



Extreme Cold Weather Response

Funding Process/Procedure

Fall/Winter 2022/2023 Intake

WHO CAN BE FUNDED?

End Homelessness Winnipeg (EHW) will administer the Extreme Weather Response funding, the funding is meant to supplement the work of homelessness serving community organizations. Organizations must deliver direct services to individuals who are experiencing homelessness during the extreme cold weather period (November 1st – April 30th), as defined in the Extreme Cold Weather Response. Organizations can submit a claim form used for reimbursement for overnight warming centers/emergency shelters, drop-ins and homeless outreach. It is not a requirement for organizations/agencies to be funded through Reaching Home; however, this is not for organizations to start a new outreach, drop-in, or shelter project.

Criteria

Organizations must:

- Deliver cold weather services.
- Extreme Weather funding is to help support organizations who incur additional costs while supporting people who are **homeless/houseless** during extreme weather events.
- Provide direct services and resources to people experiencing homelessness during extreme cold weather periods.
- Be prepared to collect and report data on participants, services, and results.
- Ensure the space meets necessary bylaws, fire safety requirements, permissions, and has insurance coverage.

Organizations will:

- Demonstrate collaboration with other homeless serving organizations to deliver appropriate and efficient services and supports that align with the Extreme Cold Weather Response
- Interested groups will commitment to meeting prior to an extreme weather event to coordinate the division of tasks and initiatives needed to respond to the extreme weather event, and the funding required to fulfill their commitment (**a notice will be sent out when a meeting is being called to respond to an extreme weather event**)



- Have prior experience delivering a cold weather program to people experiencing homelessness.
- Be providing extended drop-in and/or Outreach services/supports to those experiencing homelessness because of the cold weather conditions

GUIDELINES

- Attend the Extreme Weather Coordination meeting
- Prior to completing the claim form, please review the guidelines and the Winter Weather Response: A Homelessness-Centered Guide for Keeping Winnipeggers Safe in Winter, 2022-2023. This will be available on End Homelessness Winnipeg's website: www.endhomelessnesswinnipeg.ca titled "cold weather response 2022/2023".
- Please submit Claim Form using the template provided.
- Claims must be received within five business days of the announcement from the Emergency Response Committee: This group will determine that conditions stabilize to normal winter weather and make an announcement.
- Eligible costs include expenses strictly used for the cold weather response and above and beyond organizational funding, for actively homeless individuals in Winnipeg, including materials and supplies, cleaning, meals/food, gas for outreach vans, taxi to safe place, clothing, mitts, scarfs, toques, socks, boots, jackets, and/or blankets, short term staffing costs specifically associated with extended hours or tasks (can also include security costs)
- The following costs are not eligible: stipends, honorariums for participants, ongoing wages for staff.
- Payment Structure: All funds will be paid, via cheque, once claim form has been completed and approved.
 - Receipts for all claims must be submitted with claim form
 - All receipts provided must be clearly legible.
 - Advances will be available on a case-by-case basis
- Claim form must be completed and received by End Homelessness Winnipeg within 5 business days of the end of the extreme winter weather event, via email: tthomas@endhomelessnesswinnipeg.ca

Please include: "Winter Weather Response Claim Form" in subject line of email, with high priority.

Reporting Requirements

- Information on the claim form must include:
 - The number of individuals who received transportation services and what service they accessed because of transportation provided



- All sections of Claim Form will need to be filled out for payment of funds.

QUESTIONS?

If you have any questions, please contact Terry-Ann at 431-336-1517 or email tthomas@endhomelessnesswinnipeg.ca

CLAIM FORM CLAIMS INFORMATION – Please check all boxes that apply.

- Will these funds address the immediate challenges of people who are experiencing homelessness during an Active (Orange) or Urgent (Red) Winter Weather Emergency Response?
- Do you require an advance on funds? (Please note this will be decided on case-by-case basis, and will require any unspent funds be returned)
 - a. How much do you require? \$ _____
- Do you provide Drop-In Services?
- Do you provide Outreach Services?
- Are you a Shelter?
- Are you an existing organization?
- Are you a newly formed organization? (Please note all organizations must have previous experience offering Extreme Weather Services during a Weather Advisory)

Organization date formed YYYYDDMM: _____

- Have you offered Extreme Cold Weather Supports before

9. Name of Organization (e.g., organization or community group):

10. Mailing address (include postal code):





11. Extreme Weather Response Contact Person:

Name: _____

Phone: _____ Email: _____

2nd Contact Person (if applicable)

Name: _____

Phone: _____ Email: _____

12. Will your organization or community group have a support/partnership with other organization(s) for this project? Please list and provide main contact information. And what will they provide?

13. Emergency Winter Weather dates: (Start date is day of alert issued/End date is day Emergency Response declares end date)

Start Date YYYYMMDD: ____/____/____

End Date YYYYMMDD: ____/____/____

14. Number of additional drop-in hours # _____

15. Number of additional outreach hours # _____

Please note hours to be claimed are above and beyond what your organization usually spends

Total <i>Additional</i> Hours	Reason E.g., Drop-in or Outreach	<u>Cost per Hour</u>	Cost of Additional Hours
		\$	\$
		\$	\$
		\$	\$
		\$	\$





16. Number of additional staffing Hours # _____

Please note hours to be claimed are above and beyond what your organization usually spends

Additional Hours	Reason for additional hours needed	Hourly Wage	Total Cost:(Hours x Hourly wage)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
			Total: \$

17. Hotel stays and cost. Please note this should be used as a last resort. ***Limited funds for hotel stays, please inquire.***

All receipts for hotel stays must submitted with claim form

List Hotel	Reason for stay why they could not stay with family/friends/shelter	Cost
		\$
		\$
		\$
		Total: \$





18. Transportation Log

Reporting requirement to End Homelessness Winnipeg: The number of individuals who received transportation services and what service they accessed because of transportation. Milage is paid at the organizational rate of each claimant, to be paid for personal/organization vehicle, above and beyond normal scope.

	What Service was accessed	Transportation type; taxi, personal car, outreach van etc.	Cost of Bus Fair/Ticket	Milage Used = kms x rate Ensure all kms are logged.	Total Cost of Transportation Services
1.					
2.					
3.					
4.					
5.					
6.					Total: \$





19. Please check off appropriate boxes on what services were provided related to provision/claim. Ensure all receipts are provided and clearly legible.

- Food
- Drop-In
- Indigenous culturally relevant supports
- Access to Technology: phones, voicemail, safe apps, computers etc.
- Provides personal Hygiene products: soap, tampons, PPE, hand sanitizers etc.
- Winter clothing: footwear, blankets, hats, mitts etc.
- Delivery of harm reduction supplies

Services/Items	Receipt Include	Cost
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
		Total: \$





I have the authorization to submit on behalf of the organization.

I understand the contents of this application. I declare that the information provided is true, correct, and complete.

Name

Signature

Date

AUTHORIZED SIGNATURE OF APPROVAL

Name

Signature

Date

