

**NWTHC SHELTER ENHANCEMENT FUND**  
**Application Form**  
**2016 - 2017**

**Part A: APPLICANT INFORMATION & CONTACT INFORMATION**

<b>Organization's Name:</b>	
<b>Contact Person/Title:</b>	
<b>Telephone number(s):</b>	<b>Email:</b>
<b>Secondary Contact:</b>	
<b>Telephone number(s):</b>	<b>Email:</b>
<b>Mailing Address:</b>	
<b>Fax:</b>	

**1. What will your shelter enhancement project support?**

- brings existing emergency shelters and second stage housing up to health and safety standards
- permit accessibility for disabled occupants
- upgrades existing shelters to energy efficient resources
- ensures appropriate security features for occupants and for shelter staff
- provides additional space for programing, tenants or staff
- provides adequate and safe program and play areas for children
- Providing improvements to shelters to enhance Aboriginal, First Nations and Inuit clients services
- Emergency repairs to shelter
- Other please describe below

**2. Please provide an overall summary description of your project:**

**3. Capacity of your services:**

<b>Please list applicable</b>	
Number of beds	
Number of people you provide services	
Day shelter	
Overnight emergency shelter	
Community Space	
Housing provider	

**4. Please provide your organization's:**

<b>a) Official designated title in the community</b>	
<b>b) Corporate status</b>	

5. Please provide organizational documents may be provided as attachments (*here are some that we may request: Insurance, WSCC Proof of Registration, Letter of Good Standing, Service Agreement Contract, Business License etc.*)

- Non-government organizations (shelter operating licences etc.)
- Community governments (documentation to confirming you are the owner operator of a shelter, program etc)
- Aboriginal Governments (documentation to confirm you are the owner operator of a shelter, operating a program etc.)

**6. Describe experience or expertise that your organization has in working with or providing services to the population you would like to assist?**

**7. What are the reasons needed to upgrade this facility?**

**8. Where will your project take place?**

- Within my community at (please state city, building, name address)
- Outside my community (Please state address)

9. What do you wish to provide for people in your community in doing this project? ( can check more than one if there are more than one offered)

- Improved health and safety for clients
- Enables/improves accessibility for disabled clients
- Improves energy efficient resources to assist with cost efficiencies of shelter
- Improves security for shelter, occupants and shelter staff
- Create/improve space to operate programs
- Additional space for staff for better function of shelter facility
- Create additional space to re-profile shelter operations to operate rent collection
- Provide adequate and safe program and play areas for children
- Emergency capital upgrades
- Provide improvements to enhance Aboriginal, First Nations and Inuit clients services

10. Please provide/attach a scope of work and quotes from contractors for the work that will demonstrate what upgrades will be completed to better serve the needs within your shelter for clients or staff:

11. Who will coordinate your project? Check all those that apply:

- Volunteers are going to run this project
- An existing staff person
- Project Manager
- Other (please describe) \_\_\_\_\_

9. When will your project start \_\_\_\_\_ and end \_\_\_\_\_?

Note: All funding must be spent by March 31st.

10. How many people use your services annually?

- 5-10
- 10-20
- 30-40
- 50-60
- 70-80
- 80-100
- 100-200
- 200-300
- Other please list

**11. Target group(s)**

Please check the group(s) this project will assist. Note: we want to know your primary target group(s), not a complete list of everyone you might serve with this priority.

<input type="checkbox"/> Regularly and sometimes homeless individuals	<input type="checkbox"/> Aboriginal
<input type="checkbox"/> Families & Children	<input type="checkbox"/> People with a Mental Health Issue
<input type="checkbox"/> Youth	<input type="checkbox"/> People with Disabilities (other than Mental Health)
<input type="checkbox"/> Seniors	<input type="checkbox"/> People with Addictions
<input type="checkbox"/> Men	<input type="checkbox"/> Women
<input type="checkbox"/> Other please describe	

**12. Information collection**

**How will you make sure that projects are gathering the information you need?**

Projects should lead to results that contribute to better management for people a risk of or experiencing homelessness. NWTCHC has identified specific results that it will be collecting through Results Reporting (this will be attached to the contribution agreement). Communities should also be working to identify other outcomes they would like to gather.

