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| For Internal Use Only: | | | | Number: | | | | | | | | | | Date Received: | | | |
| **Application for: FAMILY SYSTEM EMERGENCY SHELTER / TRANSITIONAL HOUSING** | | | | | | | | | | | | | | | | | |
| **SECTION 1** | | | | | | | | | | | | | | | | | |
| **ORGANIZATION IDENTIFICATION** | | | | | | | | | | | | | | | | | |
| **(\*) Denotes mandatory fields** | | | | | | | | | | | | | | | | | |
| **1.1** Organization type\* Private ☐ Not-For-Profit ☐ Municipal ☐ Other ☐ | | | | | | | | | | | | | | | | | |
| **1.2** Legal Name\*  Click or tap here to enter text. | | | | | | | **1.3** Telephone Number\*  Click or tap here to enter text. | | | | | | | | | | |
| **1.4** Project Name  Click or tap here to enter text. | | | **1.5** Email  Click or tap here to enter text. | | | | | | | | **1.6** Year Established  Click or tap here to enter text. | | | | | | |
| **1.7** Organization Address\*  Click or tap here to enter text. | | **1.8** City/Town  Click or tap here to enter text. | | | | | | | **1.9** Province  Click or tap here to enter text. | | | | | **1.10** Postal Code  Click or tap here to enter text. | | | |
| **1.11** Incorporation Number (Charter / letters patent)  Click or tap here to enter text. | | | | **1.12** Incorporation Date (mm-yyyy)  Click or tap here to enter text. | | | | | | | | | | | | | |
| **1.13** Business Number\* (Canada Revenue Agency)  Click or tap here to enter text. | | | | | **1.14** GST / HST / QST Numbers  Click or tap here to enter text. | | | | | | | | | **1.15** Tax Refund Percentage  Click or tap here to enter text. | | | |
| **1.16** Main Mandate and Activities\*  Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Organization Contact** *(this should be the primary contact person in respect to this application for funding)* | | | | | | | | | | | | | | | | | |
| **1.17** Given Name(s)\*  Click or tap here to enter text. | | | **1.18** Surname\*  Click or tap here to enter text. | | | | | | | | | **1.19** Position Title  Click or tap here to enter text. | | | | | |
| **1.20** Contact’s Address\* *(if different from above)* Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **1.21** City/Town\*  Click or tap here to enter text. | | | | | | **1.22** Province/Territory\*  Click or tap here to enter text. | | | | | | | | **1.23** Postal Code\*  Click or tap here to enter text. | | | |
| **1.24** Telephone Number\*  Click or tap here to enter text. | | | | | | **1.25** Email  Click or tap here to enter text. | | | | | | | | | | | |
| **B) LEGAL SIGNING OFFICERS** | | | | | | | | | | | | | | | | | |
| **Contribution Agreement\*** | | | | | | | | | | | | | | | | | |
| **Title** | | | | | | | | **Name** | | | | | | | | | |
| 1. Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| 2. Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| 3. Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| How many signatures are required to bind the applying organization into a legal agreement?  Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| 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?  Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **C) AMOUNTS OWING TO CANADA** | | | | | | | | | | | | | | | | |
| **1.26** Does the organization applying owe any amount to the Government of Canada and/or Province of Ontario department or agency in default?  If so, please specify:  Click or tap here to enter text. | | | | | | | | | | | | | Yes | | No |
| Amount Owing | Nature of the Amount Owing  (tax, penalty, overpayment) | | | | | | | | | Government Department or Agency to Which the Amount is Owing | | | | | | |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | | |
| $Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | | |
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| **SECTION 2** | | | | | | | | |
| **INFRASTRUCTURE** | | | | | | | | |
| **2.1 Building Requirements** \* Please review all building requirements as they apply to your proposal | | | | | | | | |
| Bed Minimum & Sleeping Accommodations | * 5-10 unit minimum (not including overflow) * Aim for units with an average of four spaces each * Sleeping accommodations that are dignified, accessible, not congregate in design, and enable family privacy * Private rooms / independent family units | | | | | | | |
| Accessibility | * Building has accessible infrastructure (i.e. ramps, accessible washrooms, eating areas, etc.) * Location is easily accessible (i.e. close to transit) * Access to green space is preferable | | | | | | | |
| Security & Storage | * Demonstrated security plan (e.g. purchase of security system, monitoring services etc.) * Availability of storage for clients’ personal belongings * Secure medication storage, including refrigeration of medications | | | | | | | |
| Health & Safety | * Ensure no weapons are present in shelter * Established confidentiality policies are in place * Adaptability for Public Health recommendations related to COVID-19 measures * Bed bug and pest control measures * Provision of sharps containers * Provision and storage of harm reduction supplies | | | | | | | |
