



LABRADOR
Friendship Centre

For Internal Use Only

RHI No. _____

Date Rec. _____

Canada

Reaching Home Indigenous NL
Application for Funding

SECTION 1

A) Organization Identification

Organization type*					Other:	
<input type="checkbox"/> Indigenous Organization	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> For profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> _____		
Legal name*			Phone number*		Fax number	
Project Name		Email			Year Established	
Organization Address*		City/Town		Province	Postal Code	
Incorporation number (Charter/letters patent)				Incorporation date (MM-YYYY)		
Business number* (Canada Revenue Agency)		GST/HST/QST numbers			Tax refund percentage	
Main Mandate and Activities*						

Organization Contact <i>(this should be the primary contact person in respect to this application for funding.)</i>					
Given Name*		Surname*		Position Title	
Contact's Address* <i>(if different from above.)</i>					
City/Town*		Province/Territory*		Country*	Postal Code*
Telephone Number*		Fax Number		Email	

B) Legal Signing Officers

Contribution Agreement* *(according to letters patent or other incorporating documents)*

	Title	Name	Signature
1			
2			
3			

*denotes mandatory field

How many signatures are required to bind the applying organization into a legal agreement? ► _____

From among these authorized signatures, what is the position title of the officer(s) whose signature is always required to bind the applying organization into a legal agreement? ► _____

Payment Claims and other reports submitted to the Community Entity, i.e. The Labrador Friendship Centre*

	Title	Name	Specimen Signature
1			
2			
3			

How many signatures should appear on applications for payment or reports submitted to the Community Entity? ► _____

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 to the Community Entity? ► _____

Cheques*

	Title	Name	Specimen Signature
1			
2			
3			

How many signatures should appear on your organization’s cheques? ► _____

From among these authorized signatures, what is the position title of the signing officer(s) whose signature is always required on your organization’s cheques? ► _____

C) Accounting Practices

<input type="checkbox"/> Accounting is done internally			<input type="checkbox"/> Accounting is done by an external firm		
Bookkeeper’s name		Name of the external firm (if applicable)		Telephone number	
<input type="checkbox"/> Manual system		<input type="checkbox"/> Computerized system		Name of software used	

D) Amounts owing to Canada

Do you owe any amount to a Government of Canada department or agency in default?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please specify:		
Amount owing	Nature of the amount owing (tax, penalty, overpayment)	Government department or agency to which the amount is owing
\$		
\$		
\$		

*denotes mandatory field

SECTION 2

A) Organizational Capacity

How many employees does your organization currently have? _____
Has your organization undergone any important transformations in the last two years? * <input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes, please provide a description of the changes)
<div>Please explain how your organization has the experience and expertise to carry out proposed project activities. If applicable, include any past experiences with HPS or Reaching Home program and the results of the project.*</div>

B) Project Description

2.1 Project title*	2.2 Project duration	
	Planned Start Date*	Planned End Date*
2.3 Location of project activities* (if different from the Organization's address)		
2.4 For Reaching Home Indigenous Stream, indicate: <div>Indigenous organization, service target includes Indigenous people.</div> <div>Non-Indigenous organization, serving Indigenous people</div>		
2.5 Project areas of activity* (check one or more answers)		
<div><input type="checkbox"/> Housing Services<div><input type="checkbox"/> Housing Placement</div><div><input type="checkbox"/> Emergency Housing Funding</div><div><input type="checkbox"/> Housing Set-up</div></div> <div><input type="checkbox"/> Prevention and Shelter Diversion<div><input type="checkbox"/> Prevention Services</div><div><input type="checkbox"/> Shelter Diversion Services</div></div> <div><input type="checkbox"/> Client Support Services<div><input type="checkbox"/> Economic Integration Services</div><div><input type="checkbox"/> Social and Community Integration Services</div><div><input type="checkbox"/> Clinical and Treatment Services</div><div><input type="checkbox"/> Basic Needs Services</div></div> <div><input type="checkbox"/> Capital Investments (Emergency shelter, transitional housing, permanent supportive housing, and non-residential facilities)<div><input type="checkbox"/> Increased Capacity</div><div><input type="checkbox"/> Renovations/Additions/Repairs to Existing Facilities</div><div><input type="checkbox"/> Developing New Facilities</div><div><input type="checkbox"/> Operational Equipment and Supplies</div></div> <div><input type="checkbox"/> Activities to Ensure Coordination of Resources and Data Collection (see guide for detailed list of activities).</div>		

