**Reaching Home: Canada’s Homelessness Strategy**

**CALL FOR PROPOSALS – CLIENT SUPPORT SERVICES**

**April 2025 – March 2028**

**FUNDING APPLICATION FORM**

**Monday, March 3, 2025 at 12:00 pm (noon)**

**Option 1:** If you are applying for funding for a new project, please complete all sections of the application.

**Option 2:** If you are applying for funding to expand a project currently funded by Reaching Home, please complete questions 1, 13, 14 and all subsequent questions.

| **PART 1 – ORGANIZATION INFORMATION** |
| --- |
| 1. **Legal Name:** Legal name of organization
 |
| 1. **Operating Name** (if different from legal name): Operational name
 |
| 1. **Year Established**: Type here to enter year
 |
| 1. **Business Registration #**: Type business registration # here
 |
| 1. **Incorporation #**: Type incorporation # here
 |
| 1. **GST #**: Type GST # here
 |
| 1. **Organization Type** (please select one):

 [ ]  Not-for-Profit [ ]  Charitable[ ]  Other (Please specify): Click or tap here to enter text |
| 1. **Telephone Number**: Type phone number here
 |
| 1. **Website**: Click or tap here to enter text
 |
| 1. **Organization Address** (street address, city, province, & postal code):

Type complete address |
| 1. **Mailing Address**, if different from Organization address (street address, city, province, & postal code):

Type complete address  |
| 1. **Organization’s Mandate:**

Please provide your organization’s mandate here |
| 1. How many signatures are required to bind the applying organization into a legal funding agreement with End Homelessness Winnipeg? Type here
 |
| 1. **LEGAL SIGNING OFFICER(S)**:

Please identify those organizational representatives authorized to sign a legal funding agreement with End Homelessness Winnipeg, as required by the organization’s statutes and by-laws: |
|  |  |  |  |  |
|  | **Signature** |  | **Signature** |  |
|  |  Enter full name |  |  Enter full name |  |
|  | **Name (please print)** |  | **Name (please print)** |  |
|  |  Enter position |  |  Enter position |  |
|  | **Position** |  | **Position** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Signature** |  | **Signature** |  |
|  |  Enter full name |  |  Enter full name |  |
|  | **Name (please print)** |  | **Name (please print)** |  |
|  |  Enter position |  |  Enter position |  |
|  | **Position** |  | **Position** |  |

| **PART 2 – REACHING HOME ACTIVITIY** |
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| 1. Select all applicable activities:

\*See **Application Guide** for complete definitions and explanations of eligible activities\*[ ]  **Basic Needs –** funds will be used towards the following eligible activities: [ ] Essential services (e.g.: provision of emergency shelter beds, food and shelter, shower and laundry facilities, food banks, soup kitchens, community kitchens, drop-in centres, clothing, footwear, and blankets)[ ] Supplies to support individuals experiencing unsheltered homelessness (e.g.: tarps, tents, sleeping bags and other basic goods).[ ] Storage (maximum of 3 months)[ ] Repair or replacement of eyeglasses not covered through medical services or provincial government[ ] Access to disability/functional assessments and/or supports not covered by the provincial government[ ] Access to oral care not covered by the provincial government[ ] Personal identification[ ] Access to technology within a community setting[ ] Transportation to home community[ ] Transportation within Winnipeg[ ]  **Clinical and Treatment services** - funds will be used towards the following eligible activities:[ ] Harm reduction activities and supplies[ ] Services and supports to help address the housing-related impacts of a mental health issue (e.g., cleaning services for hoarding situations).[ ] Indigenous Cultural Practices (e.g.: ceremonies, access to traditional foods and medicines, Elder services)[ ]  **Economic Integration** - funds will be used towards the following eligible activities:[ ]  Income* *Connect to income benefits and financial assistance (e.g., provincial/territorial social assistance, child benefits, disability benefits, Veterans allowance, old age security, or employment insurance).*

[ ]  Employment * *Pre- and post-employment services (e.g., job search assistance, resume and cover letter writing, interview preparation) that assist individuals to enter the labour market, maintain employment and build self-sufficiency.*

[ ]  Education* *Connecting individuals and families to education and training programs, and services to support the successful participation in these programs (e.g., bus passes, clothing or equipment, food and non-alcoholic beverages, childcare costs, and internet access for the duration of the program)*.

