

## Homelessness Prevention Program (HPP) Funding Application

### Support Program 2025-2026

The Homelessness Prevention Program (HPP) objective is to support communities in preventing, addressing and reducing homelessness, including chronic homelessness. For the 2025-2026 funding cycle, a total of \$500,000 is available for Support Program Projects. Additional funding may become available based on the quality of proposals received.

**NOTE TO ALL CURRENTLY FUNDED AGENCIES, if you do not already have a commitment for the 2025-2026 funding year, you need to submit an application.**

#### Section A: Organization Requesting Assistance

Organization Name:

Address:

City:

Prov.

Postal Code:

Contact Name:

Title:

Phone:

Email:

Fax:

Incorporated as Non-Profit Organization: ☐ Yes (Provide Copy) ☐ No

#### Section B: Application Details

This application is made under the following criteria:

- ☐ The proposed support program will assist your organization in creating new or maintaining existing programs which provide a benefit or service to County residents. For example: serving vulnerable populations, social services agencies, support for individuals experiencing homelessness, meal and food programs,
- ☐ The proposed support program will meet the Homelessness Prevention Program guidelines.
- ☐ The proposed support program will be consistent with the actions of the County Homelessness Response Strategy.
- ☐ Funds requested are to be utilized within the boundaries of the County of Oxford.

Program title/name and location of services that will be provided:

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Year for which funding is being applied for: \_\_\_\_\_

Funding amount being requested: \$\_\_\_\_\_

Have you received funding from the County of Oxford in the past, and under what program (i.e. HPP, SAR, etc?)

☐ No   ☐ Yes   Year: \_\_\_\_\_   Amount: \_\_\_\_\_   Year: \_\_\_\_\_   Amount: \_\_\_\_\_

For which Program(s) were you previously funded: \_\_\_\_\_

Do you anticipate you will be requesting funding for future years? ☐ No   ☐ Yes   Number of Years: \_\_\_\_\_

### Section C: Program Funding

**What other sources of funding have you applied/received for this project:**

- |   |   |
|---|---|
| <input type="checkbox"/> Other levels of government | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> Memberships/Fees           | <input type="checkbox"/> Donations      |
| <input type="checkbox"/> Fundraising Events         | <input type="checkbox"/> Charities      |
| <input type="checkbox"/> Other                      |   |

Does your organization receive funds from the County of Oxford for any other purpose?

Yes \_\_\_\_\_   No \_\_\_\_\_

**Please provide specific details:**

**Which services does your organization offer? Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Substance Abuse Services               | <input type="checkbox"/> Indigenous Services          |
| <input type="checkbox"/> Mental Health Services                 | <input type="checkbox"/> Legal Services               |
| <input type="checkbox"/> Housing/Homelessness Services          | <input type="checkbox"/> Immigration Services         |
| <input type="checkbox"/> Domestic Violence Services             | <input type="checkbox"/> Urgent Services              |
| <input type="checkbox"/> Transportation and Recreation Services | <input type="checkbox"/> Child Care Services          |
| <input type="checkbox"/> Employment and Training Services       | <input type="checkbox"/> Other (Please Specify) _____ |
| <input type="checkbox"/> Meals and Clothing Services            |   |

**Please provide a fulsome description of your Support Program Project. What is the purpose and rationale?**

**Describe how the proposed project will address homelessness within our community and will directly address the actions of the County's Homelessness Response Strategy?**

**How will this Support Program Project benefit the community? How was the need for the project determined? Are there any other projects/programs in the community that currently meet this need? If so, please explain how your project is different and adds unique value to the community.**

**Provide specific details regarding the staff positions that will be supported through the funding requested (eg. job title, role, position in organizational structure, specific duties).**

**Are you partnering with another organization? If so, provide details.**

**If you only receive partial funding, how will the funding be used? How would you make up the difference?**

**If the funds are not approved, what impact will it have on the community?**

**How will the project remain sustainable if project funding ends, or is not approved beyond the funding year?**

**Do you agree to adhere to reporting requirements, including on-site visits and data collection, as outlined by the County of Oxford?**

