

Seniors Community Development Investment for Communities Experiencing Barriers to Care

2020/2021 Application

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| **Submission Checklist** | **Eligibility** |
| I have completed Sections A, B, C and D. | 🞎 Yes 🞎 No |
| I have ensured that this application meets all of the required eligibility criteria listed in Section A. | 🞎 Yes 🞎 No |
| I have ensured that I have provided all of the requested information in Section B. | 🞎 Yes 🞎 No |
| I have ensured that Section C has been completed within the 2 page limit using Calibri, 12 point font (Bolded), 1” margins. | 🞎 Yes 🞎 No |
| I have ensured that all required information has been provided in Section D. | 🞎 Yes 🞎 No |

**Section A: Eligibility Criteria**

Please complete the following questions before proceeding to complete remaining sections of this application. If you answer no to any of the following questions your project may not be eligible for funding. If you have questions about the eligibility of your project please contact:

**Michelle Doherty (****doherty@hhsc.ca** **or 905-777-3837 x 12436).**

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| **Criteria: Required** | **Eligibility** |
| Are you submitted a proposal on behalf of an organization working in or with the community experiencing barriers to senior care? | 🞎 Yes 🞎 No |
| Is your project focused on removing barriers in communities in the Waterloo Wellington, Hamilton Niagara Haldimand Brant, or Mississauga Halton regions? | 🞎 Yes 🞎 No |
| Does your proposed project target individuals 60-years of age or older? | 🞎 Yes 🞎 No |
| Does your project aim to reduce barriers or improve the quality of life experienced by seniors (60-years of age or older)? | 🞎 Yes 🞎 No |
| Will your proposed project cost over $20,000 to complete? | 🞎 Yes 🞎 No |
| Are you able to use the funds by April 1, 2022? | 🞎 Yes 🞎 No |
| **Criteria: Preferred**  |  |
| Does your proposed project seek to reduce barriers to senior care for Indigenous peoples, lower-income communities, Newcomers to Canada, or individuals experiencing or at risk of homelessness?  | 🞎 Yes 🞎 No |

**Section B: Applicant Information**

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| **Date:** |  |
| **Principal Applicant Name:** |  |
| **Applicant Title:** |  |
| **Applicant Organization:** |  |
| **Site/ Workplace:** |  |
| **Telephone Number/Extension:** |  |
| **Email:** |  |

**Section C: Project Information**

*Please do not exceed 2 pages using Calibri, 12 point font (Bolded), 1” margins in the completion of this section. (This document is already formatted according to the expectations listed above)*

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| **Briefly describe your proposed project to reduce barriers to senior care in your community.** |
| **Why is this project important? What is the rationale for this project?** |
| **How will you do this? Please be specific about what you plan to do in this project.** |
| **How do you plan to complete this project while adhering to current Public Health and infection control recommendations related to COVID-19 (e.g. physical distancing, PPE)? Please be as specific as possible.** |
| **Timeline: Please provide a general timeline for this project.** |

**Section D: Project Budget**

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| **Provide a detailed budget itemizing how the requested funding will be utilized. Include all associated cost estimates. Note: The successful applicant organization must submit expense receipts for reimbursement.**  |
| **Budget Item (Add extra rows as needed**) | **Cost** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Cost** | **$** |