[ ]  Job-Training* *Essential skills development (e.g., reading, document use, numeracy, writing, oral communication, working with others, critical thinking, computer use and continuous learning); and/or life skills (e.g., job interview training, anger management, sessions on healthy relationships, parenting skills development, effective communication, budgeting, cooking, or healthy eating).*

[ ]  **Social & Community Integration** - funds will be used towards the following eligible activities:[ ]  Indigenous Cultural Activities (e.g.: singing, drumming, crafts, etc.)[ ]  Other social and community activities – *must identify in the project description and activities sections of application* |

| **PART 3 – PROJECT INFORMATION** |
| --- |
| 1. **Project Title**: Type name of project
 |
| 1. **Planned Project Start Date** (YYYY-MMM-DD): Click or tap to enter a date.
 |
| 1. **Planned Project End Date** (YYYY-MMM-DD): Click or tap to enter a date.
 |
| 1. **Project Funding**:

**Total cost to deliver the project:** Include all sources of funding .**Requested Reaching Home funding for 2025-2026**: Click here to enter amount.**Requested Reaching Home funding for 2026-2027**: Click here to enter amount.**Requested Reaching Home funding for 2027-2028**: Click here to enter amount. |
| 1. **Project Contact Name**: Enter full name
 |
| 1. **Project Contact Position**: Enter position
 |
| 1. **Project Contact Telephone Number**: Enter phone number
 |
| 1. **Project Contact Cell Number**: Enter phone number
 |
| 1. **Project Contact E-mail Address**: Enter e-mail address
 |
| 1. **Will the project operate from a location different from your organization’s primary address?**

[ ] Same as Organization Address [ ] Same as Organization Mailing Address [ ] Different (specify below): Type complete address |
| 1. **Project Description**

Provide a detailed description of your project, outlining how it will meet the needs of individuals experiencing or at-risk of homelessness.Provide a description of the project. |
| 1. Select the project’s populations
2. **Gender** (select all applicable):

[ ]  Female [ ]  Male [ ]  Non-binary |
| 1. **Target Population** (select all applicable):

[ ]  No specific target population[ ]  People dealing with mental disabilities[ ]  People dealing with addictions[ ]  People who identify as 2SLGBTQ+[ ]  People with disabilities[ ]  Women fleeing domestic violence[ ]  Women and children fleeing domestic violence[ ]  Men fleeing domestic violence[ ]  Non-binary people fleeing domestic violence[ ]  People exiting children’s institution / group home / foster care[ ]  People exiting corrections facility[ ]  People exiting medical / mental health institution[ ]  People experiencing chronic homelessness[ ]  People living in encampments |
| 1. **Demographic Characteristics** (select all applicable):

[ ]  Indigenous peoples[ ]  Visible Minorities[ ]  Immigrants[ ]  Refugees[ ]  Veterans[ ]  Families[ ]  Children (0-11)[ ]  Youth (12-24)[ ]  Adults (25-64)[ ]  Seniors (65+) |
| 1. Identify the project’s expected outcomes and results which will be used to assess the project’s success and impacts. If you require additional space, please attach a separate Word document to your submission.
 |
| 1. **PROJECT OBJECTIVES**

Clearly outline the specific, measurable goals this project aims to achieve within its defined timeframe.Identify project objectives here. |
| 1. **PROJECT ACTIVITIES**

Describe how the services will be delivered and detail the activities the project will implement to achieve the stated objectives.Identify project activities here. |
| 1. **PROJECT OUTPUTS**

Specify the measurable outputs that will be used to assess whether the project objectives have been achieved.Identify project outputs here. |
| 1. Describe how your organization has the experience and expertise necessary to carry out the proposed project. If applicable, please comment on previous projects funded through End Homelessness Winnipeg – Reaching Home and the results of that project.

Click or tap here to enter text. |
| 1. Describe how your organization is working towards Truth and Reconciliation and how this will be applied to the project.

Click or tap here to enter text. |

In completing this application, you acknowledge that End Homelessness Winnipeg may consult with other funders in the review of this application and may require confirmation of other sources of funding and partnerships as identified in the application above.

**PART 4 – 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 on page 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 declare that the organization is actively incorporated for the duration of this project.
* 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.

**APPLICANT SIGNATURES**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature** |  | **Signature** |
|  Enter full name |  |  Enter full name |
| **Name (please print)** |  | **Name (please print)** |
|  Enter position |  |  Enter position |
| **Position** |  | **Position** |
| Click or tap to enter a date. |  | Click or tap to enter a date. |
| **Date**  |  | **Date**  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature** |  | **Signature** |
|  Enter full name |  |  Enter full name |
| **Name (please print)** |  | **Name (please print)** |
|  Enter position |  |  Enter position |
| **Position** |  | **Position** |
| Click or tap to enter a date. |  | Click or tap to enter a date. |
| **Date**  |  | **Date**  |