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| **HOMELESSNESS SUPPORT SERVICES****EXPRESSION OF INTEREST****APPLICATION FORM** |

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| **Organization and Contact Information** |
| **Operating name** | Click or tap here to enter text. |
| **Legal name** | Click or tap here to enter text. |
| **Website** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
|  | *Street Address* |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | *City* | *Province* | *Postal Code* |
| **Mailing address** | Click or tap here to enter text. |
| ***(if different)*** | *Street Address* |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | *City* | *Province* | *Postal Code* |
| **Business number** | Click or tap here to enter text. |
| **Organization contact** | Click or tap here to enter text. | Click or tap here to enter text. |
|  | First Name | Last Name |
| **Position** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |

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| **Eligibility** |

The essential organizational criteria to be eligible for this EOI.

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| Confirmation that your organization is a not-for profit organization or charity with an established governing board. | [ ]  YES |
| Confirmation that your organization is located and operating in Manitoba. | [ ] YES |
| Confirmation that your organization is registered and in good standing with the Companies Office (not required for exempt organizations). | [ ] YES |
| Confirmation that you can begin delivering services by October 31, 2023.  | [ ] YES |
| Confirmation that your organization currently provides services to people experiencing homelessness. | [ ] YES |

All items must be checked in order to be eligible for the EOI.

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| **Preferred** |

Additional criteria the department will use to assess organizations.

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| Confirmation that your organization is Indigenous led. | [ ]  YES |
| Confirmation that your organization has experience delivering Housing First services. | [ ] YES |
| Confirmation that your organization has experience using a two eyed approach to service delivery. | [ ] YES |
| Confirmation that your organizations has a partnership with a health agency for the delivery of clinical services. Name of agency:­­­­­­­­­­­­­­­ | [ ] YES |
| Confirmation that your organizations has the internal capacity to deliver mental health and addiction services.  | [ ] YES |
| Confirmation that your organization has the ability to serve people in all three levels of service.  | [ ] YES |

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| **Consent to Share Information** |

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| The personal information collected in this form is required for the administration of the expression of interest (EOI) and will be shared with the EOI advisors and selection committee. The information may also be shared with other government departments/agencies with interests in your project. The information will not be discussed to any other third parties except as allowed by The Freedom of Information & Protection of Privacy Act. Please check the box if you understand and provide consent. | [ ]  YES |

Provide a brief description of your organization including:

* History of working with people experiencing homelessness
* Indigenous cultural supports that will be available to participants
* Approach to Housing First and harm reduction

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| Click or tap here to enter text.  |

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| Briefly describe the geographic location that your services will cover. Click or tap here to enter text.  |
| What levels of service (rapid rehousing, intensive case management and assertive community treatment) are you offering to provide? And how many people in each level are you willing to support?Click or tap here to enter text. |

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| **Declaration** |

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| Confirmation that your organization has reviewed and understands the funding guidelines. | [ ]  YES |
| Following selection and approval, a service purchase agreement between the EOI Recipient and the Manitoba government will be negotiated. The Agreement will outline the terms and conditions with the EOI Recipient. This shall include but not be limited to tasks and deliverables; the eligible use of funds; maximum funding limits; service start date; publication terms, if any; agreement cancellation; payment processing including interim payment terms, if any; and reporting terms which typically contain interim and final reporting requirements. Confirmation that your organization is willing to sign an Agreement.  | [ ] YES |

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| Date: | Click or tap to enter a date.  | Name: |  |