*(Disponible en français)* <http://www.homelessnessccbtraining.ca/RFO>

*Applicants must complete either this document* ***or*** *“A.1 Application Summary”..*

***Which one to complete?***

* ***Agencies that applied to the City’s November 2014 Homelessness Services Request for Offers (RFO) are not required to complete or submit this form again. Instead, they should complete the briefer form called “A.1 Application Summary”.***
* ***Agencies that did not apply to the November 2014 RFO must complete this entire form “A – Agency Information – Small Capital Process, Feb. 2015***
* *To complete this form, see the instructions in the document titled “1. HPS Small Capital Process, February 2015”, section “**3(a)”.*
* *Before finalizing this document, delete the content in blue italics and delete this page, including the embedded Table of Contents.*

***Submitting the forms:***

* *See the instructions in the document called “1. HPS Small Capital Process, February 2015” section “**3(b)”.*

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PROPOSAL COVER PAGE

*This form must be completed in full, and affixed as the cover page of the proposal.*

***Applicant Information***

**1. Contact Information**

|  |  |
| --- | --- |
| Applicant agency’s legal name: | |
| **Executive Director or Equivalent** | **Project Contact (if different)** |
| Name: | Name: |
| Title: | Title: |
| Address: | Address: |
| Postal code: | Postal code: |
| Telephone: | Telephone: |
| E-mail: | E-mail: |

**2. Proposed Project(s)**

*In the table below, summarize the project(s) included in the agency’s application:*

***a) Assign a number*** *to each project, with the agency’s highest priority project at the top of the list.*

***b) Identify the Priority Type*** *for each project (see 1(d) of “1. HPS Small Capital Process, February 2015”)*

***c) Assign a theme to each project****. (e.g. “Electronic equipment” or “Program Supplies”. These numbers and project themes (or titles) should align with those used on form “B - Project Description -- Feb 2015”.*

*d) Show the amount being requested*

|  |  |  |  |
| --- | --- | --- | --- |
| **2 a) Project #** | **b) Priority Type** *(e.g. Priority Type 1 – Security, safety & health* | **c) Project theme** *(e.g. “Electronic equipment” or “program supplies””* | **d) Funding requested**  **$** |
| **1** |  |  | *$* |
| **2** |  |  | *$* |
| **3** | *(Add rows if necessary)* |  | *$* |

***Agency’s Mandate and Programs***

|  |
| --- |
| **3.** What is the **agency’s** **mission statement**? Please provide either the Objects in the Letters Patent or the mission statement formally adopted by the Board of Directors.  \_\_\_\_\_ |
| **4.** Briefly describe the **agency’s mandate and activities**. *(Maximum length: 15 lines).*  \_\_\_\_\_\_\_ |
| **5. Agency’s target population:**  What is the target population, or the main group(s) that the agency serves? *Examples:*  *Francophone singles with concurrent disorders; Aboriginal single people who are homeless or were recently homeless; Homeless youth*  \_\_\_\_\_ |
| **6. Agency’s programs:**  For each location where the agency offers services targeted to people who are homeless or at risk of homelessness, please list the **name of the program and its address**. *E.g. “Emergency shelter & associated services – 1 Elm Street”*  \_\_\_\_\_ |
| **7.**  Address below, the scoring criterion that: “**The applicant agency provides effective services**.”  *(Maximum length: 15 lines)*  \_\_\_\_\_ |
| **8.**  Address below, the scoring criterion that: “**The agency has demonstrated effective collaboration**.” *(Maximum length: 15 lines)*  \_\_\_ |

