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

**CALL FOR PROPOSALS – HOUSING 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 here |
| 1. **Mailing Address**, if different from Organization address (street address, city, province, & postal code):

Type complete address here |
| 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** |
| --- |
| 1. Select all applicable activities:

\*See **Application Guide** for complete definitions and explanations of eligible activities\***Housing Services** –This priority is for individuals or families who are currently experiencing homelessness and require assistance in obtaining appropriate, safe, and stable housing. [ ]  **Housing Attainment*** Determining an individual’s or family’s needs and preferences for housing and related supports.
* Securing housing by working with private and public local real estate, landlord associations, and housing options available within Winnipeg through First Nations communities, Inuit community, or Métis settlements.
* Providing landlord-tenant services for an individual or family that has moved into housing. This includes, for example, mediation and problem-solving when a person is first housed.
* Providing more intensive housing search support (e.g., accompaniment to viewings).
* Re-housing (if required).

[ ]  **Short-term Rental Assistance*** Paying the cost of a maximum of one month of rent for a market rental unit to hold it for a new tenant exiting homelessness.

[ ]  **Housing Set-up*** Activities that cover costs associated with setting up a housing unit, including: insurance, damage deposit, first months’ rent, moving, furniture, basic groceries and supplies at move-in, etc.
 |

| **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 here. |
| 1. **Project Description**

Provide a detailed description of your project, outlining how it will meet the needs of individuals experiencing 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 / Refugee Claimants[ ]  Veterans[ ]  Families[ ]  Children (0-11)[ ]  Youth (12-24)[ ]  Adults (25-64)[ ]  Seniors (65+) |
| 1. Identify the project’s activities 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**  |