labour rate for this occupation in the community? Yes  No

Comments: \_\_\_\_\_

**Part 7 - Submitting your Funding Application**

**A) Checklist**

**For your application to be considered for funding, it must include the following:**

- Application Form completed and signed by a Legal official representative(s) appointed by the organization
- Budget Negotiation Notes Part 6
- Letters of support from the community (Minimum of 2 letters)
- Letters of commitment from funding partners. See Application Guide for sample letter.
- Property title or lease/rental agreement documentation including letter of support from landlord/property owner (for capital investment projects only).

**B) Declaration**

**Must be signed by as many persons as required by the organization’s statutes or by-laws.**

- I declare that I am legally authorized to sign and submit this Application on behalf of the Organization named in Section 1.
- I declare that the information provided in this Application and supporting documentation is true, accurate, and complete to the best of my knowledge.
- I understand that if the information described above is false or misleading, I or the Organization may be required to repay some or all of the funding received.
- I declare that the Organization and any person lobbying on its behalf is in compliance with the Lobbying Act, R.S.C., 1985, c. 44 (4th Supp.) and that no commissions or contingency fees have or will be paid directly or indirectly to any person for negotiating or securing this request for funding.

Legal Signatory Name (please print)	Title (please print)	Signature	Date (dd-mm-yy)