



INITIATED AGREEMENTS' ACCOUNTABLE ADVANCES REVIEW, 2023

Program Funding: HPP Community Homelessness Support Program

Organization / Program Name: _____

Section	Complete (✓)	In Progress (✓)	If in Progress, provide an expected completion date	Not completed (If not completed, provide Action Plan in Comments section) (✓)	Comments	For TBDSSAB Use ONLY
Governance						
Code of Conduct Policy which applies to all levels of the Organization	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy in accordance with <i>Freedom of Information and Protection of Privacy Act (FIPPA)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy addressing Conflict of Interest for persons at all levels of the organization	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policy in accordance with the <i>Accessibility for Ontarians with Disabilities Act (AODA)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Policies relative to decision-making processes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Financial Management Policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Program Management Policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Service Delivery Procedures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Fire Inspection of Premises, if applicable**						
Incident Management Plans, e.g. Pandemic Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Acknowledgement of Funding Support						
TBDSSAB logo is prominently displayed at the organization's locations, Annual Reports, Agency Letterhead, Website	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		



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Retention of Records						
Records' Retention Policies / Procedures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Acquisition of Goods or Services and Disposal of Assets						
Purchasing Policy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Staff and Methods						
Human Resources management policies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Insurance **The Insurance Certificate must be submitted with the signed Agreement.**						
Comprehensive General Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Certificate of Insurance naming TBDSSAB as "Additional Insured"	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Automobile Insurance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
REQUESTING EXEMPTION from non-mandatory requirements (Annual Income < \$50,000)		YES	<input type="checkbox"/>	TBDSSAB to confirm whether EXEMPTION GRANTED	<input type="checkbox"/>	
Mandatory Items are highlighted						

Reviewed and approved for submission by the governing body - Provide date and resolution: _____

Signature of Signing Officer: _____

Name: _____
(Please print.)

Date Signed: _____

Organization / Program Name: _____