



On behalf of Reaching Home

The Government of Canada's Homelessness Strategy

Call for Proposals 2022-2023

Application for Designated Communities and Indigenous Homelessness Funding in Regina, SK

This application is for Housing Services, Prevention and Shelter Diversion, Client Support Services and Capital Investments

PLEASE READ THE APPLICATION GUIDE CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM

Part 1

1.1 Organization Identification

Organization type			
<input type="checkbox"/> Individual	<input type="checkbox"/> Private	<input type="checkbox"/> Not for profit	<input type="checkbox"/> Other
Legal Name		Phone Number	Fax Number
Mailing Address		Website Address	
Contact Name and Title		Phone Number	Email
Language of Correspondence	Incorporation Number (<i>Charters/letters patent</i>)	Incorporation Date (<i>MM-YYYY</i>)	
<input type="checkbox"/> English <input type="checkbox"/> French			
Business Number (<i>Canada Revenue Agency</i>)		GST Number	PST Number
Registered Charitable Tax Number		Tax refund percentage	
From among the organization staff affected by the proposed activities, is any staff unionized?		If yes, have you obtained union concurrence?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> It is not required.	
		Note: If yes, a <u>Copy of Union Concurrence</u> required upon submission	
Organization's main activities and mandate			

1.2 Indigenous Declaration

Describe identified needs of the Indigenous community, and how the proposed project responds to those needs.
Describe evidence of your organization's, and if applicable, partners' in your application, capacity to respond to the specific needs of the Indigenous community.
Indigenous Representation _____% Board Members who self-identify as Indigenous _____% Payroll who self-identify as Indigenous _____% Individuals Served by this project who self-identify as Indigenous

1.3 Legal Signing Officers

Contribution Agreement (according to Letters Patent or other incorporating documents)		
How many signatures are required to bind the applying organization into a legal agreement?	Number:	
From among these authorized signatures, what is the position title of the officer(s) whose signature is always required bind the applying organization into a legal agreement?	Position Title:	
Title	Name	Specimen Signature
1		
2		
3		

Payment Claims and other reports submitted		
How many signatures should appear on applications for payment or reports submitted?	Number:	
From among these authorized signatures, what is the position title of the officer(s) whose signature is always required on payment claims or reports submitted?	Position Title:	
Title	Name	Specimen Signature
1		
2		
3		

1.4 Accounting Practices

<input type="checkbox"/> Accounting is done internally		<input type="checkbox"/> Accounting is done by an external firm	
Bookkeeper's name		Name of the external firm (if applicable)	Telephone number
<input type="checkbox"/> Manual system	<input type="checkbox"/> Computerized system	Name of software used	
What is the fiscal year-end of your organization?		Does your organization contract external auditors to conduct financial audits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the past three (3) years, has your organization been reviewed, audited or investigated by the federal government, provincial government or another public body created under the law of a province? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, were there any irregularities or issues regarding your organization's financial management practices? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have those issues been resolved and measures diligently put in place to prevent reoccurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have liability insurance, please specify the amount:	Worker's Compensation Premium Rate (per \$100):	

1.5 Amounts Owing to Canada

Do you owe any amount to a Government of Canada department or agency? Yes No

If so, please specify:

Amount Owing	Nature of the amount owing (i.e. tax, penalty, overpayment)	Government department or agency to which the amount is owing
\$		

1.6 Lobbying Efforts / Involvement of Public Servants

<p>Are you presently a registered lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Applicants are responsible for ensuring that any person lobbying on their behalf is registered with the Office of the Registrar of Lobbyists pursuant to the Lobbyists Registration Act. In addition, applicants who seek outside assistance to solicit, negotiate or obtain a contribution from the department may not pay a contingency fee for such assistance.</p> <p>At the agreement stage, applicants requesting funding of \$25,000 or more will be asked to declare the above requirements concerning the registration of lobbyists and contingency fees have been met.</p> <p>Lobbyists may register online with the Office of the Registrar of Lobbyists (www.orl-gdl.gc.ca) free of charge. For further information, please contact the Office of the Registrar of Lobbyists by telephone at (613) 957-2760 or email at questionslobbying@orl-bdl.gc.ca</p>	
<p>Has there been any involvement of past federal government public servants in the preparation of this proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Applicants are responsible for declaring involvement of past federal government public servants in the preparation of their proposals as per the Values and Ethics Code for the Public Service. The Values and Ethics Code for the Public Service can be found at: http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?section=text&id=25049</p>	

