



SECTION THREE : PROJECT PROPOSAL

1. Project Objective

Describe the proposed project objective including the community priorities established in the [A Place to Call Home: Edmonton's 10 Year Plan to end Homelessness](#), [A Plan for Alberta: Ending Homelessness in 10 Years](#), [Edmonton Community Plan on Housing and Support Services 2005-2009](#)

Please attach any independent research studies, program statistics, etc. to your application to further support community need for the proposed project. List any attached documents here:

2. Proposed target clientele (Select all that apply):

- | | | | |
|---|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Families | <input type="checkbox"/> Singles | <input type="checkbox"/> Youth | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Male | <input type="checkbox"/> 0-15 yrs | <input type="checkbox"/> Assisted living |
| <input type="checkbox"/> Two parent | <input type="checkbox"/> Female | <input type="checkbox"/> 16-24 yrs | <input type="checkbox"/> Hard to house |
| <input type="checkbox"/> Large families | <input type="checkbox"/> Transgender | <input type="checkbox"/> 25-30 yrs | <input type="checkbox"/> Abused |
| <input type="checkbox"/> Aboriginal | | | |
| <input type="checkbox"/> Families in crisis | | | |
| <input type="checkbox"/> Parenting youth | | | |
| <input type="checkbox"/> Immigrant/Refugee | | | |

Other Issues impacting target clientele homelessness:

- | | |
|---|---|
| <input type="checkbox"/> Persons with addictions | <input type="checkbox"/> Persons with mental illness |
| <input type="checkbox"/> Lifestyle tolerant housing | <input type="checkbox"/> Persons w/ mental illness/dual diagnosis |
| <input type="checkbox"/> Aftercare or sober housing | <input type="checkbox"/> Respite housing-persons w/ severe mental illness |
| <input type="checkbox"/> Awaiting treatment | <input type="checkbox"/> Persons w/ developmental disabilities |
| <input type="checkbox"/> Persons with dual diagnosis
(addictions & mental illness) | |

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Persons with other disabilities, please describe:

- Chronically homeless
- Recent immigrants/refugees
- Abused individuals
- Episodically homeless
- Landlord issues/repeatedly or recently evicted
- Troubled/street youth/gangs

Cultural focus

Aboriginal (First Nations, Métis, Inuit and Non-Status Indians),

Proceed to item 3. Aboriginal Homelessness

- Caucasian
- Immigrant
- Refugee
- Other, explain:

3. [Aboriginal Homelessness](#)

Only complete this section **if** your organization has objective and activities which target Aboriginal individuals either as an Aboriginal Service Delivery Organization or as an organization serving a high proportion of Aboriginal clients experiencing homelessness.

Please identify your organization's relationship to Aboriginal clients

- Aboriginal Service Delivery Organization
- Organization serving a large proportion of Aboriginal Clients

If your organization serves a large number of Aboriginal clients , Please identify the percentage of Aboriginal clients receiving services %

To access the Aboriginal Homelessness funding stream, your organization must demonstrate that its current or proposed facilities and supporting programs address the culturally relevant housing challenges of First Nations, Inuit, Métis, and non-status Indian persons in Edmonton.

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Eligible objectives and activities

Programs and services addressing Aboriginal Homelessness must be aligned with the community plan priorities and must demonstrate that the services are culturally appropriate and community driven. Source: [HPS Aboriginal Homelessness](#)

Please describe how your project addresses the unique housing challenges of Aboriginal Homelessness. Provide supporting evidence of the successful outcomes of your organizations similar activities. Include examples of measured outcomes including statistical data.

Identify how your programs and services are culturally appropriate and community driven to meet the specific needs of Aboriginal persons

Characterize your organizations relationship to the Edmonton Aboriginal Community. Include Aboriginal Groups, resources, events, etc. Complete [Appendix 3: Partnership Declaration](#) in the case of formal relationships.

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4. Proposed Activities

Indicate how the proposed clients will qualify for housing in the proposed project. Please include relevant information about Agency intake processes, referrals, use of assessment tools, waiting lists, etc.

Describe the homelessness related issues your organization addresses:

(Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Life skills learning | <input type="checkbox"/> Better health/well being | <input type="checkbox"/> Financial planning skills |
| <input type="checkbox"/> Education/Vocation | <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Community services |
| <input type="checkbox"/> Safety/crime prevention | <input type="checkbox"/> Family violence | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Income assistance | <input type="checkbox"/> Life necessities, i.e. food/clothing | <input type="checkbox"/> Drug/alcohol reduction |
| <input type="checkbox"/> Other, please explain: | | |

Describe how these activities support clients in permanent housing. Include details on client support and services, how clients would be selected (acceptance and denial criteria); and how successes would be tracked.

5. Core Need Income Thresholds

Does your organization use the [Core Need Income Threshold \(CNITs\)](#) table to determine client eligibility for your housing? Yes No Not applicable

Will CNITs criteria be used to qualify clients for this project? Yes No Not applicable

If not: For some of our funding programs, it is a requirement to follow the CNITS criteria to qualify clients. Would you be willing to administer these criteria? Yes No Not applicable

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6. Program Sustainability

How does your organization plan to cover operational expenses and contingency costs over the long term?

What sources of ongoing operating funding have been applied for or secured?

Please attach letter(s) of confirmation from the funding source if available.

7. Proponent Experience

Demonstrate the background and expertise your organization has in addressing issues related to housing and homelessness. Provide details of past / present projects of a similar nature and their outcomes.

8. Collaborative Relationships

Please complete [Appendix 3. Partnership Declaration Form](#)

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Describe any arrangements you have with fellow community agencies or service providers expected to contribute to the successful operation of the proposed project. Include organization that would be involved in direct service delivery with the project, referral of clients, outreach, counselling and other services relevant to the proposed project.

Provide comprehensive details on working relationships, operational funding sources, commitments including any reporting requirements to other organizations.

Please attach any available references from agencies or partners with whom your organization has had a collaborative relationship in the past.

Yes No Not applicable

9. Measurable outcomes

State the expected outcomes of the proposed project. Characterize the indicators of success for the proposed project within a specific timeframe.

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10. Performance Measurement Strategy

Explain the performance measurement strategy your organization will employ to demonstrate the results of the proposed project.

Specify how participants' progress is monitored throughout the project.

Identify how successful clients will be supported after program completion.

11. Demonstrating Community support

Have you contacted the community where the project is planned for to inform them of the project?

Yes What was the feedback you have received, please explain and attach any correspondence with the community:

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No Please explain how and when you plan to contact the community:

Please note: it is our policy that all capital projects proponents must inform the community of the planned project and written confirmation must be provided.

12. Certification

I/We Certify that the application is complete and to the best of my/our knowledge accurate and true

Signature _____

Signature _____

Name and Title _____

Name and Title _____

Date _____

Date _____

SUPPLEMENTARY INFORMATION AND INSTRUCTIONS

Please complete Sections One and Two.

Please refer to Appendix 4. Document Compliance Checklist to ensure your application is complete.

Your proposal will be assessed and analyzed by Homeward Trust staff, an external stakeholder review committee and, should it be selected to proceed, the Homeward Trust Board will make the final decision. Please ensure that all of the above information is included in your application and proposal in order for us to make a sound decision on funding your proposal.

Please submit one complete copy with all required attachments online, via email, AND one complete copy to the Reception Desk, no later than Friday, September 23, 2011, 4:00pm.

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