Request for Proposal Template

Social Services Relief Fund (SSRF) Phase 5

**Instructions:**

* Complete Request for Proposal (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.

**THIS PROPOSAL IS INTENDED FOR CAPITAL DEVELOPMENTS ONLY**

SSRF Phase 5 Capital component has a total funding contribution is up to $2,353,414.00. There are two components of major capital funding under:

* + New Facilities; and
	+ Retrofits and Upgrades

|  |
| --- |
| 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 the Applicant Information and Questions |
| Salutation:  | Name:  | Title:  |
| Work phone: | Mobile Phone: | Fax:  |
| Email:  |
| 3. Project Overview |
| 3. a. I am requesting SSRF funding for the New Facilities capital stream as per program guidelines: Yes ☐ No ☐ Please indicate:* + - * 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.

|  |  |  |
| --- | --- | --- |
| **Housing Type** | **# facilities** | **# units** |
| Transitional housing |  |  |
| Supportive housing |  |  |
| Permanent, long- term housing |  |  |
| Other |  |  |

3. b. I am requesting SSRF funding for the Retrofits/Upgrades capital stream as per program guidelines: Yes ☐ No ☐ Please indicate:* 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.

|  |  |  |
| --- | --- | --- |
| **Housing Type** | **# facilities** | **# units** |
| Emergency shelter |  |  |
| Transitional housing |  |  |
| Supportive housing |  |  |
| Permanent, long- term housing |  |  |
| Other |  |  |

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| 4. Business Case (Rational and Existing Evidence) |
| Please provide a business case for your submitted proposal. If proposal is for multiple projects, please provide a business case for each. The business case MUST outline the rational for the project and how it will address local housing needs to mitigate the continued impact of the COVID-19 pandemic on the homelessness sector. Include an action plan to hire Indigenous Apprentices and Employees in the construction or renovation phase of your project. |
| 5. Organizational Capacity |
| Describe and confirm the capacity of your organization (and where applicable, their partner organizations) to fulfill your proposed capital project. If proposal is for multiple projects, please provide a description of organizational capacity for each. |
| 6. Inclusivity of Services |
| Define the efforts your organization is making or will make to promote SSRF-funded services to all Indigenous peoples. Please explicitly explain how these efforts for **Inuit, Métis and First Nations (status and non-status)** individually. Please include how and where you intend to promote the SSRF development and/or services. **The efforts should be quantifiable.**  |
| 7. Capital Delivery Plan and 10 Year Operating Cash Flow |
| Provide a capital delivery plan to help substantiate your funding request and include the following:1. Project Timelines (e.g., start date)
2. Summary of activities to be completed (e.g., support services to be provided, tenant selection process)
3. Organization roles and responsibilities (e.g., monitoring recipient support plans and participation; data collection)
4. Risk Assessment that identifies potential risks to successful development delivery

Please complete 10 Year Operating Cashflow template by double clicking on the below icon. If proposal is for multiple development, please provide a budget for each. **If applying for funding to retrofit/renovate a shelter, do not complete the Operating Cashflow Projection template below. Please provide your own cashflow statement to show operational viability.** |
| 8. Capital Project Details Date: |
| Has an additional capital funding application(s) been submitted for this project (i.e. another funding source):  [ ] Yes [ ] No If yes, please specify: If yes, indicate funding commitment date (day/month/year): |
| If partnering with another organization for this capital project, please provide partnership details. The Indigenous organization must be the lead. |
| If an ongoing operating subsidy or rent subsidy will be required, please explain, and indicate how these costs will be funded. |
| **Capital Project Name:** |
| **Full Civic Address:** |
| **Project Legal Description** | Plan: |
| Block: |
| Lot: |
| Acres: |
| Hectares: |
| **Building Type** | [ ]  Single detached |
| [ ]  Semi-detached or duplex |
| [ ]  Townhouse |
| [ ]  Multi-unit apartment |
| [ ]  Other, please specify: |
| For a proposal to be considered for funding under this RFP, the combination of monthly rents (min 80% of Average Market Rent) and utilities/utility allowance must be affordable to the targeted households. Which of the following, if any, are included in monthly rent? This section is not applicable to shelters. | [ ]  Electricity |
| [ ]  Heat |
| [ ]  Water and sewer |
| [ ]  Other, please specify: |
| **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. Property DetailsDoes the Date: |
| Does the proposal involve acquiring property? [ ]  Yes [ ]  NoIf yes, you must attach conditional Agreement of Purchase and Sale (APS).If no, attach a copy of the title (registered Charge), to show ownership. |
| 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 [ ]  NoIf yes, please attach land use documentation.If no, please provide documentation to show that rezoning will occur for this development |
| Are there any environmental issues related to the property? [ ]  Yes [ ]  NoIf yes, please describe: |
| 10. Project Schedule |
| **Target construction start:**  | **Target occupancy date:** |
| **Chart Schedule: From RFP to Occupancy** |
| **Activity** | **Check if Complete** | **Check if Incomplete**  | **Weeks required to complete. (Include comments, if needed)** |
| 1. Land/lease negotiations
 |  |  |  |
| 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. Support services plan completed
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| 1. 10-year Operating Cash Flow approved
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| 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
 |  |  |  |
| 11. Financial Summary for Capital Costs |
| Please complete the capital budget by double clicking on the icon below.  |
| 12. Funding Sources |
| Service Providers can mobilize financial support for their capital project. 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** | **$ Value** |
| 1. SSRF Phase 5 Capital Funding
 |  |  |
| 1. Service Provider
 |  |  |
| 1. Partners
 |  |  |
| 1. Other, please specify:
 |  |  |
| **Total: (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 Phase 5 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. 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;
5. the Applicant is aware that the information contained herein can be used for the assessment of forgivable capital loan 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 OAHS in connection with the forgivable capital loan 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. 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