Part 2 Project Details

2.1 Project Name	

2.3a Project areas of activity for housing, client support and prevention and shelter diversion services (total of percentages listed in each sub-category must come to 100%)

<input checked="" type="checkbox"/>	Activity	<input checked="" type="checkbox"/>	Activity Areas	% of Overall Project Allocated to This Activity
<input type="checkbox"/>	Housing	<input type="checkbox"/>	Housing Placement	
		<input type="checkbox"/>	Emergency Housing Funding	
		<input type="checkbox"/>	Housing Set-up	
		<input type="checkbox"/>	COVID-19 Temporary Accommodations	

% Allocation Totals: 0%

<input type="checkbox"/>	Prevention and Shelter Diversion	<input type="checkbox"/>	Core and Secondary Services	
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% Allocation Totals: 0%

<input type="checkbox"/>	Client Support Services	<input type="checkbox"/>	Economic Integration Income	
		<input type="checkbox"/>	Economic Integration Employment	
		<input type="checkbox"/>	Economic Integration Education	
		<input type="checkbox"/>	Economic Integration Job-Training	
		<input type="checkbox"/>	Social and Community Integration Services	
		<input type="checkbox"/>	Clinical and Treatment Services	
		<input type="checkbox"/>	Basic Needs Services	

% Allocation Totals: 0%

Note:

- Please review the Application Guide for further explanation on each of the Project Areas of Activity
- If your application is for a Capital Investment Project only, you are not required to complete the above section, you are required to complete the section below.

- If your application is for a Capital Investment Project that includes services please complete both sections.

2.3b Project Areas of Activity for Capital Investment Projects please indicate type of facility (1)

Emergency Facility <input type="checkbox"/>	Transitional Facility <input type="checkbox"/>	Permanent Supportive Facility <input type="checkbox"/>	Non-Residential Facility <input type="checkbox"/>
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Note:

- Please review the Application Guide for further explanation on each Type of Capital Investment

2.4 Project details and summary. Maximum word limit to 2000 characters (with spaces).

2.5 Project timeline and work plan descriptions. Maximum word limit to 1500 characters (with spaces).

2.6 List any partner organizations, businesses, institutions or other funding agencies that you have approached or will approach to provide funding for this project. Maximum word limit to 500 characters (with spaces).

2.7 Measurable and achievable outcomes and outputs, and expected results. Maximum word limit to 500 characters (with spaces).

2.8 Process to measure success. Maximum word limit to 500 characters (with spaces).

2.9 Program History and Successes (description of specific program that is connected to proposed project and past successes of this program). Maximum word limit to 1000 characters (with spaces).

2.10 Please discuss past Reaching Home partnerships with brief project and funding details. Maximum word limit to 1000 characters (with spaces).

2.11 Environmental impacts (if applicable). Maximum word limit to 500 characters (with spaces).

2.12 Capital Investment Projects: The Sustainability Plan must demonstrate how the benefits of the project will be sustainable and activities maintained for a five (5) year period after Reaching Home funding ends. If an Exit Strategy forms part of the Sustainability Plan, then the Exit Strategy must demonstrate a minimum amount of disruption to clients.

All organizations applying for funding for Projects delivering Housing, Prevention & Shelter Diversion, Client Support Services must provide a clear Exit Strategy that must demonstrate a minimum amount of disruption to clients after Reaching Home funding ends.

Please detail your organizations exit strategy as per above:

Part 3 Beneficiaries

Please provide information on the client groups (those who are homeless and those at risk of homelessness) served as part of your project. Please check all that apply.