*denotes mandatory field

2.6 Please link project activities to Indigenous community, and if you are using a Housing First approach, please indicate.*

2.7 Project objectives* *(what is intended to be accomplished under the project?).*
Please link objectives to the areas of activity selected in 2.5.

2.8 Project activities and timelines* *(these activities describe the tasks to be carried out under the project).* **Please link project activities and timelines to the area(s) of activity selected in 2.5.**

2.9 Expected Results of the Project* *(must be clearly linked to the project objectives and be specific, concrete and measurable).*

2.10 Evaluation Strategy* *(describe how you will track and report on progress and performance).* **Link to Project Activities and Timelines section 2.8 and Expected Results section 2.9.**

2.11 Does the proposed project fit with your organization's activities?* ☐ **Yes** ☐ **No**
If, 'yes', please describe how:

2.12 Will any other organizations, networks or partners be involved in carrying out the project?* ☐ **Yes** ☐ **No**
If, 'yes', please clearly identify the role(s) and expertise they will bring to the project:

2.13 Is your organization affiliated with Reaching Home Indigenous NL or other community advisory board on homelessness? * ☐ **Yes** ☐ **No**
Please provide additional details regarding your involvement.

*denotes mandatory field

2.14 Environmental impacts of the project, if any

2.15 Does your project include activities that are listed in the Canadian Environmental Assessment Agency’s (CEAA) *Regulations Designating Physical Activities* established under the Canadian Environmental Assessment Act, 2012?*

Applicants need to verify if their proposed activities are listed under the above Act – Please visit <http://ceaa.gc.ca/default.asp?lang=En&n=9EC7CAD2-1> to access the list of *Regulations Designating Physical Activities*.

- ☐ No If, ‘no’, an Environmental Assessment is not required.
- ☐ Yes

If, ‘yes’, then, as per the *Canadian Environmental Act, 2012*, you must submit your project description electronically to the CEAA (<http://ceaa.gc.ca/default.asp?lang=En&n=63D3D025-1>) for further review. The CEAA will determine if an Environmental Assessment (EA) is required based on your project description. Funding administered by the Labrador Friendship Centre (LFC) will be conditional upon receipt by the LFC of, as the case may be, CEAA confirmation that an EA is not required, or, a copy of the completed EA and confirmation that your organization is equipped to appropriately address the EA findings.

2.16 Sustainability plan or exit strategy

Recipients must demonstrate sustainability of the activities proposed after Reaching Home Indigenous NL funding ends, if they will be not be completed by March 31, 2022, or if there are ongoing costs association with the project.

Service Projects

Projects providing direct services to clients are required to provide either a sustainability action plan or an exit strategy, whichever is applicable to the circumstances surrounding the project activities.

The sustainability plan must demonstrate how the benefits of the project will be sustainable and activities maintained after Reaching Home Indigenous NL (RHINL) funding ends.

If an exit strategy forms part of the sustainability action plan, then the exit strategy must demonstrate that a minimum amount of disruption to clients will occur and how the benefits to the clients outweigh any potential concerns resulting from the project ending.

Capital Projects

A solid sustainability plan is required for capital projects (an exit strategy is not acceptable). Applicants need to clearly demonstrate how ongoing operational costs will be managed after the purchase, construction or renovation of the facility.

Applicants seeking funding for Capital Projects must complete the Sustainability Checklist provided to ensure the sustainability plan addresses all the key elements of sustainability.

Please use Page 9 to outline the sustainability plan or exit strategy for this project.

