Schedule 3: Request for Proposal

Indigenous Supportive Housing Program (ISHP)

**Instructions:**

* Complete RFP in spaces provided below (the spaces will expand as they are filled in the Word document version – see <http://www.ontarioaboriginalhousing.ca/programs/> for Word attachment). Print once complete. Attach any additional information at the end of the application and ensure it is properly labeled and numbered according to corresponding RFP sections.
* **THIS PROPOSAL IS INTENDED FOR OPERATING BUDGETS ONLY FOR 2019-2020, PENDING FUNDING.**

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| 1. Organization Information | | | | | | | |
| Organization Name: | | | | | | | |
| Organization Legal Name: | | | | | | | |
| Website URL: | | | | | | | |
| Type of Legal Entity: | | | | | | | |
| Year Established: | | | | Date Incorporated: | | | |
| Corporation Registration Number: | | | | | | | |
| Date of Last AGM: | | | | Date of next AGM: | | | |
| Organization Mandate: | | | | | | | |
| 2. Applicant Contact Information | | | | | | | |
| Salutation: | Name: | | | | Title: | | |
| Work phone: | | Mobile Phone: | | | | Fax: | |
| Email: | | | | | | | |
| 3. Project Overview | | | | | | | |
| **Please provide the required information set out in Section 3 of the Request for Proposal document (maximum 4,900 characters). If proposal is for multiple projects, please provide a project overview for each.** | | | | | | | |
| **Type and number of clients to be supported by ISHP funding** | | | Families | | | | #: |
| Individuals | | | | #: |
| Other, please specify: | | | | #: |
| **Total number of clients (estimate number of family members, if applicable):** | | | | | | |  |
| 4. Business Case (Rational and Existing Evidence) | | | | | | | |
| **Please provide the required information set out in Section 4 of the Request for Proposal document (maximum 4,900 characters). If proposal is for multiple projects, please provide a business case for each**. **Please attach job descriptions for any existing or new employees to be funded through ISHP.** | | | | | | | |
| 5. Organizational Capacity | | | | | | | |
| **Please provide the required information set out in Section 5 of the Request for Proposal document (maximum 4,900 characters). If proposal is for multiple projects, please provide a description of organizational capacity for each.** | | | | | | | |
| **6. Inclusivity of Services** | | | | | | | |
| **Please define the efforts your organization is making, or will make to promote and encourage services to First Nations, Inuit, and Métis people inclusively.** | | | | | | | |
| 7. Partnerships and Collaboration | | | | | | | |
| **Please provide the required information set out in Section 6 of the Request for Proposal document (maximum 4,900 characters). If proposal is for multiple projects, please provide partnerships and collaboration for each.** | | | | | | | |
| 8. Project Delivery and Budget | | | | | | | |
| **Please provide the required information set out in Section 7 of the Request for Proposal document (maximum 4,900 characters). Please also attach the required Operating Budget (Schedule 5) template. If proposal is for multiple projects, please provide a project delivery and budget for each.** | | | | | | | |
| **9.** **Financial Summary for Operating Costs (**The information provided below must be consistent with the operating budget submitted) | | | | | | | |
| 1. **ISHP Operating Funding requested** | | |  | | | | |
| 1. **For-profit/non-profit/community equity** | | |  | | | | |
| 1. **Other, please specify:** | | |  | | | | |
| 1. **Total Operating Cost = a. + b. + c.** | | |  | | | | |

**Declaration**

The Applicant hereby certifies as follows:

1. the information provided in this application is true, correct, and complete in every respect;
2. the Applicant understands any ISHP Operating funding commitment will be provided by way of a signed Partnership Agreement with OAHS and will be subject to any conditions included in this Partnership Agreement;
3. conditions of funding may include the requirement for a funding agreement obligating the funding recipient to report on how the funding was spent and other accountability requirements;
4. the Applicant has read and understands the information contained in the Request for Proposal Form;
5. the Applicant is aware that the information contained herein can be used for the assessment of grant eligibility and for statistical reporting;
6. the applicant understands that it is expected to comply with the Ontario Human Rights Code and all other applicable laws;
7. the Applicant understands that the information contained in this application or submitted to the OAHS in connection with the grant is subject to disclosure under the Freedom of Information and Protection of Privacy Act;
8. the Applicant is not in default of the terms and conditions of any grant, loan, or transfer payment agreement with any ministry or agency of the Government of Ontario; and,
9. the Applicant is aware that this request for proposals is subject to funding approval;
10. I am an authorized signing officer for the Applicant.

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| --- | --- | --- | --- |
| Salutation: | First Name: | Last Name: | Title: |
| Phone Number (Work): | | Phone Number (Mobile): | Email: |

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Signature Date