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| For Internal Use Only: | | | | Number: | | | | | | | | | | Date Received: | | | |
| **Application for: WINTER RESPONSE OVERNIGHT WARMING SPACE** | | | | | | | | | | | | | | | | | |
| **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. | | | | | | |
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| **SECTION 2** | | | | | | | | |
| **INFRASTRUCTURE** | | | | | | | | |
| **2.1 Building Requirements** \* Please read all building requirements as they apply to your proposal | | | | | | | | |
| Warming Space | * Capacity to hold/serve up to 100 individuals. * Warming spaces that are dignified and accessible. * Capacity for two-meter distance between clients in space design. * Private room options for intake, assessments, or calming. * Blankets and chairs. * Snacks and warm beverages. * Access to washrooms, toiletries, and incidentals. | | | | | | | |
| 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 client storage for personal belongings an asset. | | | | | | | |
| Health & Safety | * Ensure no weapons are present in warming space. * 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 requirements (Subsection 2.1) 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 Warming Space services inclusive of the above requirements (Subsection 2.1).  Click or tap here to enter text. | | | | | | | | |
| **SECTION 3** | | | | | | | | |
| **LOW-BARRIER WARMING SPACE & PROGRAM DESCRIPTION** | | | | | | | | |
| **3.1** Location of Warming Space*(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 Warming Space Requirements** \* Please read all requirements as they apply to your proposal | | | | | | | | |
| **Low-Barrier Warming Space: Core Services** | | | | | | | | |
| **Low-Barrier Warming Space** | | * Temporary, emergency warming space for homeless individuals. * Support basic needs while in warming space. * Intentional housing conversations and planning, as appropriate. * Completion of a VI-SPDAT, as appropriate. | | | | | | |
| **Target Population** | | * Women, Men, Trans-feminine, Trans-masculine, Two-Spirit, and Non-binary persons. * 18+ years old, and /or youth 16+, and/or families. | | | | | | |
| **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 other Violence Against Women services as appropriate. * Exhibit the ability to provide appropriate services and support to people who are pregnant. * Inclusive practices to accommodate non-binary or trans clients seeking a Warming Space. * Inclusive practices to support racialized and minority clients in culturally inclusive ways (e.g. halal food options etc.). * Demonstrated ability to provide safe and secure warming space necessary to ensure that all clients feel safe from threats of violence. * Trauma-informed (TIC) care approach to service. * Strength-based approaches to engagement. * 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 warming space and services to Indigenous clients. * Committed to collaboration and coordination with Indigenous community partners and social service agencies. | | | | | | |
| **Diversion Screening** | | * Engage with each person accessing the Warming Space and provide information on how to access alternative, safe, temporary accommodation and/or supports, where applicable. | | | | | | |
| **Basic Provisions** | | * Warm beverages and light snacks (inside or to-go). * Access to blankets and chairs. * Staff to support providing basic needs. * Access to washrooms, toiletries, and incidentals. * WiFi. | | | | | | |
| **Supplementary Provisions** | | * Access to laundry facilities. * Access to showers with options for privacy. * Access to season clothing options and undergarments, as available. | | | | | | |
| **Participation in Coordinated Access** | | Participation in Coordinated Access is considered an asset and may include:   * Participation in Hamilton’s Coordinated Access and Homeless-serving Systems planning * Provision of Coordinated Entry and Coordinated Passage services within Coordinated Access system. * Review and completion of the City of Hamilton’s Common Intake and Consent form with Warming Space clients. * Coordination with other shelters, housing programs and drop-in programs. | | | | | | |
| **Use of HIFIS and Data Reporting** | | Participation in HIFIS is considered an asset and may include:   * Participation in HMIS activities. * Use of HIFIS, including Warming Space book-in/out, service restrictions. * Data entry in HIFIS for all data points included in reporting requirements, as outlined in contracts. * Use of HIFIS for client records, including case management, VI-SPDAT scores, housing placements, and By-Name List updating. | | | | | | |
| **Geographic considerations** | | * No geographic restrictions on who can seek Warming Space services. * Willingness to coordinate with Warming Spaces outside of Hamilton to facilitate intake/warm transfer. | | | | | | |
| **Staffing Ratio** | | * Sufficient staffing for operations based on proposed number of spaces. | | | | | | |
| **Service Standards** | | * Standards ensure freedom from discrimination under the Ontario Human Rights Code. * Warming spaces and services are designed to promote low-barrier access. * 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. * Perform diversion screening with individuals experiencing homelessness to identify opportunities to find appropriate safe locations to stay within the community. * Assist clients to connect with other emergency Warming Spaces, where required. * Assist clients to connect to referral housing with support programs, as required. | | | | | | |
| **Acknowledgement** | | I hereby acknowledge that I have read the above requirements (Subsection 3.2) and I understand that all components listed above are required in this proposal | | | | | |
| **3.3 Operational Description** | | | | | | | | |
| Describe what warming space services look like in practice. Please ensure you describe client pathways and reference the implementation and provision of requirements listed under Low-Barrier Warming Space Requirements (Section 3.2 above).  Click or tap here to enter text. | | | | | | | | |
| **3.4 Gender Specific Services** | | | | | | | | |
| Describe your proposal for, or previous experience with, developing and operating warming spaces or housing services with gender specific services including, safety concerns, support for pregnant women, survivors of domestic violence and sex trafficking, Indigenous women and trans/non-binary clients.  Click or tap here to enter text. | | | | | | | | |
| **3.5** **Indigenous Services** | | | | | | | | |
| Describe how the Warming Space 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 Warming Space participates in the Coordinated Access System. In the description, include operational details related to how this Warming Space 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 Warming Space ensure 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 Warming Space 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 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? (i.e. 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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| **3.11 Safety** | | | | | | | | |
| Please provide a thorough description of the proposed Warming Space 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 (i.e. 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 Low-Barrier Warming Space proposal will directly contribute to ending a client’s experience of homelessness.  Click or tap here to enter text. | | | | | | | | |
| **4.2 Connections to Supports** | | | | | | | | |
| Please articulate how the proposed Warming Space will connect clients to housing and supports (directly if necessary).  Click or tap here to enter text. | | | | | | | | |
| **4.3 Equity, Diversion & 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 Warming Space activities. If applicable, include any past experiences with **Community Homelessness Prevention Initiative (CHPI), 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. | | | |
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| 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.* | | |