**Surrey Homelessness & Housing Society**

**Responsive Grant Program: Urgent Response to COVID-19**

**Application Form**

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| 1. **BASIC ORGANIZATIONAL INFORMATION** | | | |
| 1. Organization Name: Click or tap here to enter text. | | | |
| 1. Address:   Click or tap here to enter text. | 1. City:   Click or tap here to enter text. | | 1. Province:   Click or tap here to enter text. |
| 1. Postal Code: Click or tap here to enter text. | | 1. Website: Click or tap here to enter text. | |
| 1. CRA Charitable Tax Number:   Click or tap here to enter text. | | 1. Society Registration Number:   Click or tap here to enter text. | |
| 1. **CONTACT INFORMATION** | | | |
| 1. Primary Contact Full Name:   Click or tap here to enter text. | | 1. Primary Contact Title:   Click or tap here to enter text. | |
| 1. Telephone Number:   Click or tap here to enter text. | | 1. Email:   Click or tap here to enter text. | |
| 1. Alternate Contact Full Name:   Click or tap here to enter text. | | 1. Alternate Contact Title:   Click or tap here to enter text. | |
| 1. Telephone Number:   Click or tap here to enter text. | | 1. Email:   Click or tap here to enter text. | |
| 1. **ORGANIZATIONAL OVERVIEW** | | | |
| 1. What is your organization’s mission?   Click or tap here to enter text. | | | |
| 1. Who does your organization primarily serve?   Indigenous/Aboriginal People  Women  Youth  Families  Seniors  Newcomers or Refugees  People with Disabilities  Other – Please Describe: | | | |
| 1. What barriers do your clients primarily face?   Long-term Homelessness  Episodes of Homelessness  Risk of Eviction or Homelessness  Mental Health  Addiction  Violence/Abuse  Other – Please Describe: | | | |
| 1. Briefly describe your organization’s programs and services (maximum 250 words).   Click or tap here to enter text. | | | |
| 1. What is your organization’s total annual budget?   Click or tap here to enter text. | | | |
| 1. What is your organization’s total staff contingent?   Click or tap here to enter text. | | | |
| 1. **PROJECT DESCRIPTION** | | | |
| 1. Proposed Start Date: Click or tap here to enter text. | | | |
| 1. Please select which key priority(ies) your project will address with funding from Surrey Homelessness & Housing Society (SHHS): | | | |
| **Preventative Measures**  Purchase of personal protective equipment  Purchase of essential items such as sanitation, hygiene and cleaning supplies    Purchase of other items that may reduce the spreading or contracting risk and increase the safety of individuals    Measures that help the safe provision of food services or other necessary services to those who are homeless or at-risk | **Staffing Capacity**  Additional staffing to properly respond and/or be as pro-active as possible | | **Additional Space**  Acquisition of additional space in order to accommodate client self-isolation and/or social distancing protocols  Acquisition of beds or physical barriers  Other activities that will reduce overcrowding in shelters |
| 1. Please describe the project and how the selected priority(ies) will be achieved – please include activities, services and/or key strategies that will be employed (maximum 300 words).   Click or tap here to enter text. | | | |
| 1. If you have selected staffing as a priority, please briefly describe how your current staff contingent has been impacted by COVID-19 and how this priority will be implemented. For example, will temporary staff be hired, will specific roles receive additional hours, etc.?   Click or tap here to enter text. | | | |
| 1. What is the expected impact of this project towards addressing homelessness and the current COVID-19 situation?   Click or tap here to enter text. | | | |
| 1. What partnerships (if any) do you have related to this project?   Click or tap here to enter text. | | | |
| 1. **BUDGET & USE OF FUNDS** | | | |
| 1. What is the total amount requested from SHHS for this project?   $Click or tap here to enter text. | | | |
| 1. If applicable, what is the total overall project budget?   $Click or tap here to enter text. | | | |
| 1. Please provide a brief description of the proposed SHHS-funded project costs. Please note, the proposed costs should align with the selected priority(ies) and match up with the total amount requested in #1 above.   Click or tap here to enter text. | | | |
| 1. Are there any other alternative sources of immediate funding available for this project that you are aware of?   Click or tap here to enter text. | | | |
| 1. Please list any other funding contributions you are/will be receiving related to this project and/or the COVID-19 response. Please include name of funding organization, amount and brief purpose.   Click or tap here to enter text. | | | |
| 1. **SIGNING AUTHORITY** | | | |
| By signing this grant application form, by hand or with an electronic signature, you acknowledge that your organization is committed to account for the receipt and expenditure of funds, as well as the execution of the proposed project. You understand that the Surrey Homelessness & Housing Society may contact individuals outside the applicant organization for additional information related to this application. If funding is approved, you understand that Surrey Homelessness & Housing Society will contact you for interim and/or final reporting regarding this project’s activities and budget.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name, on behalf of the Recipient Organization |  | Title |  | Date | | | | |

Please submit your completed application form by email to:

Letizia Romei, Team Manager

letizia\_romei@vancity.com

Tel: 604-709-4775