

Social Services Relief Fund (SSRF) Phase 5 Operating RFP Submission Checklist

Service Provider Organization: _____

This Checklist MUST appear at the FRONT of your completed Proposal

SERVICE PROVIDER ORGANIZATION:	Yes	No
Is an Indigenous Non-Profit	<input type="checkbox"/>	<input type="checkbox"/>
Board of Directors is comprised of a majority of Indigenous Directors. Attach list of Board of Directors members that includes Indigenous self-identification	<input type="checkbox"/>	<input type="checkbox"/>
Is incorporated (or in the process of incorporating) under the laws of the Province of Ontario or under the <i>Canada Not-for-profit Corporations Act</i>	<input type="checkbox"/>	<input type="checkbox"/>
Has its registered and chief executive/head offices within the Province of Ontario outside of the Greater Toronto Area (GTA)	<input type="checkbox"/>	<input type="checkbox"/>
Intends 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.	<input type="checkbox"/>	<input type="checkbox"/>
Has capacity to develop and deliver housing assistance and supportive services for Indigenous people in service area	<input type="checkbox"/>	<input type="checkbox"/>
Hiring policies demonstrate the use of the talent, skills, and experience of the Indigenous community	<input type="checkbox"/>	<input type="checkbox"/>
DOES YOUR PROPOSAL:	Yes	No
Provide evidenced-based justification for the proposed SSRF 5 services?	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the needs of Indigenous peoples living off-reserve in a specific community or area in Ontario, via evidence-based materials (e.g., needs assessments, environmental scans, reports, and waiting lists)?	<input type="checkbox"/>	<input type="checkbox"/>
Explain inclusivity of people who self-identify as being First Nation, both status and non-status?	<input type="checkbox"/>	<input type="checkbox"/>
Explain inclusivity of people who self-identify as Métis?	<input type="checkbox"/>	<input type="checkbox"/>

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Explain inclusivity of people who self-identify as Inuit?	<input type="checkbox"/>	<input type="checkbox"/>
Identify how you will be promoting the support services to those who identify as First Nation, status and non-status, Métis, and Inuit?	<input type="checkbox"/>	<input type="checkbox"/>
Provide the number of households to be assisted with housing assistance and each support service you intend to deliver?	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED ATTACHMENTS (applies to both SSRF 5 Capital and Operating RFPs):

- Signed** Letters Patent
- Signed** Corporation’s Constitution and By-Laws
- Signed** Latest audited financial statements
- Signed** Corporation’s Hiring Policies
- Management Letters from Auditor(s) for last three years. Must be able to show financial feasibility and any issues have been remedied
- Board of Directors or Management Responses to Management Letters from Auditors (if applicable)
- List of Board of Directors members that includes Indigenous self-identification.

Attachments Specific to SSRF Operating funding:

- Completed RFP Template
- Contact information or a reference from a major partner
- Partnership Commitment letter(s), financial or in-kind, if applicable
- Job descriptions for SSRF 5-funded positions, if applicable

This checklist is provided as a summarized tool to help Service Providers prepare their submission. Requirements are fully outlined in the Program Guidelines and the RFP document as applicable. If you have any difficulty with this checklist, please contact us as soon as possible.

If you are applying to both SSRF 5 Capital and Operating RFP’s, “required attachments” listed above only need to be submitted to OAHs once. Please note this in your prequalification certificate. All other required documents are RFP specific.

ATTENTION: Your Proposal and all attachments must be emailed to ishp@oahssc.ca

SOCIAL SERVICES RELIEF FUNDING (SSRF) PHASE 5 OPERATING FUNDING

Name: _____

Authorized Signing Authority

Signature: _____

Date: _____