| **Acknowledgement** | I hereby acknowledge that I have read the above 2.1 requirements and I understand that all components listed above are required to be demonstrated in proposals | | | | | | | |
| 2.2 Site Description | | | | | | | | |
| Provide details of the organizational timeline to secure and/or create infrastruture required to provide emergency sheltering services inclusive of the above requirements (2.1)  Click or tap here to enter text. | | | | | | | | |
| **SECTION 3** | | | | | | | | |
| **PROGRAM DESCRIPTION** | | | | | | | | |
| **3.1** Location of Shelter Activities*(if different from organization address)* | | | | | | | | |
| City/Town  Click or tap here to enter text. | | | Province/Territory  Click or tap here to enter text. | | | Postal Code  Click or tap here to enter text. | | |
| **3.2 Low-Barrier Requirements** \* Please review all requirements as they apply to your proposal | | | | | | | | |
| **Low-Barrier Emergency Shelter / Transitional Housing: Core Services** | | | | | | | | |
| **Housing Focused** | | * Temporary, emergency accommodation for homeless families * Supporting basic needs while in shelter * Intentional housing conversations, planning, and support to secure permanent housing * Completion of common triage and assessment (Family VI-SPDAT or SPDAT) as appropriate * Support independence and life skills where possible and appropriate (e.g. cooking, budgeting) | | | | | | |
| **Target Population** | | * Families with or without children * Inclusive of siblings or couples who meet target population | | | | | | |
| **Gender Specific Services** | | * Demonstrated ability to assess for safety concerns including risk of physical and sexual violence or exploitation and refer clients who present at risk to Violence Against Women or Child Welfare services as appropriate * Demonstrated ability to support planning for women active in the sex trade and/or women affected by sexual exploitation * Capacity to respond to clients who are parents and are seeking support to reconnect with children as part of their housing plans * Exhibit the ability to provide appropriate services and support to women who are pregnant * Inclusive practices to accommodate non-binary or trans clients seeking shelter * Inclusive practices to support racialized and minority clients in culturally inclusive ways (e.g. language supports, halal food options, etc.) * Demonstrated ability to provide safe and secure shelter is necessary to ensure that all clients feel safe from threats of violence. * Trauma-informed care approach to service that is incorporated into the structure of a variety of practices, including [housing, primary care, mental health, and addictions services](http://homelesshub.ca/resource/trauma-informed-trauma-toolkit) with an aim to provide services in ways that are [appropriate and welcoming](http://homelesshub.ca/resource/trauma-informed-trauma-toolkit) for those who may have been affected by trauma. Elements of a TIC approach include:   + Recognizing the [wide-spread nature](http://homelesshub.ca/resource/trauma-informed-trauma-toolkit) of trauma and its effects   + Understanding the potential avenues for [recovery and healing](http://homelesshub.ca/resource/trauma-informed-trauma-toolkit)   + Ability to identify [signs and symptoms](http://homelesshub.ca/resource/trauma-informed-trauma-toolkit) of trauma in staff, clients, patients, residents, and other members of the system   + [Integration of trauma-related knowledge](http://homelesshub.ca/resource/trauma-informed-trauma-toolkit) and information into policies, settings, practices, and procedures * Strength-based approaches to engagement * Demonstrated interest and strategies in providing case management support from the perspective of individual client goals * Safety planning * Demonstrated ability to understand and consider all aspects of each client’s unique safety needs and provide appropriate resources to best meet those needs | | | | | | |
| **Indigenous Considerations** | | * Organizational Commitment to Truth and Reconciliation Commission of Canada: Calls to Action; and United Nations Declaration on Indigenous Persons * Offers culturally competent and safe sheltering services and spaces to Indigenous clients * Committed to collaboration and coordination with Indigenous community partners and social service agencies | | | | | | |
| **Diversion Screening** | | * Assess each family seeking shelter for access to alternative, safe, temporary accommodation * Develop basic housing plan upon entering shelter | | | | | | |
| **Basic Provisions** | | * Provide three meals and a snack daily * Access to laundry facilities * Access to private bathrooms/showers * Access to seasonal clothing options and undergarments * Access to basic school supplies, diapers, and formula as appropriate | | | | | | |
