Schedule 3: Request for Proposal (RFP)

**SOCIAL SERVICES RELIEF FUND 4 (SSRF 4)**

**Instructions:**

* Complete RFP in spaces provided below.
* Attach any additional information at the end of the application and ensure it is properly labeled and numbered according to corresponding RFP sections.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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. Lead Contact for Applicant Information and Questions | | | | | | | |
| 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).**  Are you requesting funding through the **New Facilities stream**? ☐Yes ☐No  If yes, please provide details on the:   * Number of new facilities/housing (and number of units) created (i.e., acquisition, conversions modular units) by type of housing; and * Vulnerable population group(s) targeted for the housing project.   Please complete the following table:   |  |  |  | | --- | --- | --- | | **New Facilities** | | | | **Housing Type** | **# facilities** | **# units** | | Transitional housing |  |  | | Supportive housing |  |  | | Permanent, long- term housing |  |  | | Other |  |  | | | | | | | | |
| Are you requesting funding through the **Retrofits and Upgrades stream**? ☐Yes ☐No  If yes, please provide details on the:   * Number of facilities (and number of units) upgraded/retrofitted (i.e., physical changes made to facilities in response to the COVID-19 outbreak, such as adding walls) to permit physical distancing, by type of housing; and * Vulnerable population group(s) targeted for the housing project.   Please complete the following table:   |  |  |  | | --- | --- | --- | | **Retrofits and Upgrades** | | | | **Housing Type** | **# facilities** | **# units** | | Emergency shelter |  |  | | Transitional housing |  |  | | Supportive housing |  |  | | Permanent, long- term housing |  |  | | Other |  |  | | | | | | | | |
| 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). | | | | | | | |
| 5. Organizational Capacity | | | | | | | |
| Please provide the required information set out in Section 5 of the Request for Proposal document (maximum 4,900 characters). | | | | | | | |
| 6. a) Inclusivity of Services | | | | | | | |
| Please define the efforts your organization is making or will make to promote and encourage services to **First Nations, status and non-status people** to apply to their housing. Please include how and where you intend to promote the services**. The efforts should be quantifiable.**   |  | | --- | | 6. b) Inclusivity of Services | | Please define the efforts your organization is making or will make to promote and encourage services to **Inuit** to apply to their housing. Please include how and where you intend to promote the services. **The efforts should be quantifiable.**   |  | | --- | | 6. c) Inclusivity of Services | | Please define the efforts your organization is making or will make to promote and encourage services to **Métis people** to apply to their housing. Please include how and where you intend to promote the services. **The efforts should be quantifiable.** | | | | | | | | | |
| 7. Partnerships and Collaboration | | | | | | | |
| Please provide the required information set out in Section 7 of the Request for Proposal document (maximum 4,900 characters). Partnerships must be supported with a letter of intent from partners. | | | | | | | |
| 8. SSRF 4 Capital Component Details Date: | | | | | | | |
| The total SSRF 4 Capital Component funding allocation is up to $10,829,189. Your organization may choose to apply for all of the funding, or a portion of the funding. The SSRF 4 Capital component may fund up to 100% of the development costs less HST rebates.  **A motion from your Board of Directors is required to apply for the SSRF 4 Capital funding.**  See Program Guidelines for payment schedules. | | | | | | | |
| **Capital Project Name**: | | | | | | | |
| **Full Civic Address:** | | | | | | | |
| **Project Legal Description** | | | Plan: | | | | |
| Block: | | | | |
| Lot: | | | | |
| Acres: | | | | |
| Hectares: | | | | |
| **Construction Types (check all that apply)** | | | New Construction | | | | |
| Addition to existing rental units | | | | |
| Conversion to proposed residential use | | | | |
| Purchase and/or renovations/rehabilitation of existing residential rental units | | | | |
| Retrofits/upgrades to housing or shelter | | | | |
| Other, please specify: | | | | |
| **Building Type** | | | Single detached | | | | |
| Semi-detached | | | | |
| Row House | | | | |
| Rooming House | | | | |
| Apartment | | | | |
| Other, please specify: | | | | |
| For a proposal to be considered for funding under this RFP, the combination of monthly rents (min 80% of Average Marker Rent) and utilities/utility allowance must be affordable to the targeted households. Which of the following, if any, are included in monthly rent? | | | Electricity | | | | |
| Heat | | | | |
| Water and sewer | | | | |
| Cable | | | | |
| Other, please specify: | | | | |
| **If an ongoing operating subsidy or rent subsidy will be required for your project, please explain, and indicate how these costs will be funded.** | | | | | | | |
| **Does your project have energy efficient features in building design and technology?**  Yes No  If yes, please provide details:  If yes, please indicate cost: | | | | | | | |
| 9. Development Team Date: | | | | | | | |
| Please identify members of your development team and indicate if they are Indigenous or employed by an Indigenous organization. | | | | | | | |
| **Project Manager (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | |
| Address: | | | Email: | | | | |
| Telephone: | | | Fax: | | | | |
| **Design-build Developer (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | |
| Address: | | | Email: | | | | |
| Telephone: | | | Fax: | | | | |