Housing Status

<input type="checkbox"/> Chronically Homeless <i>(Individuals, often with disabling conditions (e.g. illness, disability, substance abuse), who are currently homeless and have been homeless for six months or more in the past year (more than 180 cumulative nights in a shelter or place not fit for human habitation)).</i>	<input type="checkbox"/> History of Chronic or Episodic Homeless <i>(must be currently permanently housed through a housing first program or exiting an institution).</i>
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Gender	Ages	Special Needs	Populations of Interest
<input type="checkbox"/> General population <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> General population <input type="checkbox"/> Children (0-14) <input type="checkbox"/> Youth (15-30) <input type="checkbox"/> Adults (31-64) <input type="checkbox"/> Seniors (65+)	<input type="checkbox"/> General population <input type="checkbox"/> People with addictions <input type="checkbox"/> People with disabilities or mental health issues <input type="checkbox"/> People with HIV/AIDS <input type="checkbox"/> Families <input type="checkbox"/> Victims of domestic violence <input type="checkbox"/> People who identify as LGBTQ	<input type="checkbox"/> Indigenous peoples _____% <input type="checkbox"/> Immigrants _____% <input type="checkbox"/> Refugees _____% <input type="checkbox"/> Veterans _____% Reported % of total people served

Client complexity

The Reaching Home program in Regina will be implementing its Coordinated Access system as of 01 April 2022. Please indicate client level of complexity (acuity) your organization can support and the type of ongoing support (Rapid R-Housing or Housing First) your organization has the capacity to provide.

Low medium high highest

<input type="checkbox"/> Rapid Re-Housing a support intervention to serve longer-term episodically homeless with mid-range acuity; clients typically have co-occurring issues that are at the core of their frequent returns to homelessness and/or long-standing patterns of precarious housing. The individual or family is homeless and usually has two or three life areas where assistance in accessing community-based resources should improve their life and housing stability on a go-forward basis.	<input type="checkbox"/> Housing First Delivered through Intensive Case Management or Assertive Community Treatment, intentionally seeks out chronically homeless individuals who have complex, and most often co-occurring issues, and serves those with the highest acuity first. Individuals (families) served through Housing First are homeless and have most often been homeless for quite some time.
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Confirm your organization’s ability and commitment to fully participate in the Coordinated Access (CA) system.

Indicate the number of clients/referrals from the CA system (at the acuity level indicated above) your organization will be able to serve per Fiscal Year: _____;

Name, Signature and Position _____

Confirm your organization’s ability/commitment to utilize the HIFIS 4 system (Homeless Individuals and Families Information System) in Regina as part of participation in the Coordinated Access system.

Name, Signature and Position _____

For more information on HIFIS 4 please refer to the Application Guide and or <https://www.canada.ca/en/employment-social-development/programs/homelessness/hifis.html>

Part 4 Project Funding Details

Note: Funding for multiple years (up to 31 March 2024 can be requested. Yearly renewal of any funding agreement will be based on project having met all performance and reporting requirements as determined by the Reaching Home Community Entity (on behalf of ESDC), and on continued community need as established by the Regina Homelessness Community Advisory Board (RHCAB). Funding may be approved for one year only based on RHCAB recommendation.

Timeline		2022-2023	Detail all other sources of funding supporting the program for which you are applying for funding (cash and in-kin) below
Reaching Home funding requested amount	\$	\$	
Other sources of contribution	\$	\$	
Total project amount	\$	\$	

Please name all matching cash and in-kind contributions to the project, summarize partner roles/responsibilities and financial or in-kind contribution value. Include all partner organizations, government agencies (of any level – federal, provincial, municipal), businesses, non-profits, individuals, or others as well as partnership letters as per the Application Guide instructions. Do not include contribution partners of your organizations’ operational budget. Only include contributors or partners of the project proposed for Reaching Home funds.

Contributor	Type of Organization	Roles and Responsibilities	Financial or In-Kind Value
Total project amount of Financial and In-Kind Contributions from All Sources:			\$

Mandatory Supporting Documents required. Letter(s) of commitment are required to confirm contributions declared in this application form as part of the financial and/or activity reporting.

