Application for Reaching Home Funding for Coordination of Resources
City of Abbotsford Designated Community

(see Directives, 3.5 Coordination of Resources and Data Quality Improvement for more information)

Total funding available: 2024-25 = $60,000 and 2025-26 = $60,000

Please note: Project's end date cannot extend past March 31, 2026.

Application Deadline: August 23, 2024

Application Submission: Email reachinghome@abbotsford.ca

1. **Legal name of the applicant organization (the name associated with your registration with the Canada Revenue Agency)?**

   _____

2. **Primary Contact Information**

   Contact Name: _____

   Contact Title: _____

   Phone Number: _____

   Email Address: _____

3. **Secondary Contact Information:**

   Contact Name: _____

   Contact Title: _____

   Phone Number: _____

   Email Address: _____

4. **Proposed Project Name** (please keep brief) _____

5. **Applicant Organizational Information:**

   Street Address (include unit number): _____

   City: _____ Postal Code: _____

6. **Organization Type**

   ☐ Not-for-profit ☐ First Nation (on-reserve) ☐ Municipality ☐ Public Health Institution

   ☐ Educational Institution ☐ Other, please specify _____

7. **Do you have other sources of funding for this project? If so, please list sources.**

   _____

   _____

8. **Is this application submitted on behalf of a partnership or consortium?**

   ☐ Yes   ☐ No

a. **If yes,** what is the nature of the partnership/consortium (150 word maximum).

b. **If yes,** please indicate the partners involved in this initiative using the table below

Organization Name	Role in the Partnership

9. **What is the total dollar amount you are requesting from Reaching Home for this CFP?**

   Total: $ _____

   Amount being requested for September 1, 2024 – March 31, 2025: $_____

   Amount being requested for April 1, 2025 – March 31, 2026: $ _____

10. **Project timeline:** Start date: _____ End date: _____

11. **Please underline briefly describe the project activities you are seeking funding for. Please include a description of who you are serving, how many individuals will be served, what you plan to do, and what will be the end result. (max 300 words)**

   Examples:
   1. Our project is about coordinating community magnet events during Homelessness Action Week 2022 and 2023 to connect homeless individuals to local services.

   2. Our project is in coordination with the University of the Fraser Valley gerontology department to understand and better create programs for newly homeless seniors over 65. We will produce a report of our findings with next step recommendations.

12. Using the table below, please provide a detailed description and breakdown of the funds requested. This is your "project budget."

COORDINATION OF RESOURCES AND DATA QUALITY IMPROVEMENT		
BUDGET CATEGORY	**AMOUNT**	**DESCRIPTION**
IMPORTANT: Please double check that the math in your description is correct AND that the total in the description column aligns with the total.		
EXAMPLES: COORDINATION EXPENSES		
Direct project cost, overhead	$1,200	4 meetings at a cost of $300 each for materials to coordinate homeless camp response
COORDINATION AND DATA QUALITY IMPROVEMENT		
Direct staff wages (including MERCs and benefits)		
Direct project costs: Other • Overhead costs • Staff training/Professional Development • Professional fees, honoraria • Travel • Furniture and equipment		
Administrative project costs • Staff wages including MERCs and benefits • Other costs (admin overhead costs, Admin staff training/Professional Development professional fees, admin staff travel)		
TOTAL EXPENSES	$	

IMPORTANT: PLEASE DOUBLE CHECK – DOES THE TOTAL PROJECT ASK DIRECTLY ABOVE ALIGN WITH THE AMOUNT YOU'VE INDICATED IN QUESTION 8?

13. If the project were recommended at a lesser amount than requested, please identify which budget items you would prioritize

SIGNATURE SECTION

By signing below, I certify that I am authorized to apply for funding on behalf of the organization named in Question #1.

First and Last Name:

Date:

Electronic Signature:

(If you are unable to provide an electronic signature, please type your name below).

Typed Signature (optional):