☐ Yes    ☐ No

## Section D: Additional Documentation

Please attach the following supportive documentation:

- ☐ Annual agency budget and financial statement.
- ☐ HPP Financial Reporting template (Tab 3 – Project Operating Expenditures)
- ☐ If funding was received from the County of Oxford in the previous year – a final financial statement for the year.
- ☐ Letter of incorporation and outline of the mandate of the organization.
- ☐ Signing authority – including name, address, telephone and position held.
- ☐ Other documentation deemed to be of importance, as applicable and helpful in your financial request.

## Section E: Coordinated Access Requirements

If funded, you will be required to participate in the Coordinated Access System. This may include (but is not limited to):

- Acting as an access point.
- Filling vacancies through the By-Name List process.
- Completing standardized assessment of clients and adding/updating their information in the Homeless Individuals and Families Information System (HIFIS) database (to be implemented at a future date).
- Receive and give referrals to other services.

I agree to the above: ☐ Yes ☐ No

**Please briefly describe how this project would contribute to the Coordinated Access system, including how this project will interact with other programs/services and fill gaps in current service delivery.**

## Section F: Additional Information

**Use this section for any additional information you would like the County to know. We encourage you to attach additional information such as: reports, data collection, data analysis, previous outcome measures, client reviews, etc., if applicable.**

| Section G: Declaration  |                                   |                             |
|---|-----------------------------------|-----------------------------|
| On behalf of the organization, we (signing authority of the organization) hereby declare that all the information presented and provided with this application is true and correct. |                                   |                             |
| <div></div> <div>Signature</div>  | <div></div> <div>Print Name</div> | <div></div> <div>Date</div> |
| <div></div> <div>Signature</div>  | <div></div> <div>Print Name</div> | <div></div> <div>Date</div> |

### To Apply

Complete and email this application, along with the requested documents, to: [mrumble@oxfordcounty.ca](mailto:mrumble@oxfordcounty.ca)

Address: County of Oxford, Human Services, 21 Reeve Street, P.O. Box 1614, Woodstock, ON, N4S 7Y3

**Submission Deadline: September 18, 2025**

#### Please Note:

- Only complete applications using this form will be reviewed.
- It is the responsibility of the applicant to ensure that all information is correct, and that all documentation is received by the deadline.
- If funding is approved, you will be required to sign a contribution agreement and submit project progress reports as outlined by the County of Oxford.

### Review Criteria

All funding requests will be considered based on the following criteria:

- Assisting organizations in creating or maintaining programs which provide a benefit or service to County residents.
- The proposed support program will assist your organization in creating new or maintaining existing programs which provide a benefit or service to County residents. For example: serving vulnerable populations, social services agencies, support for individuals experiencing homelessness, meal and food programs,
- The proposed support program will meet the Homelessness Prevention Program guidelines.
- The proposed support program will be consistent with the actions of the County Homelessness Response Strategy.
- Funds requested are to be utilized to maintain existing or create new programs within the boundaries of the County of Oxford.
- The organization must demonstrate that it is presently exploring or has fully explored, potential funding from other sources, from other levels of government, the private sector, memberships, donations and fundraising activities. Organizations must demonstrate that they are seeking alternative sources of revenue on an ongoing basis to achieve self-sufficiency.
- Organizations seeking funding must be incorporated or in the process of applying for incorporation as a non-profit organization and/or a registered charity.
- Applications must be submitted prior to **September 18, 2025 at 4:00pm** to be included in the following year's budget. Applications must be accompanied by a budget for the year in which the funds are applicable, outlining all other sources of revenue, and expected expenditures.
- Confirmation of coverage for Insurance and WSIB will be required, and the County will need to be named as Additional Insured for funded agencies.
- Applicants will be informed of funding approval or regret, after being reviewed and approved by the County Human Services Department.