List documents encl. here

Part 5 Budget Negotiation Notes

Legal Name of Organization: _____
Proposed Project Name: _____
Project Number: (for office use only) _____

EXPENDITURE CATEGORIES

There are 8 cost categories for all project costs. **All costs must be linked to project activities included in the proposal and to functions that are project specific.** For example, wages/salaries of project staff are in Category 1(i.e. project managers, case managers, housing placement workers), and wages/salaries of head office management are in category 8 (payroll, HR, admin). Reimbursement will be supported by invoices (payroll and/or travel claims, as appropriate) and will be subject to monitoring and audit. Examples of costs for which a contribution can be considered include, but are not limited to:

	Amount Requested Fiscal Year 2022-23	Detail Description / Comments
1. Staff Wages		
Staff Wages includes Mandatory Employment Related Costs (MERCs) which refer to payments an employer is required by law to make in respect of its employees such as EI and CPP/QPP premiums, workers' compensation premiums, vacation pay and Employer Health Tax.	\$ -	Provide details (identify each staff position directly working on the project (for staff working only indirectly on the project see Org & Infra costs) and provide hourly rate, number of hours, number of weeks and calculation of total request for each position).
Benefits which refer to payments an employer is required to make in respect of its employees by virtue of company policy or a collective agreement. Examples of Benefits include contributions to a group pension plan or premiums towards a group insurance plan, extended illness and maternity leave, termination pay where warranted by provincial employment standards and organizational policies in existence at the time, severance pay where warranted by provincial labour standards, etc.	\$ -	Provide details on MERCs and other benefits for each of the positions listed above and how calculated
Sub-Total 1: Staff Wages	\$	
2. Professional Fees		
Professional fees – sub-contracting contracted specifically to support the project (e.g. bookkeeping, janitorial services and supplies, community plan facilitator, information technology, equipment maintenance services and security. Legal fees are noted separately below); all fees related to the purchase, pre-development, construction or renovation of facilities are noted in Category 5: Facilities.	\$ -	
Legal fees (e.g. allowance for costs related to review of lease for new project site premises)	\$ -	

Sub-Total 2: Professional Fees	\$ -	
3. Travel		
Staff and volunteer travel directly linked to assisting clients (e.g. housing placement or mobile counseling); travel for meetings and networking is noted in Category 7: Administrative Costs	\$ -	Provide details (i.e. means of transportation, number of kilometers, rate of reimbursement if other than NJC rate)
Sub-Total 3: Travel	\$ -	
4. Capital assets (except facilities)		
Capital assets of more than \$1,000 (excluding taxes). By default, all capital assets remain the property of the Recipient at the end of the project, unless an agreement for their disposition is prepared. List all capital asset purchases.	\$ -	Provide list of individual assets and specify which will not remain with the recipient at the end of the project.
Furniture of more than \$1,000 excluding taxes	\$ -	
Appliances of more than \$1,000 excluding taxes	\$ -	
Sub-Total 4: Capital assets (except facilities)	\$ -	
5. Facilities (capital investments)		
Cost of purchasing land and/or building(s), including refundable deposits;	\$ -	Provide details of market value of property.
Construction or renovations to facilities: costs of labour and materials, general contractors, professional fees for project management, site supervision and inspections	\$ -	Provide details of preliminary cost estimates for the construction or renovation and market value of property.
Pre-development costs: property zoning and assessment fees, environmental assessments, architectural drawings and advice, engineering drawings and advice, building permits, licenses and taxes	\$ -	Provide details of the different professionals involved and their fees
Other: please specify	\$ -	
Sub-Total 5: Facilities (Capital investments)	\$ -	Proof of market value required.
6. Other Activity Related Project Costs		
This includes costs directly associated with the project activities that are not included in any other budget category.		
Rent, lease (including applicant owned premises) and repairs, leasehold improvements	\$ -	