| **Participation in Coordinated Access** | | Program expectations include:   * Full participation in Hamilton’s Coordinated Access and Homeless-serving Systems planning in alignment with *Coordinated Access Process Guidelines* and *Hamilton’s Emergency Shelter Standards* * Conduct City of Hamilton’s Common Intake, Consent, and Triage with shelter residents * Support individuals with becoming document ready (e.g. securing ID, completing taxes, applying for income support) * Coordination with other shelters, housing programs, and drop-in programs * Participation in case conferencing and prioritization processes to support families in connecting to the most appropriate resources | | | | | | |
| **Use of HIFIS and Data Reporting** | | Program expectations include:   * Full participation in HMIS activities * Full use of HIFIS, including bed book-in/out, client details, housing history, common assessment, service restrictions * Data entry in HIFIS for all data points included in reporting requirements, as outlined in HIFIS manual and training | | | | | | |
| **Geographic considerations** | | * No geographic restrictions on who can seek shelter services * Willingness to coordinate with shelters outside of Hamilton to facilitate intake/warm transfer | | | | | | |
| **Staffing Ratio** | | * Sufficient 24/7 staffing for operations based on proposed number of beds | | | | | | |
| **Service Standards** | | * Standards ensure freedom from discrimination under the Ontario Human Rights Code * Shelter and services are designed to promote low-barrier access for those seeking shelter * Supply and support with harm-reduction services, materials and safe disposal * Naloxone availability and staff training to administer * Case management for each client is housing-focused and strength-based * Ability to support clients with obtaining documentation to improve or access income benefits * Ability to provide access to and coordination of income supports * Ability to provide access to and coordination of tax supports * Perform diversion screening with individuals experiencing unsheltered homelessness to identify opportunities to find appropriate safe locations to stay within the community * Ability to support navigation of social and justice services including: education, law enforcement and child welfare * Support in obtaining financial benefits to obtain and sustain housing, where applicable * Assist households and individuals in obtaining new, alternative housing * Assist households and individuals to connect with other Emergency Shelter services * Assist households and individuals to connect to referral housing with support programs, as required | | | | | | |
| **Acknowledgement** | | I hereby acknowledge that I have read the above 3.2 requirements and I understand that all components listed above are required in this proposal | | | | | |
| **3.3 Operational Description** | | | | | | | | |
| Describe what sheltering services look like in practice, please ensure you describe client pathways and reference the implementation and provision of requirements listed under *Low-Barrier Shelter Requirements* section above  Click or tap here to enter text. | | | | | | | | |
| **3.4 Gender Specific Services** | | | | | | | | |
| Describe your proposal for, or previous experience with, developing and operating sheltering or housing services with gender specific services including, safety concerns, support for pregnant women, survivors of domestic violence and sex trafficking, Indigenous women, trans/non-binary clients, and families with children  Click or tap here to enter text. | | | | | | | | |
| **3.5** **Indigenous Services** | | | | | | | | |
| Describe how the shelter will provide, support and accommodate services for First Nation, Inuit, and Metis clients  Click or tap here to enter text. | | | | | | | | |
| **3.6 Participation in Coordinated Access** | | | | | | | | |
| Describe how the proposed shelter participates in the Coordinated Access System. In the description, include operational details related to how this shelter anticipates interacting with other programs across the system and its role in Coordinated Service delivery  Click or tap here to enter text. | | | | | | | | |
| **3.7 Participation in Homelessness Management Information System (HIFIS 4.0)** | | | | | | | | |
| How will your shelter ensure full participation with HIFIS for purpose of data sharing (Data Sharing Protocol), data collection, data reporting, and case management notes to promote integrated homeless-serving system  Click or tap here to enter text. | | | | | | | | |
| **3.8 Navigating Community Resources** | | | | | | | | |
| Specify the shelter strategies to support clients in navigating the broader human services systems (child welfare, health, corrections and social services) and describe the type of partnership (i.e. information sharing, networking, collaborating, integrating.) \**Note*: Outline any relevant partnerships with child welfare, health, corrections and social services.  Click or tap here to enter text. | | | | | | | | |
| **3.9 Partnerships** | | | | | | | | |
| Are there any formal partnerships in place to enhance the delivery of harm-reduction services? (e.g. local partnerships, health-related partnership etc.)  Yes  No  If *Yes*, with whom??  Click or tap here to enter text. | | | | | | | | |
