

Contact Information

Organization Name	
Street Address	
City	Postal Code
Website	Phone Number

Contact Name	
Contact Role/Title	
Email	Phone Number

Project Summary

Project Name

Funding Amount Requested

Total Project Budget

Project Start Date (must be after October, 2021)

Project End Date (must be before March 31, 2023)

1. Organization Information

Please provide a brief description of your organization. To assist in assessing your proposal, include its organizational capacity (mandate, history, governance), and service capacity (existing programs relevant to this project, experience serving the population you are proposing to serve, experience and training of staff)

2. Project Information

Please summarize your project

3. What type of project is it? (select all that apply)

Maintaining Successful Tenancy. This can include items that support eviction prevention such as pest control, mental health/addiction supports, or programs that empower tenants to enhance and build their capabilities.

Sector Capacity Building: This includes projects that contribute to the capacity development and enhancement of the sector.

Case Management: Case management is a spectrum that can range from outreach to wrap around on-site services. This priority will allow projects to continue to explore services in this area or build new processes and practices

Project Details

4. Who will the project serve, and how many individuals and families do you expect it to serve in the next 17 months?

(The project must serve people experiencing or at risk of homelessness, or for sector capacity building, those who work with people experiencing or at risk of homelessness)

Housing Supports Initiative
Application Form

5. Activities and Timeline: Detail what you will do, when

Phase	Activities	Timeline



6. Outcomes

What will your project achieve? Outputs you are required to track are listed in the CFP (under Reporting Requirements), you may have additional outcomes that you would like to measure.

7. Partnerships and Support

Who are your partners on the project? Please describe the roles and responsibilities of each partner. If a letter of partnership is not included in the application, listed partners may be contacted to confirm their roles.

8. Sustainability

The funding is for 17 months, with no guarantee of continuance. If applicable, how will services be continued beyond the Housing Supports Initiative or a wind down of services take place?

Please describe any risks associated with the short-term funding and how you will address them.

9. Cultural Appropriateness

How will you ensure the project is culturally appropriate to the Indigenous population? For example, what is your organization's history of meeting the needs of Indigenous peoples, what partnerships do you have with Indigenous-led organizations, what staff training do you have in place, and are there Indigenous peoples working with and/or leading the organization/project?

10. Additional Details

Is there anything else you think is important or relevant to tell us about the project?

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Application Form

Checklist

Application form (available as a word document upon request)

Budget form

Letters of support (if applicable)

Letters of partnership (if applicable)

Incorporation documents

Most recent financial statements (audited if available) Last annual report (if available)

Submit to transformation@mnpha.com by September 20, 2021 at 5:00pm

