Schedule 6: RFP Submission Checklist
Organization Name:_____

PLEASE CHECK YES OR NO IN REGARD TO YOUR ORGANIZATION:	Yes	No
Indigenous Non-Profit in Ontario		
Board of Directors is comprised of a majority of Indigenous Directors. Please provide list of how each Board member self identifies and a bio for each member		
Be incorporated (or in the process of incorporating) under the laws of the Province of Ontario or under the *Canada Not-for-profit Corporations Act*		
Have its registered and chief executive/head offices within the Province of Ontario outside of the Greater Toronto Area (GTA)		
Intends to provide support services for Indigenous families and/or individuals, without priority given to members of any organization, First Nation, or tribal affiliation		
Intending to provide supportive housing for self-identifying Indigenous people who will reside off-reserve		
Proposal corresponds to the goals and objectives of the ISHP program, including eligible types of support services		
Has capacity to develop, deliver, and operate the programming outlined in your proposal		
Hiring policies demonstrate the use of the talent, skills, and experience of the Indigenous community		

HAS YOUR PROPOSAL:	Yes	No
Outlined the justification for the support services requested and provided evidence-based materials?		
Demonstrated the needs of Indigenous peoples living off-reserve in a specific community or area in Ontario, via evidence-based materials (e.g. needs assessments, reports, and waiting lists)?		
Indicated how, if project(s) is comprised of partnerships with non-Indigenous organizations, the Indigenous organization is the project lead and holds the majority for decision-making purposes, either by agreement or by Board resolutions provided at the time of application?		

Explained inclusivity of people who self-identify as being First Nations, both status and non-status?		
Explained inclusivity of people who self-identify as Métis?		
Explained inclusivity of people who self-identify as Inuit?		
Identified how you will be promoting the development to those who identify as First Nations, status and non-status, Métis, and Inuit?		

REQUIRED ATTACHMENTS:

☐   Signed Letters Patent

☐   Signed Corporation's Constitution and By-Laws

☐   Latest of 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. **If these management letters are not submitted, the proposal will not be put forward for review**

☐   Board of Directors or Management Responses to Management Letters from Auditors, outlining how any deficiencies in the management letter(s) will be remedied going forward

☐   List of Board of Directors members that includes Indigenous self-identification and bios.

☐   Completed RFP Template

☐   Contact information or a reference from a major partner (if applicable)

☐   Partnership Commitment letter(s), financial or in-kind, if applicable. If you've received additional funding from another source, a financing approval letter and/or information regarding the approved funding must be provided (including amount of funding, if the funding will be registered on Title, etc.)

☐   Board Motion supporting ISHP Operating proposal

☐   If Applicable, Memorandum of Understanding (MOU) for any Partnership. MOU must be current and list the services that the partner will be providing to the development

☐   Operating Budget(s) (included as Schedule 4 with RFP package)

☐   Job Descriptions (if applying for salaries, benefits, etc. for staff)

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.

Please email you completed proposal including all attachments to ishp@oahssc.ca

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

_____   _____
SIGNATURE   DATE