

Please read the **expression of interest proposal submission guidelines** document <u>before</u> completing this form as it contains important information that will assist in the completion of your application.

- Please complete all sections of this form with the requested information.
- The submission should be **no longer than 10 pages**, including any appendices.
- Letters of reference or recommendation are not required; however, partnership letters may be included to confirm the involvement of partners and/or indicate their roles (these will not count towards the page limit).
- You may expand the boxes within the application form if more space is needed.

Funding Requested:

Project Name: _____ Lead Contact: ____

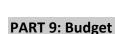
2015/16 (April 1, 2015 to March 31, 2016) \$	Fiscal Year	Requested Amount
Applicant Contact Information Provide contact information for the lead applicant and any partners involved in the proposed project. Lead Applicant*: Organization (if applicable): Contact Person: Address: Phone: Email: Legal entity? (yes/no) Partner(s): Organization: Contact Person: Address: Phone: Email: Legal entity? (yes/no) Organization: Contact Person: Address: Phone: Email: Legal entity? (yes/no) Organization (if applicable): Contact Person: Address: Phone: Email: Legal entity? (yes/no)	2015/16 (April 1, 2015 to March 31, 2016)	\$
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Contact Person: Address: Phone: Legal entity? (yes/no)		
Address: Phone: Legal entity? (yes/no)		
Phone: Legal entity? (yes/no)		
Legal entity? (yes/no)		
Email:	Email:	



*Note: If the lead applicant is not a legal entity, it must partner with one. The lead applicant is the single point of contact for MCSS. The legal entity accepts responsibility for meeting the terms and conditions of the contract/funding from MCSS. The legal entity is not required to be an MCSS-funded transfer payment agency that supports adults with developmental disabilities. However, the funds for this project will not flow directly to an individual, so an incorporated legal entity must be involved in the partnership.

PART 1: Executive Summary
Provide a brief summary that outlines the key elements of the project (100 words maximum)
PART 2: Objectives
List the key objectives or goals of the project in relation to the objectives outlined in the guidelines (100 words maximum)
PART 3: Rationale
Outline why the project is needed and identify any gaps or community needs the project will address. If proposed activities are similar to services that exist in the community or are being funded through other programs, identify how they are different, why they are required or how they complement existing services and supports. Where data and research are cited, please ensure they are directly related to the intent and objectives of the proposed project. (300 words maximum)
PART 4: Applicant Profile
Describe the lead applicant's capacity and expertise to carry out this project. Where there are partners involved, briefly explain each partner's expertise and their specific role in the project (300 words maximum)

PART 5: Project Des	cription			
				ls maximum). Include and provide roposal submission guidelines.
PART 6: Implementa	ation Plan			
Identify key milestone			_	art below. You may expand the chart or
Fiscal Year	Activity/Milestone	Start Date	End Date	Description
2015/16	, recurrence in the second	0.00.10.20.00		2 compact
·				
2015/1=				
2016/17				
PART 7: Project Out	comes and Indicators			
measure success. Dep	_	roject, outcome	es and indicato	and the indicators that will be used to ers do not necessarily have to be
	Outcome			Indicator(s)
PART 8: Long-Term	Impact			
Describe the anticipat Include information of the organization beyo	ed long-term impact of the pr n how the activities, approach nd the end of the project and	es or lessons le what learnings	arned will be i you anticipat	ring to your organization and/or region ntegrated into the ongoing functions o e can be shared through the Housing provincially. (300 words maximum).



Provide a detailed budget that outlines the costs that would be incurred for the project in each year (where applicable). You may use the chart below or attach a budget separately. Provide a brief explanation of why each expense is needed.

Fiscal Year	Description of Expense (include quantities where applicable)	Cost (also include per unit cost where applicable)	Reason for Expense
2015/16			
2016/17			

PART 10: Statement by Applicants

On behalf of, and with the authority of the Applicant(s), I certify that:

- a) The information given in support of this application is true, correct and complete in every respect;
- b) I am aware that the information contained herein can be used to determine eligibility for funding and for statistical reporting;
- c) I understand that the information contained in the application, or submitted to the Ministry of Community and Social Services at any time, is subject to disclosure under the provincial *Freedom of Information and Protection of Privacy Act*;
- d) I understand that, as a condition of and prior to receiving any funding pursuant to this application, a service contract must be executed; and
- e) No current or former Housing Task Force member has used his or her position as a Task Force member to advantage this proposal's consideration for funding. (Please attach any additional disclaimer/declaration documents as appropriate.)

Name of authorized signing officer for the Applicant:
Position / title:
Signature:
Date (mm/dd/yyyy):