Request for Proposal Template

Indigenous Supportive Housing Program (ISHP)

**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**

**Capital Funding for this RFP is up to $3,759,884.95**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | |
| I am requesting ISHP funding to support the development of culturally appropriate supportive or transitional housing units per program guidelines:  Yes ☐ No ☐    I am applying for:  New Facilities Stream ☐ Retrofits Stream ☐  Provide details on the property including location, type of supportive or transitional housing and number of units, property ownership and management, timelines (acquisition, construction start, occupancy date etc.), and any other relevant property-related information to your proposal. Proposals with firm timelines for acquisition, construction completion, and occupancy will be prioritized. Please attach all supporting documentation including Agreement of Purchase (if applicable) or copy of registered Charge showing ownership of land (if applicable). | | | | | | | | |
| **Number of households to be supported by ISHP units (see Program Guidelines)** | | | Households at risk of homelessness | | | | | #: |
| Households experiencing homelessness | | | | | #: |
| **Total households:** | | | | | | | | #: |
| **Type and number of units to be supported by ISHP Capital funded development (see Program Guidelines)** | | | Transitional and Affordable (max. 80% AMR) | | | | | #: |
| Long-term supportive and Affordable (max. 80% AMR) | | | | | #: |
| Transitional and Rent-Geared-to-Income (25% of income) | | | | | #: |
| Long-term supportive and Rent-Geared-to-Income (25% of income) | | | | | #: |
| Other, please specify: | | | | | #: |
| **Total units:** | | | | | | | | #: |
| 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 development and types of supports that will be provided to tenants and how the development will address local housing needs for those experiencing homelessness. | | | | | | | | |
| 5. Organizational Capacity | | | | | | | | |
| Describe and confirm the capacity of your organization (and where applicable, their partner organizations) to develop supportive or transitional housing units for those experiencing homelessness. 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 ISHP-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 ISHP development. **The efforts should be quantifiable.** | | | | | | | | |
| 7. Capital Delivery Plan and 20 Year Operating Cash Flow | | | | | | | | |
| Provide Capital Budgets and development delivery plan to help substantiate and assess the funding request and include the following:   1. Project Timelines (i.e.: start date) 2. Summary of activities to be completed (i.e.: support serves to be provided, tenant selection process, unit promotion) 3. Organization roles and responsibilities (i.e.: monitoring recipient support plans and participation; data collection) 4. Risk Assessment that identifies potential risks to successful development delivery   **Please complete 20 Year Operating Cashflow template which is included in the RFP package as Schedule 4.** If proposal is for multiple development, please provide a budget for each. | | | | | | | | |
| 8. Capital Development Details Date: | | | | | | | | |
| Additional capital funding application(s) has been submitted for this development (i.e., another funding source):  Yes No  If yes, please specify:  If yes, indicate funding commitment date (day/month/year): | | | | | | | | |
| Please quantify the amount of operating funding needed to support your project and identify the source of this operating funding (please include a Board motion if your organization will be providing operating funding OR a MOU if operating will be provided from another organization). Support services must be provided for a minimum period of 10 years.  **Note: submissions that propose capital units with no associated support services will not be considered.** | | | | | | | | |
| Capital Development Name: | | | | | | | | |
| Full Civic Address: | | | | | | | | |
| **Project Legal Description** | | | Plan: | | | | | |
| Block: | | | | | |
| Lot: | | | | | |
| Acres: | | | | | |
| Hectares: | | | | | |
| **Construction Types (check all that apply)** | | | New Construction | | | | | |
| Addition to existing residential units | | | | | |
| Conversion to proposed residential use | | | | | |
| Purchase and/or renovations/rehabilitation of existing residential rental units | | | | | |
| **Building Type** | | | Single detached | | | | | |
| Semi-detached | | | | | |
| Single room occupancy | | | | | |
| 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? | | | Electricity | | | | | |
| Heat | | | | | |
| Water and sewer | | | | | |
| Other, please specify: | | | | | |
| **Does your development 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: | | | Fax: | | | | | |
| Telephone: | | | Email: | | | | | |
| **Design-build Developer (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | | |
| Address: | | | Fax: | | | | | |
| Telephone: | | | Email: | | | | | |
| **Developer’s Architect (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | | |
| Address: | | | Fax: | | | | | |
| Telephone: | | | Email: | | | | | |
| **Construction Management (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | | |
| Address: | | | Fax: | | | | | |
| Telephone: | | | Fax: | | | | | |
| 10. Property Details Does the Date: | | | | | | | | |
| Does the proposal involve acquiring property?  Yes  No  **If 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 on 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.  If no, please provide documentation to show that rezoning will occur for this development | | | | | | | | |
| Are there any environmental issues related to the property?  Yes  No  If yes, please describe: | | | | | | | | |
| 11. 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 | | |  | |  | |  | |
| 1. 20-year Operating Cash Flow 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 complete the capital budget contained in the RFP as Schedule 5.** The information provided below must be consistent with the Capital Budget attachment. | | | | | | | | |
| 1. **ISHP Capital Funding** | | |  | | | | | |
| 1. **For-profit/non-profit/community equity** | | |  | | | | | |
| 1. **Mortgage financing required** | | |  | | | | | |
| 1. **Other, please specify:** | | |  | | | | | |
| 1. **Total Capital Cost = (a + b + c + d)** | | |  | | | | | |
| 13. Service Provider and Community Equity Contributions | | | | | | | | |
| Service Providers can mobilize local financial support for their developments. 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. Service Provider | | |  | | | |  | |
| 1. Municipal Government | | |  | | | |  | |
| 1. Other community 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 ISHP 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