

HPP Application FY25

BACKGROUND

This application form aims to help ensure that all HPP requests are thoroughly and clearly articulated.

Applications must be completed and submitted to webinquiries@cdsb.care at no later than 4:00 pm Thursday February 27, 2025.

Organizations seeking HPP funding must align their request with the HPP operating service categories below:

HPP Operating Service Categories:

- **Supportive Housing**
 - Refers to a combination of housing assistance with individualized, flexible, and ongoing support services (for example, mental health and addictions supports assistance with daily living and other services).
 - For the purposes of HPP, this category includes transitional housing and residential services homes (i.e. former domiciliary hostels).
- **Community Outreach and Support Services**
 - Refers to services and supports, such as community outreach and food security programs, as well as case management and referrals for people on By-Name Lists.
 - Also includes ongoing supports and services (such as counselling, medical care, or assistance with daily living) for people NOT receiving long-term housing assistance, which would be considered supportive housing under HPP.
- **Housing Assistance**
 - Refers to short-term/ emergency assistance, non-financial housing assistance, and long-term housing assistance (such as rent supplements and housing allowances for people NOT receiving ongoing support services, which would be considered supportive housing for the purposes of the HPP.
 - Includes rent supplements under the former SCRSP program.
- **Emergency Shelter Solutions**
 - Refers to expenses directly related to operating and staffing emergency shelters.

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APPLICANT INFORMATION

Organization: _____

Contact Name: _____

Applicant Position: _____

Organization Address: _____

Main Contact Email: _____

Authority to Bind the corporation? Yes No

IF NO, who has Authority to Bind the corporation: _____

Binding Authority Phone: _____

Binding Authority Email: _____

Alternate Contact:

Alt. Contact Name: _____

Alt. Contact position: _____

Alt. contact Phone: _____

Alt. Contact Email: _____

HPP Reporting Contact:

Name: _____

Email: _____

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REQUEST DETAILS

CATEGORY: Supportive Housing Community Outreach & Support Services
 Housing Assistance Emergency Shelter Solutions

Initiative Description	Outcome and alignment with HPP mandate	Budget Allocation Requested
TOTAL HPP FUNDING REQUEST		\$

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COLLABORATION DETAILS AND COMMITMENTS

As a recipient of HPP:

- We agree to be a core partner of CDSB, sharing values and vision.
- We agree to meet with Cochrane District System of Care to determine partnership and collaboration opportunities.
- We commit to supporting the Cochrane District By-Names List.
- We agree to provide regular outcome reports by no later than the end of each quarter to CDSB.

DECLARATION

I _____ as the initiator of the request for HPP Funding FY25 certify that the information detailed within this request is true and accurate to the best of my knowledge, and that I will inform Cochrane District Services Board of any updates required as soon as possible.

Applicant Signature

Date

PLEASE NOTE: CDSB funding is provisional on Provincial HPP fund allocation and HPP Investment Plan approval. No CDSB HPP applicant is guaranteed funds. Decisions are at the discretion of CDSB.