***Board and Legal Incorporation***

|  |
| --- |
| **9. Agency incorporation:**   1. Mark with an “X” as to whether the applicant is currently registered as a non-profit corporation federally\_\_\_ or provincially \_\_\_. 2. Provide the Business Number\_\_\_\_\_ and/or Incorporation Number \_\_\_\_\_\_\_ (The City will be obtaining a corporate profile to confirm that the corporation is current). 3. Confirm the agency is submitting **one** copy of each of the “Mandatory Documents” listed at the end of this form, either in hard copy or PDF: Yes \_\_\_\_ |
| **10. Members:**   1. If the agency’s corporate structure includes members aside from the Board of Directors, what are the classes of members and the number of members of each class?\_\_\_ 2. If there are restrictions on who may become a voting member, please list or state “n/a” \_\_\_ 3. If there are restrictions on who may become a member of the Board of Directors, pleaselist or state “n/a” \_\_\_ |
| **11.** n/a |

***Eligibility for this RFO***

|  |
| --- |
| **12.** n/a |
| **13. Declaration of eligibility:**   * Confirm that the applicant and all of the proposed projects comply with the mandatory eligibility criteria outlined in “PART TWO -- ELIGIBILITY CRITERIA FOR FUNDING” of the document “1. HPS Small Capital Process, Feb. 2015”.   **Confirm:**\_\_\_\_\_\_\_ **Comment**: *(Optional, max 10 lines)* \_\_\_\_\_\_\_  (Note that applications and applicants not fully complying with the mandatory requirements will be deemed ineligible.) |
| **14.** n/a |
| **15. Equity and diversity:**  Confirm that the agency complies with human rights legislation in hiring staff and in serving clients. *(Choose one answer by marking an X.)*  Confirm: \_\_\_ Comment: (Optional, max 10 lines) : \_\_\_ |
| **16.**  n/a |
| **17. Acceptance of funding terms:**  (a) Confirm that the applicant has reviewed the blank sample HPS agreement provided on the web site for this funding process, and accepts the requirements contained therein. Confirm:\_\_\_\_\_\_\_ Comment: *(Optional, max 10 lines)* \_\_\_\_\_\_\_  (b) Confirm that the applicant has reviewed PART SIX – FUNDING CONTRACTS of the document “1. HPS Small Capital Process, Feb. 2015”, and accepts the requirements contained therein. Confirm:\_\_\_\_\_\_\_ Comment: *(Optional, max 10 lines)* \_\_\_\_\_\_\_ |
| **18.** n/a |
| **19. Status with the City:**  Confirm that the organization is not in receipt of a Notice of Breach of any existing contracts with the City of Ottawa that have not been rectified to the City’s satisfaction by the closing date of this Request for Offers: Confirmed: **\_\_\_**  **Comments: \_\_** |

***Financial Matters***

|  |
| --- |
| **20. Financial audits:**  The applicant states that no audit or investigation conducted in the previous three years by the federal government, the government of a province or a public body created under the law of a province referred to irregularities in the organization’s financial management practices or raised any integrity issues.  Confirm\_\_\_ Comment *(Optional, max 10 lines)* \_\_\_ |
| **21. Duplication of funding:** Confirm that this funding will not be used to replace or duplicate other funding, or to pay an existing debt, or to pay for any expenses committed by the applicant corporation or incurred before the date the funding Agreement is signed. Confirm:\_\_\_\_\_\_\_ Comment: *(Optional, max 10 lines)*\_\_\_\_\_\_\_ |
| **22. Demonstrate sustainability:**  Regarding the ongoing operating funding for the program(s) related to this application:   1. Confirm that the agency and the programs that would benefit from the proposed project(s) will be financially sustainable through to March 31st 2017.   Confirmed: \_\_\_  Comment: *(Optional, max 10 lines)* \_\_\_\_\_\_\_  Note: Before releasing funding to a successful agency, the City may require proof of the agency’s other funding contracts. |

**23. Other sources of funding:**

(a) List the agency’s current sources of funding related to homelessness services, and indicate for which program(s) the funding is used.*(add rows if necessary)*

|  |  |  |
| --- | --- | --- |
| Program Name | Funding source | Approx. annual amount |
|  |  |  |
|  |  |  |
|  |  |  |