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**13. PROJECT PARTNERS - People we will work with on this project**

<b>Please name the business &amp; who you have consulted:</b>	<b>Describe what will they will do:</b>
<input type="checkbox"/> people who have barriers/problems with housing	<input type="checkbox"/> <i>ie: provide feedback to us so we know the renovations, improvements meets their needs</i>
<input type="checkbox"/> staff in my organization	<input type="checkbox"/>
<input type="checkbox"/> people in an Aboriginal organization and/or government	<input type="checkbox"/>
<input type="checkbox"/> people in my local community government i.e. SAO	<input type="checkbox"/>
<input type="checkbox"/> Community contractors	<input type="checkbox"/>
<input type="checkbox"/> Energy efficiency consultants	<input type="checkbox"/>
<input type="checkbox"/> Community businesses	<input type="checkbox"/>
<input type="checkbox"/> others – Please list:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**14. Reporting Requirements:**

**Please include contact information for that person.**

- Who will complete operate program and keep track of information?**
  
- Who in your organization will be complete the reporting requirements?**
  
- Please list the title and contact information for both people**

**Shelter Enhancement Budget 2016-2017**

Please complete only the portion of the budget form for the funds you are applying to receive.

**Note:**

- a. If applying for multi-year funding a budget must be provided for each year.
- b. If a project is being carried out in more than one community, a budget must be submitted for each community.

See Criteria and Guidelines for eligible expenses in each category.

BUDGET	Shelter Enhancement Fund	Name Other Funding Sources	Amount	Explanation: describe all costs, where applicable
<b>Project title:</b>				
<b>A. Direct material and other direct costs</b>	\$		\$	<b>Expenses description for category:</b>
	\$		\$	
	\$		\$	
<b>B. Labour Related Costs</b>	\$		\$	<b>Expenses description for category:</b>
	\$		\$	
<b>C. Administration Costs</b> (to a maximum of 10% of total budget)	\$		\$	<b>Expenses description for category:</b>
<b>Subtotal: (Emergency and/or Transitional Shelter Options)</b>	\$		\$	

**Application Checklist:**

Please ensure that all sections of the proposal are complete and that all supporting documents are attached.

- ✓ All questions of the application form have been completed including the list of supporting groups/organizations and how partnerships with them will be utilized.
- ✓ The budget is complete and detailed and accounts for all expenses associated with the project including other sources of funding and/or in kind contributions.
- ✓ Copy of your organization's Liability Insurance (required should a Contribution Agreement be signed).
- ✓ Organization must be up to date with Corporate Registries.

**Checklist for Submissions:**

Have you...

- ✓ Submitted a completed application form?
- ✓ Submitted a completed budget?
- ✓ Scope of work (if applicable)
- ✓ Schedule (if applicable)
- ✓ Reviewed your application/budget with management of your organization?
- ✓ Kept a copy for your files?

**Part C: AFFIRMATION**

I AFFIRM THAT the information in this application is accurate and complete and the project proposal, including budgets, is fairly presented. I agree that once funding is provided, any change to the project proposal will require prior approval from the NWT HC. I agree to publicly acknowledge funding and assistance by the NWT HC, in accordance with the terms of the funding agreement. I also agree to submit progress reports, final reports and financial accounting for evaluation of the activity funded by the NWT HC. I understand that the information provided in this application may be accessible under the Access to Information and Protection of Privacy Act. I also agree to respect the spirit and intent of the various acts governing the programs of the NWT HC.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date (M/D/Y)

**Applications can be submitted to:**

Shelter Enhancement Fund  
NWT Housing Corporation  
11<sup>th</sup> Floor, Scotia Centre, 5102-50<sup>th</sup> Ave  
P.O. Box 2100,  
Yellowknife, NT, X1A 2P6  
Tel: 867-767- 9080 ext.85463  
Fax: 867-873-9426  
Email: NWT HC\_Homelessness\_Coordinator@gov.nt.ca