| **3.10 Risks Anticipated** | | | | | | | | |
| **Risk Identified** | | **Probability**  **(High/Medium/Low)** | | **Impact to Intervention Operations** | | | **Mitigation Plan/ Response Plan** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
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| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| **3.11 Safety** | | | | | | | | |
| Please provide a thorough description of the proposed approach to ensuring client, staff, and community safety  Click or tap here to enter text. | | | | | | | | |
| **3.12 Privacy** | | | | | | | | |
| Please provide a thorough description of practices and policies that ensure privacy requirements are met (e.g. policies related to record keeping, client confidentiality, client files etc.)  Click or tap here to enter text. | | | | | | | | |
| **SECTION 4 44** | | | | | | | | |
| **SERVICE DELIVERY** | | | | | | | | |
| **4.1 Service Objectives** | | | | | | | | |
| Please describe how your proposed services will directly contribute to ending a family’s experience of homelessness  Click or tap here to enter text. | | | | | | | | |
| **4.2 Connections to Supports** | | | | | | | | |
| Please articulate how the proposed shelter will connect clients to housing and supports (directly if necessary)  Click or tap here to enter text. | | | | | | | | |
| **4.3 Equity, Diversion & Inclusion** | | | | | | | | |
| Equity, Diversity & Inclusion: How does the proposed intervention model apply an equity, diversity, and inclusion analysis to its design and operations?  Click or tap here to enter text. | | | | | | | | |
| **SECTION 5** | | | | | | | | |
| **ORGANIZATIONAL CAPACITY** | | | | | | | | |
| **5.1** How many employees does your organization currently have? | | | | | Click or tap here to enter text. | | | |
| **5.2** Has your organization undergone any important transformations in the last two years? Yes  No  *(If yes, please provide a description of the changes)*  Click or tap here to enter text. | | | | | | | | |
| **5.3** Please explain how your organization has the experience and expertise required to carry out the proposed emergency shelter activities. If applicable, include any past experiences with **Community Homelessness Prevention Initiative (CHPI), Homelessness Prevention Program, Homeless Partnering Strategy (HPS), and Reaching Home (RH)** funding.  Click or tap here to enter text. | | | | | | | | |
| **5.4 Proposed Staffing Model** | | | | | | | | |
| Job Function (i.e. Fulltime Case Manager, Relief/Part-Time Case Manager, Supervisor, Coordinator, Administrative Assistance) | | | | | Full Time Employee equivalent (i.e. 1.0 FTE, 0.5 FTE) | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | |
| **5.5 Training Needs** | | | | | | | | |
| Outline the training you anticipate will be required to deliver low-barrier, harm-reduction, and housing-focused services.  Click or tap here to enter text. | | | | | | | | |
| **SECTION 6** | | | | | | | | |
| **BUDGET** | | | | | | | | |
| **6.1 Total Ask** | | | | | | | | |
| a) What is the total annualized cost of the proposed intervention project?  Click or tap here to enter text. | | | | | | | | |
| b) What is the total amount you are asking from the City of Hamilton in this application?  Click or tap here to enter text. | | | | | | | | |
| **6.2 Total Budget** | | | | | | | | |
| \*Complete and submit with this application the Detailed Intervention Project Budget form. | | | | | | | | |

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| **SECTION 7** | | |
| **DECALARATION** | | |
| I/We understand that:   1. The City of Hamilton, reserves the right not to allocate any portion of the funds mentioned in this Call for Application, for any reason. 2. Any decision made by the City of Hamilton, to provide funding to a non-profit corporation will not be binding with the City of Hamilton until a legally enforceable Agreement has been executed by both the City and your organization. 3. Any funding Agreement resulting from allocations made under this Call for Application will contain a clause stating that the City of Hamilton may terminate or suspend the Agreement at any time, without cause, upon not less than three (3) months’ written notice of intention to terminate. 4. All information contained in this application is subject to the *Municipal Freedom of Information and Protection of Privacy* Act R.S.O. 1990, c.M.56. As such, it is public information and may be disclosed to third parties upon request under the Act. | | |
|  | | |
| Click here to enter text.  Signature of Executive Director | Click here to enter text.  Name of Signatory | Click here to enter a date.  Date |
|  |  |  |
| Click here to enter text.  Signature of Board President or Chair  (or other signing officer) | Click here to enter text.  Name of Signatory | Click here to enter a date.  Date |
| *If this is a collaborative application, it should be electronically signed by the Chair or President of the lead applicant’s board of directors.* | | |