(b) Provide, the name, email and phone number of the Program Officer(s) of the above funder(s) so the City may contact them to confirm the applicant’s standing. \_\_\_\_\_\_\_\_

**24. Agency’s access to other resources:**

(a) Unrestricted Financial Reserves

|  |  |
| --- | --- |
| Total amount of “**Unrestricted Reserves**\*”, as of latest audited financial statement, dated: \_\_\_\_\_\_\_\_\_\_ | $\_\_\_ |
| Current Year – Applicant’s **annual** operating budget | $\_\_\_ |
| Current Year – Applicant’s **monthly** operating budget (average of annual) | $\_\_\_ |
| Approximate number of months of agency’s operating budget represented by the “Unrestricted Reserves”. | \_\_\_ months |

(b) In the accompanying budget, is the agency proposing to make a contribution to the cost of the project(s)? Yes\_\_\_ $\_\_\_\_ No \_\_\_

(c) Please indicate the amount of the agency’s current **restricted** financial reserves.

i. $\_\_\_\_\_\_\_ as of \_\_\_\_\_\_ (date)

ii. What is the nature of the restrictions on how this reserve may be used?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Documentation checklist for submission***

*Ensure that all supporting documentation is clearly labeled as to which project number it relates to, and the pages are clearly numbered. Add rows if necessary.*

***25.*****Application documents (see PART THREE of the document “1. HPS Small Capital Process, Feb. 2015” for submission instructions):**

*Complete the following table, listing all the documentation being provided*

| **Submit both:** | |  |
| --- | --- | --- |
| **Paper** | **Email format** | **Item**  *(add descriptive information as required)* |
| 1 original | In Word | Either A - Agency Info - Small Capital Process, Feb.  2015 or A.1 Application Summary |
| 1 original | In Word | Form B Purchases – Small capital process 2014-15 |
| n/a | PDF | *(Other, as appropriate, e.g. photos or quotes for start-up capital expenses)* |

***26.*** **Agency documents:**

*Specify with a “Yes” in either column i or ii to show which type of document the agency is submitting.*

|  |  |  |
| --- | --- | --- |
| **i** | **ii** |  |
| **Sending one paper copy**  **“Yes”** | **OR sending a PDF by email**  **“Yes”** | **Mandatory documents** |
|  |  | A certified copy of the most recent Annual General meeting minutes that have been approved by the Board |
|  |  | List of current members of the Board of Directors |
|  |  | Organizational chart |
|  |  | Most recent audited financial statements of the organization |

***Signatures on next page******Signatures, confirmations and acknowledgements***

**27. We, the undersigned, hereby certify that** all information provided in this funding application is accurate in all respects, to the best of our knowledge. We further certify that there is not a conflict of interest between the non-profit corporation identified in the application, or its employees or Board members and the City of Ottawa with respect to this project(s). We have authority to bind the corporation.

We understand that:

1. Any decision made by the City to provide funding to this non-profit corporation will not be binding on the City until a legally enforceable Agreement has been negotiated and executed by the City and two authorized signing officers of our corporation.
2. Any funding Agreement resulting from allocations made under this process will contain a clause stating that the City may terminate or suspend the Agreement at any time, without cause, upon not less than 60 days written notice to the non-profit corporation of its intention to do so.
3. Personal information on this application form is collected under the authority of section 107 of the *Municipal Act, 2001* S.O. 2001, C. 25 in accordance with the City of Ottawa Grants and Contributions Policy. The City of Ottawa will use this information to determine eligibility for HPS & CHPI funding. Questions regarding the collection of this information may be addressed to: [catherine.latham@ottawa.ca](mailto:catherine.latham@ottawa.ca)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| Signature of Signing Officer |  | Name and Title of Signatory  (please print or type) | |
| I have authority to bind the corporation. | Date: | |  |
|  |  |  | |
| Signature of Signing Officer |  | Name and Title of Signatory  (please print or type) | |
| I have authority to bind the corporation. | Date: | |  |