***Hastings County***

***Homelessness Prevention Program Capital Application***



Hastings County Community & Human Services 228 Church Street

Belleville, ON K8N 5E2

T: 613-966-1311

Email: [tummon-grahams@hastingscounty.com](mailto:tummon-grahams@hastingscounty.com) and [cheerakathila@hastingscounty.com](mailto:cheerakathila@hastingscounty.com)

The Homelessness Prevention Program (HPP) objective is to support communities in preventing, addressing and reducing homelessness, including chronic homelessness. For the 2024 – 2025 funding cycle, a total of one million ($1M) is available for Capital Projects.

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| **Section A: Organization Requesting Assistance** |
| Organization Name: |
| Address: |
| City: Prov: Postal code: |
| Contact Name: Title: |
| Phone: Email: Fax: |
| Incorporated as Non-Profit Organization: ☐ Yes (Provide Copy) ☐ No |

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| **Section B: Application Details** |
| This application is made under the following criteria: *Select all that apply.*   * Supportive Housing: New Facilities and/or Retrofits * Emergency Shelters: New Facilities and/or Retrofits   Program title/name and location of services that will be provided (ie: Bancroft, Deseronto, City of Belleville, all of Hastings County, etc):  Year for which funding is being applied for:  Funding amount being requested $  Have you received funding from Hastings County in the past, and under what program (ie HPP, SAR, Reaching Home, etc?)   * No ☐ Yes Year Amount Year Amount   For which Program(s) were you previously funded:  Do you anticipate you will be requesting funding for future years? ☐ Yes ☐ No  Number of years: |

# Section C: Program Funding

**What other sources of funding have you applied/received for this project:**

* Other levels of government ☐ Private Sector
* Memberships / Fees ☐ Donations
* Fundraising Events ☐ Charities
* Other

**Does your organization receive funds from Hastings County for any other purpose?**

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Please provide specific details:

# Which services does your organization offer? Check all that apply.

* Substance Abuse Services ☐ Indigenous Services
* Mental Health Services ☐ Legal Services
* Housing/Homelessness Services ☐ Immigration Services
* Domestic Violence Services ☐ Urgent Services
* Transportation and Recreation Services
* Employment and Training Services

Child Care Services

☐Other (Please Specify)

* Meals and Clothing Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please provide a fulsome description of your Capital Project. What is the purpose and rationale?

**How will this Capital Project benefit the community? How was the need for the project determined? Are**

**there any other projects/programs in the community that currently meet this need? If so, please explain**

**how your project is different and adds unique value to the community.**

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| **If you only receive partial funding, how will the funding be used? How would you make up the difference?**  **If the funds are not approved, what impact will it have on the community?**  **Do you agree to adhere to reporting requirements, including on-site visits and data collection, as outlined by Hastings County?**  Yes  No |

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| **Section D: Additional Documentation** |
| **Please attach the following supportive documentation:**   * Annual agency budget and financial statement. * Specific program budget for the year in which the funding is applicable, outlining sources of revenue and expected expenditures. * If funding was received from Hastings County in the previous year - a final financial statement for that year. * Letter of incorporation and outline of the mandate of the organization. * Signing authority - including name, address, telephone and position held. * Sustainability Checklist. * Other documentation deemed to be of importance, as applicable and helpful in your financial request. |

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| **Section E: Coordinated Access Requirements** |
| If funded, you will be required to participate in the Coordinated Access System. This may include (but is not limited to):   * Acting as an access point * Filling vacancies through the By-Name List process * Completing standardized assessment of clients and adding/updating their information in the Homeless Individuals and Families Information System (HIFIS) database * Receive and give referrals to other services   I agree to the above: Yes No |
| **Section F: Additional Information** |
| **Use this section for any additional information you would like Hastings County to know.** *We encourage you to attach additional information such as: reports, data collection, data analysis, previous outcome measures, client reviews etc., if applicable.* |

**Section G: Budget**

Organization Requesting Assistance:

# Bank Balance From Previous Year:

**Revenue**

|  |  |
| --- | --- |
| Support from Parent Organizations (otherwise known as Head Office, co-owner, etc) | $ |
| Provincial Grant Subsidies | $ |
| Federal Grant Subsidies | $ |
| Assistance from Other Municipalities | $ |
| Membership Dues | $ |
| Fees or Admission Charges | $ |
| Donations from Public Campaigns/Fundraising | $ |
| Donations from Service Clubs | $ |
| Other | $ |
| Amount Requested from Hastings County | $ |

Year:

$ (a)

**Total Revenue:** $ (b)

# Total Budgeted Revenue = a + b : $

**Expenses (Please Specify)**

|  |  |
| --- | --- |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total expenses from attached sheet (if used)** | $ |
| **Total Expenses** | $ |

***Please provide another sheet if more space is required.***

(c)

|  |  |  |
| --- | --- | --- |
| **Total Budgeted Expenditures** | $ |  |
| **Anticipated Surplus / (Deficit) = a + b - c** | = $ |  |

**Staff =** Number of paid staff related to this program specifically: \_\_\_\_\_\_\_\_\_\_ Number of volunteers related to this program specifically:\_\_\_\_\_\_\_\_\_\_

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| **Section H: Declaration** |
| On behalf of the organization, we **(signing authority of the organization)** hereby declare that all the information presented and provided with this application is true and correct.    Signature Print Name Date    Signature Print Name Date |

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| **To Apply** |
| Complete and email (or mail, or drop-off) this application along with the requested documents to:  Email [tummon-grahams@hastingscounty.com](mailto:tummon-grahams@hastingscounty.com) or [cheerakathila@hastingscounty.com)](mailto:cheerakathila@hastingscounty.com)  Address: Hastings County Community and Human Services, 228 Church Street, Belleville, ON K8N 5E2) **Submission Deadline: October 1, 2024 by 4:00 pm**  **Please Note:**   * Only complete applications using this form will be reviewed. * It is the responsibility of the applicant to ensure that all information is correct, and that all documentation is received by the deadline. * If funding is approved, you will be required to sign a contribution agreement and submit project progress reports as outlined by Hastings County. |

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| **Policy** |
| Hastings County’s (HC) policy regarding requests for funding applications is as follows and requests will be considered based on the following criteria:   * Assisting organizations in creating Supportive Housing or Emergency Shelters (new facilities and/or retrofits). * The organization must demonstrate that it is presently exploring or has fully explored, potential funding from other sources, from other levels of government, the private sector, memberships, donations and fundraising activities. Organizations must demonstrate that they are seeking alternative sources of revenue on an ongoing basis to achieve self-sufficiency. Organizations seeking funding must be incorporated or in the process of applying for incorporation as a non-profit organization and/or a registered charity. * Applications must be submitted prior to **OCTOBER 1 at 4:00pm** to be included in the following year’s budget. Applications must be accompanied by a budget for the year in which the funds are applicable, outlining all other sources of revenue, and expected expenditures. * Confirmation of coverage for Insurance and WSIB will be required, and the County will need to be named as Additional Insured for funded agencies. * Applicants will be informed of funding approval or regret after being reviewed and approved by Hastings County Community and Human Services Committee and Council. |
| **Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of processing the application. For questions or**  **additional information pertaining to your personal information, contact Hastings County at (613) 966-1311.** |
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**If you have any questions or concerns, please contact Shannon Tummon-Graham at (613) 966-1311**

**Ext # 2306 or** [**tummon-grahams@hastingscounty.com**](mailto:tummon-grahams@hastingscounty.com)