

		CS - Housing Catalyst Fund Grant Application	Community Services
<div>ST. JOHN'S</div>		<div>Housing Catalyst Fund Grant Application</div>	
Individual/Organization Information			SECTION 1
Name of Individual/Organization _____ Contacts _____ Address _____ Telephone (work) _____ (cell) _____ Email _____ Website _____ Incorporation Number _____ Type of Organization (choose as many as apply): <div> <input type="checkbox"/> Housing provider <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Service provider <input type="checkbox"/> Other (please specify) _____ </div> Organization Total Budget _____ Main Funding Sources _____ Member of an Association/Network: Yes No If yes, which _____ Organization Mission Statement (if applicable): 			
Grant Requested			SECTION 2
Amount requested from the Housing Catalyst Fund \$ _____ Percentage of total organizational revenue _____ % Have you previously received funding under the City of St. John's Housing Catalyst Fund Grant Program? <div> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, most recent year _____ </div>			

What needs will this project address?

In what way is this grant essential to the project?

What challenges do you anticipate arising during the project? *Please provide a summary of potential roadblocks and how you plan to address them.*

Target population:

Please select all that apply

Survivors fleeing domestic violence

People experiencing social isolation

Seniors

Low-income households

Indigenous peoples

People experiencing homelessness

Young adults/at-risk youth

LGBTQ2+

People with developmental disabilities

Racialized persons/communities

People with mental health and addiction challenges

Veterans

Families

Newcomers and refugees

Single-parent households

People with physical disabilities

Other (Please specify) _____

We require a detailed balanced budget for your project.

Has your group/organization formally requested funding from any other source for this project?

Yes

No

If yes, please provide detail and advise if funding has been confirmed:

Amount requesting from the Catalyst fund \$ _____ Percentage of total project revenue _____ %

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Project-Specific Budget Information continued		SECTION 4
Summary of Estimated Project Costs		
Description	Cost	
Total: _____		
Proposed Financing of Project (Anticipated or confirmed revenue from all sources, including, but not limited to other government sources, donations, sponsorships, sales, etc.).		
Description	Cost	

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Project-Specific Budget Information continued		SECTION 4
Description	Cost	
Total: _____		
Project Benchmarks		SECTION 5
<p>Project Benchmark: <i>Please provide exact dates in the format yyyy/mm/dd</i></p> <p>Planning/Initiation stage: Start date _____ Completion Date _____</p> <p>Execution stage: Start date _____ Completion Date _____</p> <p>Closure stage: Start date _____ Completion Date _____</p> <p><i>Catalyst projects are intended to be concluded within approximately one year.</i></p> <p>Please provide two references, either partners on the project or other community organizations with whom you work closely:</p> <p>Name _____</p> <p>Organization _____</p> <p>Position _____</p> <p>Phone _____ Email _____</p> <p>Name _____</p> <p>Organization _____</p> <p>Position _____</p> <p>Phone _____ Email _____</p>		

It is the responsibility of the applicant to ensure all required information is submitted. Incomplete applications will be considered ineligible.

I AFFIRM THAT the information in this application is accurate and complete and the financial information is fairly presented. I agree that once funding is provided, any change to the organization program delivery will require prior approval from the City of St. John's. I agree to publicly acknowledge funding and assistance by the City of St. John's. 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 City of St. John's.

We authorize the Community Housing Transformation Centre (the Centre) to collect, store, and share all the elements in this application with the agencies, collaborators and partners of the Centre necessary for the processing of this application and for the proper functioning of the Center's activities, as defined by the Centre, including its publications, public activities and research.

Signatures and contact information of two principal officers of the group or organization:

Name _____ Title _____

Email _____ Phone _____

Signature _____ Date _____

Name _____ Title _____

Email _____ Phone _____

Signature _____ Date _____

Important Information: The deadline for applications is the last Friday of November.

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of grant approval. Questions about the collection and use of the information may be directed to the Affordable Housing Facilitator, Community Services, affordablehousing@stjohns.ca

Please send completed form to:

City of St. John's
Housing Division
St. John's, NL A1C 5M2
Email: affordablehousing@stjohns.ca
Fax: 709-576-8078

For further information:
Affordable Housing Facilitator
Phone: 709-570-2096



Community Housing
Transformation Centre
Centre de transformation
du logement communautaire

ST. JOHN'S
NEWFOUNDLAND AND LABRADOR, CANADA