1. **Agency Name:** \_\_\_\_\_\_\_
2. **Other documentation:** Confirm that, in addition to this “Form B”, you have completed one of these documents:

* Either “A.1 Application Summary, Small Capital, Feb. 2015”
* Or “A – Agency Information, Small Capital, Feb. 2015”

**Confirmed:**  \_\_\_\_\_\_

*Copy the box below as many times as required, then complete one box for each of the theme areas (or group of related items) for which funding is requested. Organize your projects in the order of their priority to your agency, beginning with the most important project. Add or delete boxes as needed, depending on the number of items or groups of items applied for.*

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| 1. **Project Number:** \_\_\_\_\_\_\_*(align with question #2(a) on form “A” or “A.1”)* 2. **Funding Category and Priority Type** *(Refer to “1. HPS Small Capital Process, Winter 2014-15”, # 1(d). Align with question #2(b) on form “A” or “A.1”*   **Category:** A – Purchases  **Priority Type:** *(Place an “X” beside the most appropriate type*   1. \_\_\_\_\_\_\_ Security, safety & health 2. \_\_\_\_\_\_\_ Purchases to be used by clients 3. \_\_\_\_\_\_\_ Purchases to be used by program staff 4. 1. **Project Name:** \_\_\_\_\_\_\_*(align with question #2(c) on form “A” or “A.1”.)*   2. **Items Proposed:**   |  |  |  | | --- | --- | --- | | **Item(s)** | Quantity | Cost  $ | | *e.g. laptops for case managers* | 2 |  | |  |  |  | |  |  |  | | 50% of HST: |  |  | | **Total Cost:** |  |  |   3. **Cost, and sources of contributions:**   |  |  |  | | --- | --- | --- | | **Cost, and sources of contributions** | Cost  $ | Contributions  $ | | **Total cost of these items** *(same as “Total Cost” in (d) above***)** | $ |  | | Other funding source (specify) \_\_\_\_\_\_\_\_\_\_\_ |  | $ | | Contribution from the agency’s reserves |  | $ | | Use of funding from the agency’s other revenue sources |  | $ | | **(d) Funding requested for this project**  *(align with #2(d)on form “A - Agency Info”)* | $ |  |  1. **Agency’s priority ranking for this project:** \_\_\_\_\_\_\_ *(align with question #2(e) on form “A - Agency Information – Small Capital Request, 2014-2015”)* 2. **Minimum dollar amount** (and number/selection of items) the agency could benefit from, if less funding is available than requested, or “n/a”:   $\_\_\_\_\_\_\_ *(or n/a)* What would be the differences in the “items” listed in section c(2) above, related to this reduced amount, and your comments*(or n/a)*: \_\_\_\_\_\_\_   1. **State the service location** where the purchased item(s) will be used:   \_\_\_\_\_\_\_   1. At the location where the purchased item(s) will be used, state the **name of the program** through which the agency provides (or *will provide*) supports to clients.   \_\_\_\_\_\_\_   1. State the **type of supports provided** (or to be provided) to clients, at the location *(e.g. prevention of housing loss, day program, supportive housing)*.   \_\_\_\_\_\_\_  State the **clientele** served at this site: *(e.g. single men with complex needs, at high risk of homelessness)*  \_\_\_\_\_\_\_\_   1. Why is this item(s) needed? *(e.g. replacement of broken item)*   \_\_\_\_\_\_\_   1. What other solutions have been considered, other than purchasing this particular item? Why do you believe this is the most suitable option?   \_\_\_\_\_\_\_   1. **How** would this item(s) be **used,** and/or what **benefit** would it provide? Make the case that making the proposed purchases offers a practical, appropriate solution to an important issue.   \_\_\_\_\_\_\_   1. Referring to the priority grouping selected in (j) above, and other relevant aspects of the program, state any negative consequences if the funding is not allocated. If the need is urgent, please explain.   \_\_\_\_\_\_\_   1. Value for money – comment on the cost-benefit of making this/these purchases.   \_\_\_\_\_\_\_  What supporting documentation (e.g. price quote for the item) is provided? *(For more information about obtaining price quotes and selecting amongst vendors, refer to “1. HPS Small Capital Process, Winter 2014-15” ” 5 (a) and (b)*  List the supporting documentation here:   * \_\_\_\_\_\_\_ * \_\_\_\_\_\_\_  1. Briefly discuss the price quote(s) you have received. What factors influenced or will influence the choice amongst the options?   \_\_\_\_\_\_\_   1. If this funding award is received, what work remains to be done in gathering quotes or making purchasing decisions, including the steps required by the agency’s purchasing policy?   \_\_\_\_\_\_\_  (q) **Amount of lead time required:**  Items purchased with this funding must be physically received by the agency by March 31st, 2015. From the date when the contract would be signed with the City, what would be the minimum length of time to complete the purchase and receive the goods? *(e.g. to purchase bus tickets, one day))*  \_\_\_\_\_\_\_ |
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