

CFP APPLICATION FORM

Please feel free to add sheets as required.

ORGANIZATION INFORMATION

General

Organization			
Contact Person & Title			
Street			
City		Postal	
Phone		Fax	
Email			

Organization Type: Not for profit <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/>	Charitable Registration #: -or- Non profit Incorporation #:
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Insurance

Yes we have general liability insurance		Amount \$
No we do not but we will obtain it if approved for funding		Amount \$
Yes we have Employee Accident Insurance or WSIB		Amount \$

Other

Please provide a list of your current Board of Directors and copy of your most recent financial statements.

Attached

A. Please provide information on your organization's background, mandate and expertise.

B. Provide details on past activities/projects if any with the United Way KFL&A and their achievements.

PROJECT INFORMATION:

Please indicate with priority you are seeking funding for:

- Priority 1 – Enhanced eviction prevention services for individual or families at risk of homelessness
- Priority 2 – Increased resources to assist clients to transition from shelters with sufficient support
- Priority 3 – Increase in the number of beds to accommodate homeless clients being discharged from institutions
- Priority 4 – Increased services and coordination of current services for homeless youth and at risk youth
- Priority 5 – Maintaining and stabilizing existing emergency shelter system
- Priority 6 – Implement HIFIS as a systemic approach to coordinate and collect data

1. *Provide a detailed description of the project's objectives.*

2. *Please provide details on the proposed activities and timelines.*

3. *Provide a plan that outlines your methods for future funding beyond this proposal.*

4. Provide details on what data you will collect throughout the course of the HPS funding and how you will collect it. You must also analyze that data and include the following in your final report: interpretation of the data, unusual findings, future plans as a result of the findings.

5. *Outcome Measurements:*

Project OUTCOMES are the BENEFITS or Changes for People as a result of participating in a project and its activities.

For the activity(ies) listed in question 2, please describe at least one outcome/benefit individuals are expected to achieve as a result of participating in the project:

	Outcome (i.e.) new knowledge, modified behaviour, increased skill, changed attitude or values, improved condition, altered status	Indicator(s) (i.e.) observable and measurable “milestones” towards an outcome. Things about the individual that can be observed, demonstrated, self-reported, etc. and suggest that progress is being made toward the outcome or not.
1.		
2.		

**If additional lines are needed, please add to the rows above.*

6a. Have you applied to any other organizations for funding of this project? If so who and how much will be funded by them?

Total project cost	\$
Total United Way/HPS Funding Requested	\$
Total Contribution from other sources	\$

6b. Please identify contribution from other sources and attach supporting documentation. (i.e.: Letters of support)

Attached

6c. Please provide a detailed budget for your project.

A. OVERHEAD (OH)

ITEM	TOTAL COST	COMMUNITY CONTRIBUTION	HPS REQUEST
Administrative Wages			
Benefits (MERC)			
Materials/supplies			
Printing/communication			
Travel			
Professional fees			
Rent			
Utilities			
TOTAL OH			

B. CAPITAL

ITEM	TOTAL COST	COMMUNITY CONTRIBUTION	HPS REQUEST
TOTAL CAPITAL			

C. DIRECT DELIVERY (PROGRAM)

ITEM	TOTAL COST	COMMUNITY CONTRIBUTION	HPS REQUEST
Wages			
Benefits (MERC)			
Materials/supplies (list)			
Other eligible (list)			
TOTAL DIRECT DELIVERY			

GRANDTOTAL (A + B + C)	TOTAL CAPITAL	TOTAL COMMUNITY CONTRIBUTION	TOTAL HPS REQUEST

I have read the detailed Call for Proposals descriptor and this application, and to the best of my knowledge, the information provided on the organization and project are correct and complete.

Signature of Applicant _____

Title _____

Date _____

The information collected in this application will only be used to access awarding of funds for the HPS project initiatives through the federal government's "Homelessness Partnering Strategy" program.