Furniture costing \$1,000 or less, excluding taxes	\$ -	
Staff disability supports	\$ -	
Staff training (specify)	\$ -	
Conference attendance fees	\$ -	
Conference costs (meeting room rental, guest speakers, etc.)	\$ -	
Signage	\$ -	
Utilities	\$ -	
Equipment lease, rental or purchase (including computers, fax machines, etc.; meter charge for photocopies, repair and maintenance cost items are included in cost type 7: Administrative Costs)	\$ -	
Computer software and licenses directly related to delivering project activities including those that support the use of a client tracking system	\$ -	
Costs associated with use of applicant-owned assets other than premises (e.g. computers and other equipment, furniture, etc.)	\$ -	
Memberships (professional and organizational), affiliation fees and business licenses and permits	\$ -	
Advertising (newspaper ads, flyer production, web page design etc.)	\$ -	
Reference materials (books, periodicals, subscriptions, etc.)	\$ -	
Telephone and/or fax line installation and charges	\$ -	
Internet installation and monthly fees	\$ -	
IT maintenance	\$ -	
Printing	\$ -	
Staff professional development (courses required by staff to ensure the success of the project, must not be part of the routine development courses required by the organization's policies)	\$ -	
Postage	\$ -	
Costs related to transition/wind-down (termination and/or severance pay, other HR related costs, penalties for breaking leases, etc.)	\$ -	
Materials and supplies (e.g. food supplies, laundry supplies, cleaning supplies, personal or household items for facilities that house homeless people, office supplies for the facility)	\$ -	

Participant related costs: Expenses associated with the participants/clients of a particular project. Please note: for Reaching Home, these costs cannot be paid directly to clients (for example, in the case of a rent payment to avoid eviction, the recipient would reimburse the landlord directly). Reimbursement will be supported by invoices and will be subject to monitoring and audit. The following participant related costs are part of this expense category #6: Other Activity Related Costs, and may include, but are not limited to:

Housing Emergency assistance (e.g rent and utilities)	\$ -	
Living expenses for individuals (e.g. vouchers for food, clothing, grocery, baby diapers, eye glasses)	\$ -	
Disability related supports	\$ -	
Disability related incremental costs	\$ -	
Professional fees related to participants/clients-contracting, sub-contracting (e.g. vocational assessments, needs assessments)	\$ -	
Dependent care	\$ -	
Materials and supplies, household items that remain with the participant/client	\$ -	
Travel associated with participants / clients (e.g. bus tickets)	\$ -	
Sub-Total 6: Other Activity Related Costs	\$ -	

7. Administrative Costs

Insurance (fire, theft, liability) and extended warranties	\$ -	
Telephone and/or fax line installation and charges	\$ -	
Internet installation and monthly internet fees	\$ -	
IT maintenance	\$ -	
Postage and courier	\$ -	
Operational printing contracted externally (business cards, letterhead, printing of organizational or project brochures, etc.)	\$ -	
Equipment repair and maintenance associated with everyday upkeep not covered by a lease or service contract (includes photocopy meter charges)	\$ -	
Staff professional development - to cover basic training needs as per organization's existing policies; employment related requirements, which can include, but is not limited to, health and safety, first aid, CPR, self-defense, crisis intervention, anti-racism, sensitivity, conflict resolution, etc.	\$ -	
Office supplies (pens, paper, envelopes, subscriptions)	\$ -	
Bank charges	\$ -	

Other non-participant-based costs (e.g. staff and volunteer recognition)	\$ -	
Staff and volunteer travel for meetings or networking (does NOT include monthly parking fees; travel to assist participants is noted in cost type 6 (Other Activity Related Project Costs))	\$ -	
Computer software and/or license renewals and upgrades	\$ -	
Sub-total 7: Administrative Costs	\$ -	

8. Organizational Infrastructure Costs

Also known as centralized **administrative costs**, these are expenses incurred for "main office", "head office", or "administrative office" of the Recipient, which guide and enable effective program delivery and contribute to the success of the project by providing support through overall organization governance, management, planning, finance, communications, human resources and information technology. These are costs related to functions which are not project specific. For example, wages/salaries and related office costs of management or other staff whose time is not spent specifically on management or delivery of project activities (i.e. CEO, HR department, Finance group, Administration section etc.) Expenses associated with the project under this heading can be included in payments that are based on a formula.

