

Reaching Home provides community organizations in Belleville an opportunity to broaden the scope of their collective efforts to end homelessness. Please download and save this file to your computer before entering information. Complete and email this application along with the requested documents to cheerakathila@hastingscounty.com or mail/drop them off to Hastings County Community & Human Services, 228 Church Street, Belleville, ON K8N 5E2.

Submission Deadline: May 15, 2024

Please note: It is the responsibility of the applicant to ensure that all information is correct and submitted by the deadline. Please contact cheerakathila@hastingscounty.com for technical support and/or questions.

Organization Details

1.0 GENERAL BUSINESS INFORMATION

Organization Type: Registered Charity Not for Profit For Profit

Legal Name:

Address

City / Town

Province

Postal Code

Phone Number

Incorporation Number
 (Charter/Letters Patent)

Incorporation
 Date

Business Number (Canada Revenue Agency)

Preferred Language of Correspondence

1.1 ORGANIZATION DETAILS

Main Mandate and Activities:

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 answered YES to the above, please provide a description of the changes	

1.2 LEGAL SIGNING OFFICERS

Number of signatures required to bind the organization into a legal agreement?

	Name	Title
1		
2		
3		

1.3 AMOUNTS OWING TO GOVERNMENT OF CANADA

Does the organization owe funds to the Government of Canada? Yes No

If answered YES, please specify

Amount owing	Nature of the amount owing (tax, penalty, overpayment)	Government department or agency to which the amount is owing

Project Details

2.0 APPLICATION CONTACT (Primary Contact)

Given Name	Surname
Position Title	
City / Town	
Province	Postal Code
Phone Number	Email

2.1 GENERAL PROJECT INFORMATION

Project Title		
Project Duration	From (start date)	To (end date)
Location of Project Activities (if different from Organization's address)		

2.2 PROJECT FUNDING DETAILS

Please describe how your proposed project will be funded. Include all anticipated sources of funding including that requested in this application.

Source	Source Type	Cash (\$ value)	In-Kind (\$ value)	Confirmed	
				Cash	In-Kind

IMPORTANT:

- The Reaching Home Proposed Budget Form must be completed and submitted with the application form for your project to be considered.
- If your project includes Staffing expenses, you must include the Staff Summary Document
- In completing this application, you acknowledge that Hastings County may consult with other funders in the review of this application and may require additional information including a list of current Board members, annual reports, confirmation of other sources of funding and confirmation of any partnerships identified in the application above.

2.3 FINANCIAL PROJECT CONTACT

Name	Telephone No
Title	Email

2.4 PROJECT DESCRIPTION

Please provide a brief description of your proposed project

2.5 TARGET POPULATION

Please provide information on the client groups served as part of your project. Only check those most relevant to your project.
 Reaching Home emphasizes measurable outcomes, and your project will be evaluated in terms of service to each population you identify below (check all that apply)

Target Homeless Population

<input type="checkbox"/> Unsheltered individuals	<input type="checkbox"/> Emergency sheltered individuals
<input type="checkbox"/> Provisionally accommodated individuals	<input type="checkbox"/> Individuals at imminent risk of homelessness

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Diverse
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Age

<input type="checkbox"/> General Population <input type="checkbox"/> Children (0-11)	<input type="checkbox"/> Youth (12-24) <input type="checkbox"/> Adult (25-64)	<input type="checkbox"/> Seniors (65+)
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Populations of Interest

<input type="checkbox"/> Indigenous People	<input type="checkbox"/> Veterans
<input type="checkbox"/> Refugees	<input type="checkbox"/> Youth existing child welfare system
<input type="checkbox"/> Immigrants	<input type="checkbox"/> People exiting a medical facility/service
<input type="checkbox"/> Racialized People / Visible Minorities	<input type="checkbox"/> People existing a correction facility

Special Considerations

<input type="checkbox"/> Pregnant Women	<input type="checkbox"/> People living with Mental Health Issues
<input type="checkbox"/> Victims of Domestic Violence	<input type="checkbox"/> People living with HIV/AIDS or other infectious diseases
<input type="checkbox"/> People with Addictions	<input type="checkbox"/> People who identify as 2SLGBTQI+
<input type="checkbox"/> People living with Physical Needs or Disabilities	<input type="checkbox"/> Lone-Parent Families
<input type="checkbox"/> People living with Chronic Illnesses	<input type="checkbox"/> Two-Parent Families
<input type="checkbox"/> People living with Developmental Disabilities	

2.6 PROJECT OUTCOMES AND DELIVERABLES

Please describe your proposed project's expected results and deliverables. Must be specific, concrete and measurable.

2.7 PROJECT ACTIVITIES AND TIMELINES

The following areas of activity are eligible under the Reaching Home grant. Please indicate the activities applicable to your proposed project and your expected timelines.

Eligible Activities (check all that apply)

Housing Services

Housing Services Emergency Housing Funding Housing Set-up

(Empty space for project details and timelines)

Prevention and Shelter Diversion

Prevention and diversion services

(Empty space for project details and timelines)

Client Support Services

Economic Integration Services

Social and Community
 Integration Services

Clinical and Treatment Services

Basic Needs Services

Capital Investments

Capital investments

2.8 PROJECT NEED & RATIONALE

Explain how the need for this project was determined and how it addresses an identified gap for those experiencing or at risk of homelessness.

2.9 EVALUATION STRATEGY

Describe how you will track and report on the progress and performance of your project. Please include specific, concrete, and measurable targets and indicators that directly tie to the activities you described above.

2.10 PROJECT COLLABORATIONS/PARTNERSHIPS

Will any other organizations, networks or partners be involved in carrying out the project?

Yes

No

If YES, please identify the role(s) and expertise each partner will bring to the project, including your own. In addition, include a contribution letter from each organization confirming their role in the project (see APPLICATION GUIDE for details).

Partner Organization	Role / Expertise

2.11 COORDINATED ACCESS

Reaching Home requires that a system of coordinated access for the homelessness servicing sector be in place.
 Describe how your agency currently participates in Coordinated Access.
 Explain your organization's experience with the Coordinated Access system. If your organization is currently not involved with the Coordinated Access system explain your future intentions and what resources will be allocated towards this.

Briefly describe how this project contributes to the Coordinated Access system

DISCLAIMER

If funded, you will be required to participate in Coordinated Access. This may include but is not limited to:

- Filling vacancies through the By-Name List process
- Completing standardized assessments of clients and adding/updating their information in the HIFIS database
- Receive and give referrals to other services
- Participate in CAB meetings to improve the Coordinated Access system

I agree

3.0 SUSTAINABILITY PLAN OR EXIT STRATEGY

Outline your project's sustainability plan or exit strategy. See 2.13 of the Application Guide for further information. Applicants seeking funding for Capital Projects must complete the Sustainability Checklist provided to ensure the sustainability plan addresses all the key elements of sustainability. Where possible, communities are encouraged to ensure that Reaching Home is not the sole funder in capital projects

4.0 DECLARATION AND SIGNATURES

This application form must be signed by as many persons as indicated in Section 1.3 as prescribed by the organization's statutes or by-laws.

- I declare 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 and will be 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 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

Name of Signatory	Position	Signature	Date (MM/DD/YYYY)
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ADDITIONAL INFORMATION

Use this section for any additional information. Please reference the question numbers that you are addressing in this section.

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Empty space for providing additional information.