



**THE DISTRICT OF THUNDER BAY  
SOCIAL SERVICES ADMINISTRATION BOARD**

**2022 Community Homelessness Support Program**

<b>A) Organization Contact Information</b>			
Name of Organization			
Contact Name			
Address			
City			
Province		Postal Code	
Telephone		Fax	
Email			
Website			

<b>B) Status of Organization</b>				
1. Are you an incorporated non-profit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are you a Municipality?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Are you a registered Charity?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. If yes, what is your charitable number?				

<b>C) Mandate of Organization</b>
1. State your organization's mandate.
2. What is your geographic service area?
3. What demographic is primarily served by your organization (who are your clients)?



**D) Proposed Initiative**

1. Please describe what you are proposing to do and how the CHPI Community Homelessness Support Program funding will be utilized. Please offer specific detail on how your initiative will address homelessness and/or precariously housed individuals. Outline if the proposal is for a one-time initiative or an ongoing program.

2. What measurable outcomes are expected as a result of this program (specific statistics and outcomes that will be attained)?

3. Is the initiative sustainable following the end of the funding period?

4. Describe any partnerships that will be a part of this initiative.

5. Is this initiative currently receiving funding or are you seeking funding from any other entity for this initiative? Please list funding entities.



**E) CHPI Accountable Advances Review Form**

1. Please complete and attach the provided CHPI Accountable Advances Review Form and include with application submission.

2. Has your organization received funding from TBDSSAB in the last 12 months?  Yes  No

<b>F) Budget Schedule: Description of Project Costs</b> <small>(break down cost by suggested category)</small>	<b>Total</b>
Food Preparation Costs (please provide additional information below)	
Food Distribution Costs (please provide additional information below)	
Shelter, Accommodations (please provide additional information below)	
Transportation (please provide additional information below)	
Support Services and supplies (admin not to exceed 5% of proposal)	
Other	
<b>Total Funding Requested</b>	<b>\$</b>



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**By signing below, I confirm that the information contained in this application and the accompanying documents are true, accurate and complete, adheres to the established terms and conditions, and is endorsed by the organization which I represent. I have the authority to bind the organization.**

<b>Signature</b>	
<b>Name and Title</b>	
<b>Date</b>	