| **Developer’s Architect (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | |
| Address: | | | Email: | | | | |
| Telephone: | | | Fax: | | | | |
| **Construction Management (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | |
| Address: | | | Email: | | | | |
| Telephone: | | | Fax: | | | | |
| 10. Property Details Does the Date: | | | | | | | |
| Does the proposal involve acquiring property?  Yes  No  If yes, attach conditional agreement of purchase and sale.  If no, attach a copy of the title. | | | | | | | |
| Seller’s Name: | | | Name of title when project is complete: | | | | |
| Describe any mortgages, caveats, and/or easements etc. that are anticipated to be registered on title. | | | | | | | |
| Does the site have the proper land use designation (i.e., zoning)?  Yes  No  If yes, please attach land use documentation. | | | | | | | |
| Are there any environmental issues related to the property?  Yes  No  If yes, please describe: | | | | | | | |
| 11. Development Schedule | | | | | | | |
| **Target construction start:** | | | **Target occupancy date:** | | | | |
| The first stage is reaching the point where OAHS can give the Service Provider Final Project Commitment which requires that the Service Provider achieve the following:   * Confirmation of all local land use approval, e.g., zoning, development permit, building permit. * Verification of the capital budget, satisfactory to OAHS. * Agreement on an operating cashflow, satisfactory to OAHS (see Schedule 7). * Design drawings and commitment to appropriate specifications, satisfactory to OAHS.   The second stage spans all work required from Final Project Commitment by OAHS to completion and occupancy. The schedule can be in a format like that below or as a Gantt chart. | | | | | | | |
| **Chart Schedule: From RFP to Occupancy** | | | | | | | |
| **Activity** | | | **Date completed**  **(day/month/year)** | | **Incomplete (ü)** | | **Weeks required to complete. (Include comments, if needed)** |
| 1. Feasibility, scope development, costing | | |  | |  | |  |
| 1. Design drawings and outline specifications | | |  | |  | |  |
| 1. Municipal land use approvals achieved, including Development Permit | | |  | |  | |  |
| 1. Capital budget development | | |  | |  | |  |
| 1. Operating cashflow approved | | |  | |  | |  |
| 1. Review of working drawing by OAHS | | |  | |  | |  |
| 1. Final Project commitment from OAHS | | |  | |  | |  |
| 1. Execution of contract drawings | | |  | |  | |  |
| 1. Building permit issued | | |  | |  | |  |
| 1. Execution of lease, mortgage, operating agreements | | |  | |  | |  |
| 1. Construction start | | |  | |  | |  |
| 1. First construction advance | | |  | |  | |  |
| 1. Substantial completion | | |  | |  | |  |
| 1. Interest adjustment date | | |  | |  | |  |
| 1. Occupancy | | |  | |  | |  |
| 12. Financial Summary for Capital Costs | | | | | | | |
| Please attach the Capital Budget (Schedule 4). The information provided below must be consistent with the Capital Budget submitted. | | | | | | | |
| 1. SSRF 4 Capital Funding | | |  | | | | |
| 1. Mortgage financing required | | |  | | | | |
| 1. Other, please specify: | | |  | | | | |
| 1. 1.5% administration on amount in a. | | |  | | | | |
| 1. Total Capital Cost = (a. + b. + c. + d.) | | |  | | | | |
| 13. Service Provider and Community Contributions | | | | | | | |
| Service Providers can mobilize local financial support for their Projects. Please summarize those contributions below, identifying the source and nature of the contributions under “Description”. For example, an organization might donate land; a municipal government might provide a grant equivalent for Development Cost Charges or might lease a site at a nominal cost.  Please submit copies of any written commitments for financial support from community supporters, including municipal resolutions and letter of conditional support from service clubs or foundations if applicable. | | | | | | | |
| **Source** | | | **Description (include any conditions)** | | | | **Value** |
| 1. Service Provider | | |  | | | |  |
| 1. Municipal Government | | |  | | | |  |
| 1. Other community partners | | |  | | | |  |
| 1. Other, please specify: | | |  | | | |  |
| **Total Value = (a. + b. + c. + d.)** | | | | | | |  |

**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 SSRF 4 Capital funding commitment will be provided by way of an approval letter signed by the responsible Minister and will be subject to any conditions included in such a letter;
3. the Applicant understands any SSRF 4 CAPITAL 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;
4. 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;
5. the Applicant has read and understands the information contained in the Request for Proposal;
6. the Applicant is aware that the information contained herein will be used for the assessment of grant eligibility and for statistical reporting;
7. the applicant understands that it is expected to comply with the Ontario Human Rights Code and all other applicable laws;
8. the Applicant understands that the information contained in this application and any funding committed pursuant hereto is subject to funding approval and actual receipt of funding from the Ministry of Housing;
9. the Applicant is not in default of the terms and conditions of any grant. loan, transfer payment or partnership agreement or other funding arrangement with any ministry or agency of the Government of Ontario, OAHS or any other Program Administrator;
10. I am an authorized signing officer for the Applicant and have authority to bind the Applicant.”

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

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| --- | --- | --- |
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Signature Date