Staff wages and MERCS for staff working only indirectly on the project	\$ -	
Benefits and other HR costs. (See Section 1 for details)	\$ -	
Rent, lease (including applicant owned premises) and minor repairs and leasehold improvements	\$ -	
Utilities	\$ -	
Furniture	\$ -	
Signage	\$ -	
Equipment purchase, lease or rental (including computers)	\$ -	
Costs associated with use of applicant-owned assets other than premises (e.g. computers and other equipment, furniture, etc.)	\$ -	
Equipment maintenance and repairs	\$ -	
Computer software and licenses	\$ -	
Professional fees – contracting (e.g. bookkeeping, janitorial services, IT, equipment maintenance services, security)	\$ -	
Staff disability supports	\$ -	
Telephone costs	\$ -	
Postage and courier	\$ -	
Internet costs (web page design, etc.) and other IT requirements;	\$ -	
Printing costs	\$ -	
Advertising costs	\$ -	

General insurance (e.g. directors' liability insurance)	\$ -	
Travel associated with staff of the head office and board members (based on travel claims)	\$ -	
Training and development costs (volunteer and staff)	\$ -	
Office supplies	\$ -	
Bank charges	\$ -	
Memberships and affiliation fees (professional, inter- and intra-organizational, etc.)	\$ -	
Sub-total 8: Organizational Infrastructure Costs	\$ -	
TOTAL REACHING HOME COSTS		
	\$ -	

OTHER SOURCES OF FUNDING	Value of contribution 2022-23	Ensure all details on the cash and in-kind contributions from other sources (organizations, amount of contribution, nature and value of contribution, purpose of funding) is provided in Part 4 of the application
Cash	\$ -	
In-Kind	\$ -	
TOTAL OTHER SOURCES OF FUNDING	\$ -	

TOTAL PROJECT COSTS	\$ -	
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TO BE COMPLETED BY COMMUNITY ENTITY

1. Are administrative expenses (Sub-totals 7 and 8) within the 15% of the ESDC contribution limit? Yes No

If No, please explain : _____

2. Are wages within the prevailing wage labour rate for this occupation in the community? Yes No

Comments: _____

Appendix 1 (For Capital Investment Projects Only)

This section must be completed by all applicants seeking funding for capital investment projects to ensure that their application and sustainability plan address all key elements required of an eligible capital project. This section contains elements that will be verified during the selection process by the Community Entity and the Community Advisory Board.

Sustainability Plan

Long-term benefit for the community
Indicate how the purchased equipment or furniture, or renovated facility, will remain in the long term for the benefit of individuals who are homeless or at imminent risk of homelessness?
Operation for five years after the project ends
Indicate the operational impacts of the project (i.e., additional staff or services needed once the project is completed or additional demand for health and social services).
What are the relevant and related operational costs identified for the project? (Include any costs related to additional staff and service requirements).
Show what operational funding sources will cover the total operating costs related to the project. (i.e., a balanced annual operating budget for five years following the end date of the project).
Identify all the partners and operational funding sources identified in the sustainability plan.

Sustainability Checklist

1. Funding to Implement the Project		
To fund the project:	YES	NO
<ul style="list-style-type: none"> Are all relevant and related project costs identified in the application package and/or sustainability plan? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Do the application package and/or sustainability plan clearly show funding sources equal to the total costs of the project? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Are all funding sources confirmed through letters of support in the application package? 	<input type="checkbox"/>	<input type="checkbox"/>
2. Project Impacts		
Impacts of the project on staff and service requirements:	YES	NO
<ul style="list-style-type: none"> Do the application documents and/or sustainability plan clearly indicate the impacts of the project (i.e. will there be a need for additional staff or services after completion)? 	<input type="checkbox"/>	<input type="checkbox"/>
3. Partnerships		
Demonstrate support:	YES	NO
<ul style="list-style-type: none"> Does the sustainability plan clearly identify all partners and indicate support that will be provided by each towards new requirements and impacts of the project? 	<input type="checkbox"/>	<input type="checkbox"/>
4. Operational Costs at the End of the Project		
After project ends:	YES	NO
<ul style="list-style-type: none"> Do the application documents and/or the sustainability plan clearly indicate funding sources for additional staff or service requirements? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Does the sustainability plan clearly show that the annual operational budget will be balanced for five years after the project ends? (i.e. annual operational costs must be lower than the annual income) 	<input type="checkbox"/>	<input type="checkbox"/>

Have you read and do you understand the Capital Investment Sustainability Requirements from the Application Guide?

Yes No

Legal Signatory Name (please print)	Title (please print)	Signature	Date (dd-mm-yy)