



Important note: Please **download and save this file to your computer** before entering information. This form has been optimized for use with Adobe Reader (available free for download [here](#)) or Adobe Acrobat. Please do not submit handwritten or altered versions of this document, and contact reachinghome@uwpeterborough.ca if you require technical support prior to the due date listed in the RFP.

1.0 GENERAL BUSINESS INFORMATION

Organization Type:	Registered Charity	Not for Profit	For Profit
Legal Name:			
Address			
City / Town			
Province		Postal Code	
Phone Number			
Incorporation Number (Charter/Letters Patent)		Incorporation Date	
Business Number (Canada Revenue Agency)			
Preferred Language of Correspondence			

1.1 ORGANIZATION DETAILS

Main Mandate and Activities	
How many employees does your organization currently have?	
Has your organization undergone any important transformations in the last two years?	Yes No



If answered YES to the above, please provide a description of the changes

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1.2 LEGAL SIGNING OFFICERS

Number of signatures required to bind the organization into a legal agreement?

	Name	Title
1		
2		
3		

1.3 AMOUNTS OWING TO GOVERNMENT OF CANADA

Does the organization owe funds to the Government of Canada?	Yes	No
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If you answered YES, please specify:

Amount owing	Nature of the amount owing (tax, penalty, overpayment)	Government department or agency to which the amount is owing



2.2 PROJECT FUNDING DETAILS

Please describe how your proposed project will be funded. Include all anticipated sources of funding including that requested in this application.

Source	Source Type	Cash (\$ value)	In-Kind (\$ value)	Confirmed	
				Cash	In-Kind
Reaching Home	Cash				

IMPORTANT:

- The Reaching Home Proposed Budget Form must be completed and submitted with the application form for your project to be considered.
- If your project includes Staffing expenses, you must include the Staff Summary Document
- In completing this application, you acknowledge that United Way Peterborough & District may consult with other funders in the review of this application and may require additional information including a list of current Board members, annual reports, confirmation of other sources of funding and confirmation of any partnerships identified in the application above.

2.2.1 OTHER FUNDING SOURCES (IF APPLICABLE)

Please provide a brief description of the other funding sources related to your project to demonstrate how it connects to the broader system.



2.3 FINANCIAL CONTACT FOR PROJECT

Name	Telephone
Title	Email

2.4 PROJECT DESCRIPTION AND ALIGNMENT TO COMMUNITY PRIORITIES

Please provide a description of your proposed project, including a description of the specific activities/elements of the project and their intended purpose.



Please provide a description of how your project aligns with the identified community priorities:
Creating preserving and enabling equitable access to housing stock.



2.5 PROJECT TYPE

The following areas of activity are eligible under the Reaching Home grant. Please indicate the activities applicable to your proposed project (check all that apply)

Housing Services:

Housing attainment

Short-term rental assistance

Housing set-up

Prevention and Shelter Diversion:

Prevention and diversion services

Client Support Services:

Basic needs services

Clinical and treatment services

Economic integration services

Social and community integration services

Capital Investments:

Capital investment

Coordination of Resources and Data Quality Improvement:

Coordination of Resources and Data Quality Improvement

2.6 PROJECT NEED & RATIONALE

Explain how the need for this project was determined and how it addresses an identified gap for those experiencing or at risk of homelessness.



2.7 PROJECT TIMELINE

Please provide an expected timeline for the project activities outlined in question 2.4

Date (e.g., April 2025 – June 2025)

Activities

Date (e.g., April 2025 – June 2025)	Activities



2.8 TARGET POPULATION

Please provide information on the client groups that are served as part of your project. Only check those most relevant to your project.

Reaching Home emphasizes measurable outcomes, and your project will be evaluated in terms of service to each population you identify below (check all that apply)

Target Homeless Population

Unsheltered individuals Provisionally accommodated individuals	Emergency sheltered individuals Individuals at imminent risk of homelessness
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Gender

Male	Female	Gender Diverse
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Age

General Population Children (0-12)	Youth (13-24) Adult (25-64)	Seniors (65+)
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Populations of Interest

Indigenous People Refugees / refugee claimants Immigrants People with disabilities Veterans

Special Considerations

Victims of Domestic Violence People with Addictions People living with Mental Disabilities People experiencing chronic homelessness People living in encampments	Youth existing child welfare system People exiting a medical facility/service People exiting correction facilities People who identify as 2SLGBTQI+ Visible Minorities
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2.9 PROJECT OUTCOMES AND DELIVERABLES

Please describe your proposed project's expected deliverables and outcomes.



2.10 EVALUATION STRATEGY

Describe how you will track and report on the progress and performance of your project. Please include specific, concrete, and measurable targets and indicators that directly tie to the activities you described above.



2.11 SUSTAINABILITY PLAN OR EXIT STRATEGY

Outline your project's sustainability plan or exit strategy. See the Application Guide for further information, including additional information required for Capital Investments.



2.12 PROJECT COLLABORATIONS/PARTNERSHIPS

Will any other organizations, networks or partners be involved in carrying out the project?

Yes

No

If YES, please identify the role(s) and expertise each partner will bring to the project, including your own. In addition, include a contribution letter from each organization confirming their role in the project (see APPLICATION GUIDE for details).

Partner Organization

Role / Expertise

Partner Organization	Role / Expertise



2.13 COORDINATED ACCESS

Reaching Home requires that a system of coordinated access for the homelessness servicing sector be in place, and that all funded agencies participate in the system.

Does your organization currently participate in and utilize the Coordinated Access system?

- Yes (Proceed to Section 3)
- No (Proceed to Acknowledgment of Participation in the Coordinated Access System)

ACKNOWLEDGMENT OF PARTICIPATION IN THE COORDINATED ACCESS SYSTEM

- We agree to participate in and report on our utilization of Coordinated Access as a condition of our Reaching Home funding. This may include but is not limited to:
- Filling vacancies through the Unique Identifier List (UIL) process
 - Completing standardized assessments of clients and adding/updating their information in the HIFIS database
 - Receive and give referrals to other services
 - Participate in CAB meetings to improve the Coordinated Access system



3.0 DECLARATION AND SIGNATURES

This application form must be signed by as many persons as indicated in Section 1.2 as prescribed by the organization's statutes or by-laws.

- I declare I am legally authorized to sign and submit this application on behalf of the organization named on Page 1.
- I declare that the information provided in this application and supporting documentation is true, accurate and complete to the best of my knowledge.
- I declare that the organization is actively incorporated and will be for the duration of this project.
- I understand that if the information described above is false or misleading, I or the organization may be required to repay some, or all the funding received.
- I declare that the organization and any person lobbying on its behalf is in compliance with the Lobbying Act, R.S.C., 1985,c.44 (4th supp,) and that no commissions or contingency fees have or will be paid directly or indirectly to any person for negotiating or securing this request for funding

Name of Signatory	Position	Signature	Date (MM/DD/YYYY)
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Name of Signatory	Position	Signature	Date (MM/DD/YYYY)
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Name of Signatory	Position	Signature	Date (MM/DD/YYYY)
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ADDITIONAL INFORMATION

Use this section for any additional information. Please reference the question numbers that you are addressing in this section



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Empty text area for providing additional information.