



Important notes:

A. Information session and One on One support will be provided to all applicants. Please contact the United Way Peterborough and District through reachinghome@uwpeterborough.ca to register or book a time to meet.

B. 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:	<input type="checkbox"/> Registered Charity	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> 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 – Please check the applicable description

<p><u>Indigenous Organization</u> Indigenous Organizations are organizations that have Indigenous leadership, an Indigenous Board of Directors, and whose staff is either Indigenous or is trained to work with Indigenous people and communities.</p>	<input type="checkbox"/>
<p><u>Indigenous Partnership</u> Non-Indigenous organizations that do not have any Indigenous initiatives or departments but are willing to partner with local Indigenous organizations. In order to be eligible for funding, these non-Indigenous organizations must partner with local Indigenous organizations.</p>	<input type="checkbox"/>



<u>Dedicated Indigenous programs, departments and/or positions</u>		<input type="checkbox"/>
These are often organizations that are not Indigenous-specific but still provide Indigenous programs and positions.		
Will the Reaching Home, Indigenous Initiatives be used to fund an Indigenous position(s) or Program(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

1.1.1 ORGANIZATION DETAILS and CAPACITY

Main Mandate and Activities

How many employees does your organization currently have?

How many Administrative positions does your organization have?

How many Indigenous-specific positions does your organization have?

Has your organization made steps to further advance the success of Indigenous service users, people and communities? Yes No

If you answered YES to the above, please provide a description of the changes/initiatives.



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 <input type="checkbox"/>	No <input type="checkbox"/>
If answered YES, please specify:			
Amount owing	Nature of the amount owing (tax, penalty, overpayment)	Government department or agency to which the amount is owing	

2.0 PROJECT CONTACT INFORMATION (Primary Contact)

Given Name	Surname		
Position Title			
City / Town			
Province	Postal Code		
Phone Number	Email		



2.1 GENERAL PROJECT INFORMATION

Project Title			
Does your organization have a Policy and/or Operating Procedure on Honourariums/Gifting for Indigenous Elders, Knowledge Keepers and/or Ceremony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In process <input type="checkbox"/>
Does your organization have an Indigenous Advisory Committee, Ad Hoc or Standing, with Terms of Reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In process <input type="checkbox"/>
Project Duration	From (start date)	To (end date)	
Location of Project Activities (if different from Organization's address)			
Brief summary of project (approx. 200 words)			



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 INDIGENOUS 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 describe how your project aligns with the identified Indigenous Initiatives priorities: **Support vulnerable Indigenous Peoples, families, youth, seniors, people with disabilities, LGBTQ2 communities, women fleeing violence, veterans, and racialized communities.**



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 Social and community integration services
 Economic integration services Access to Cultural Activities
 Access to Culturally Appropriate Counselling

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



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

- | | |
|---|---|
| <input type="checkbox"/> Unsheltered individuals | <input type="checkbox"/> Emergency sheltered individuals |
| <input type="checkbox"/> Provisionally accommodated individuals | <input type="checkbox"/> Individuals at imminent risk of homelessness |

Gender

- | | | |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Gender Diverse |
|-------------------------------|---------------------------------|---|

Age

- | | | |
|---|--|--|
| <input type="checkbox"/> General Population | <input type="checkbox"/> Youth (13-24) | <input type="checkbox"/> Seniors (65+) |
| <input type="checkbox"/> Children (0-12) | <input type="checkbox"/> Adult (25-64) | |

Populations of interest (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Victims of Domestic Violence
<input type="checkbox"/> People with Addictions
<input type="checkbox"/> People living with Mental Disabilities
<input type="checkbox"/> People experiencing chronic homelessness
<input type="checkbox"/> People living in encampments | <input type="checkbox"/> Youth existing child welfare system
<input type="checkbox"/> People exiting a medical facility/service
<input type="checkbox"/> People exiting correction facilities
<input type="checkbox"/> People who identify as 2SLGBTQI+
<input type="checkbox"/> Visible Minorities |
|---|---|

If there is a group not identified in the above list, please include it here:



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? PLEASE NOTE: Non-Indigenous organizations without Indigenous team(s) or initiatives will be required to provide Partnership and or Collaboration Agreements.

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



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