



## **Provincial Homelessness Fund Application**

### **Group Information**

Name of Group \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Contact Information Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person for Group (Name and Position) \_\_\_\_\_

Contact Information Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. Provide a brief description of your organization and its mandate.

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2. Are you incorporated as a non-profit organization?  yes  no

If yes, what is your incorporation number? \_\_\_\_\_

3. Are you registered with Canada Revenue Agency as a Registered Charity?

yes  no

If yes, what is your registration number? \_\_\_\_\_

4. What is your fiscal year-end? (If unsure, leave blank) (\_\_\_/\_\_\_/\_\_\_).

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5. Describe the services or programs to be offered from the services space for which you are seeking funding and indicate the target population to be served:

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6. How many active volunteers and paid staff are involved in your group or organization?

Volunteers \_\_\_\_\_ Full-time staff \_\_\_\_\_ Part-time staff \_\_\_\_\_

7. Please list names of any groups or organizations you plan to partner with should you be successful in being awarded funding as a result of this application.

i). \_\_\_\_\_

ii). \_\_\_\_\_

iii). \_\_\_\_\_

Services Space

1. Location of Services Space/Where will work be carried out:

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2. Dimensions of Services Space: \_\_\_\_\_

3. Total Estimated Capital Cost of Services Space or cost of proposal: \_\_\_\_\_  
(including cost of commercial appliances required and cost of installation)  
(Please attach any contractor's quotes and quotes for appliances.)

4. What is the anticipated start date for project.  $\frac{\quad}{Y} / \frac{\quad}{M} / \frac{\quad}{D}$ .

5. What is the anticipated end date for project.  $\frac{\quad}{Y} / \frac{\quad}{M} / \frac{\quad}{D}$ .

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6. Please provide basic drawing of services space being developed or photos of services space being renovated.
7. Do you own the site/building?                    \_\_\_ Yes                    \_\_\_ No

If “Yes” before final funding approval is granted you will be required to provide written confirmation from a solicitor (if required) indicating that you have “Good and Marketable Title” to the property.

If “No”, please sign declaration below:

**I declare that any capital funding provided under the Provincial Homelessness Fund will be used for support services space that will assist those at risk of homelessness and/or promote housing stability and independence for a period of at least one year.**

**Signature:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Declaration**

The statements made in this application, as well and any appendices submitted herewith, are to the best of my knowledge and belief, accurate statements of the facts. The acceptance of this application by NL Housing does not constitute an agreement by NL Housing to provide any assistance.

**Signature:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Please note that proponents who are not approved for PHF funding in one fiscal year must reapply for funding in subsequent years. Applications will not be kept on file.

**Please return to:**

**Newfoundland Labrador Housing  
Program Delivery (3<sup>rd</sup> Floor)  
Sir Brian Dunfield Building  
P. O. Box 220  
2 Canada Drive  
St. John’s, NL  
A1C 5J2**