2.17 History of HPS and Reaching Home funding* (*including years funded and funding amounts*)

*denotes mandatory field

C) Beneficiaries and Indigenous Program Specifics

Please provide information on the client groups, *those who are homeless and those at imminent risk of homelessness*, served as part of your project, as well as Program specifics that incorporate Indigenous culture. Please check all that apply

BENEFICIARIES		
<div><div><input type="checkbox"/> Residential School, 60's Scoop &/or Child Welfare survivors</div><div><input type="checkbox"/> People with addictions</div><div><input type="checkbox"/> People with physical disabilities</div><div><input type="checkbox"/> People with developmental disabilities</div><div><input type="checkbox"/> People with mental health issues</div><div><input type="checkbox"/> People with HIV/AIDS and/or infectious diseases</div></div> <div><div><input type="checkbox"/> Lone-parent families</div><div><input type="checkbox"/> Two-parent families</div><div><input type="checkbox"/> Pregnant women</div><div><input type="checkbox"/> Victims of domestic violence</div><div><input type="checkbox"/> People who identify as 2SLGBTQIA+</div></div>		
AGE	GENDER	INDIGENOUS PROGRAM SPECIFICS
<div><input type="checkbox"/> General Population</div> <div><input type="checkbox"/> Children (0-14)</div> <div><input type="checkbox"/> Youth (15-30)</div> <div><input type="checkbox"/> Adult (31-64)</div> <div><input type="checkbox"/> Seniors (65+)</div>	<div><input type="checkbox"/> General Population</div> <div><input type="checkbox"/> Male</div> <div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Transgender</div>	<div><input type="checkbox"/> Elder mentorship</div> <div><input type="checkbox"/> Land-based influence</div> <div><input type="checkbox"/> Extended family inclusion</div> <div><input type="checkbox"/> First language promotion</div>

SECTION 3:

Project Funding Details

Anticipated Sources of Funding*					
Source Name*	Source Type*	Cash	In-Kind (\$ value)	Confirmed*	
				Cash	In-Kind

Capital Assets:

Will capital assets be among your planned expenditures with RHINL funding?*

☐ Yes

☐ No

Further Budget Details:

CONTRIBUTION REQUESTED FROM THE COMMUNITY ENTITY:

\$ _____

OTHER SOURCES OF CONTRIBUTION:

\$ _____

TOTAL PROJECT AMOUNT:

\$ _____

*denotes mandatory field

IMPORTANT: The Reaching Home Budget Negotiation Notes template provided must be completed and submitted with the application form.

SECTION 4:

Submitting your Funding Application

A) Checklist*

In order for your application to be considered for funding, it must include:

- ☐ Application Form completed and signed by a Legal official representative(s) appointed by the organization
- ☐ Budget Negotiation Notes
- ☐ Sustainability Checklist (for capital investment projects) able
- ☐ Letters of commitment from other funding partners, if applicable
- ☐ Indication the project mission and values includes service to Indigenous peoples and
- ☐ Reference to the definition of Indigenous Homelessness as indicated by Reaching Home Indigenous NL.

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.

_____ Signatory Name (please print)	_____ Title (please print)	_____ Signature	_____ Date (yyyy-mm-dd)
_____ Signatory Name (please print)	_____ Title (please print)	_____ Signature	_____ Date (yyyy-mm-dd)
_____ Signatory Name (please print)	_____ Title (please print)	_____ Signature	_____ Date (yyyy-mm-dd)
_____ Signatory Name (please print)	_____ Title (please print)	_____ Signature	_____ Date (yyyy-mm-dd)
_____ Signatory Name (please print)	_____ Title (please print)	_____ Signature	_____ Date (yyyy-mm-dd)

*denotes mandatory field

SECTION 5:

5.1 Please use the below space to outline the project’s Capital Project Proposal. Please see section 3.5 of the Application Guide for information. Also, see the attached Sustainability Checklist.

*denotes mandatory field

5.2 Please outline the project’s sustainability plan or exit strategy here. See section 2.16 of this application, and section 3.6 of the application guide for further information.

*denotes mandatory field