Request for Proposal

Social Services Relief Fund (SSRF) Phase 5 Operating

**Instructions:**

* Complete the 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.

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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. Lead Contact for Applicant Information and Questions | | | | | | | |
| Salutation: | Name: | | | | Title: | | |
| Work phone: | | Mobile Phone: | | | | Fax: | |
| Email: | | | | | | | |
| 3. Project Overview | | | | | | | |
| 1. I am requesting SSRF Phase 5 funding to continue to help a diverse range of vulnerable people meet their short-term critical needs. This includes people living in community housing, supportive housing, people with low incomes, or others who require social services support as well as those that are experiencing homelessness   **Yes  No** | | | | | | | |
| 1. Explain how SSRF Phase 5 funding objectives will be met through locally relevant, community-driven solutions. Provide background information, research, and evidence from local practices and other jurisdictions that the approaches to be used are successful approaches to assisting vulnerable populations affected by the COVID-19 pandemic.      1. Identify your priority population(s). Provide evidence that explains how you will meet their needs in terms of types of services and scope (i.e., how many people you can support). Explain of how eligibility will be determined for proposed services (Client Intake Process Form(s) will be required for all approved proposals) 2. Provide details on which new or existing employee positions will be funded through SSRF Phase 5 funding (attach full job descriptions separately) | | | | | | | |
| 4. Operating Budget | | | | | | | |
| Complete the Operating Budget by double clicking on icon below:    **\*Eligible Uses of Funding can be found in the Program Guidelines.** | | | | | | | |
| 5. Organizational Capacity | | | | | | | |
| Describe and confirm the capacity of your organization (and where applicable, their partner organizations) to deliver the proposed services. | | | | | | | |
| 6. Inclusivity of Services | | | | | | | |
| Please define the efforts your organization is making or will make to promote and encourage services to all Indigenous peoples. Please explicitly explain these efforts for **Inuit, Métis, and First Nations (status and non-status)** individually. Please include how and where you intend to promote the SSRF Phase 5 housing services**. The efforts should be quantifiable.** | | | | | | | |
| 7. Partnerships and Collaboration | | | | | | | |
| Describe any partnerships and collaborations that will support your proposal. Preference will be given to submissions that can successfully:   1. Highlight key partnerships that would be leveraged to maximize the benefits of the proposal and provide stronger service integration; and 2. Include a variety of new and enhanced arrangements that cover areas such as financial or in- kind contributions, capacity building, or training in addition to service delivery. | | | | | | | |
| **Source of Contribution** | | | **Description (include any conditions)** | | | | **Value** |
| 1. Applicant/Service Provider | | |  | | | |  |
| 1. Municipal Government | | |  | | | |  |
| 1. 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 Phase 5 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;
5. the Applicant is aware that the information contained herein will be used for the assessment of funding eligibility and for statistical reporting;
6. the Applicant understand that all supportive housing programs funded under the SSRF Phase 5 must adhere to applicable laws including the Accessibility for Ontarians with Disabilities Act (AODA) and Ontario Human Rights Code;
7. 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 Municipal Affairs and Housing;
8. 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;
9. 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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Signature Date