

# Social Services Relief Fund Phase 2

## Program Guidelines and Application

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Lanark County is accepting proposals for projects and programs that meet the objectives of the [Social Services Relief Fund \(SSRF\) Phase 2](#).

The housing and homelessness sectors in Ontario have had to alter the ways in which they provide services to vulnerable populations due to the COVID-19 outbreak. The intention of SSRF Phase 2 is to provide funding to help a diverse range of vulnerable people, create longer-term housing solutions for people in need, and ensure that the housing and homelessness sector has the tools and support that they need to safely and successfully transition to recovery.

### Objectives

1. Mitigate ongoing risk for vulnerable people, especially in congregate care settings.
2. Encourage longer-term housing-based solutions to homelessness post-COVID-19.
3. Enhance rent assistance provided to households in rent arrears due to COVID-19.

### Desired Outcomes

- Support public health guidance and promote resiliency in the event of future outbreak waves;
- Meet the short-term critical and diverse needs of various communities (e.g., Indigenous communities, clients discharged from correctional facilities, youth, seniors, those at risk of homelessness who require rent assistance and other vulnerable population groups);
- Align with broader service systems (e.g. emergency shelters and unsheltered needs such as encampments; supportive and transitional housing; discharge planning from correctional facilities to avoid homelessness; Violence Against Women and victim services systems);
- Align with the communities' long-term housing and homelessness goals, including building resiliency within their system to advance permanent housing solutions;
- Support renter households (e.g. rental assistance) who may be in rental arrears and at a high risk of becoming homeless; and
- Considers uptake of initial SSRF funding.

### Funding Streams

- Operating
- Capital - New Facilities
- Capital - Retrofits and Upgrades

Refer to the [program guidelines](#) for eligible expenses under each stream.

All eligible operating expenses must be spent by March 31, 2021.

Funding under the capital components must be committed by December 31, 2020 and spent by December 31, 2021.

# Social Services Relief Fund Phase 2

## Program Guidelines and Application

---

### 10-Year Housing and Homelessness Plan

Lanark County's 10-Year Plan identifies four key priorities:

1. Improve access to affordable housing for low income individuals and families.
2. Improve housing options across the housing spectrum.
3. Additional supportive services partnered with permanent housing.
4. Improve coordination and collaboration among stakeholders and educate the community on affordable housing needs and demands in the community.

### Evaluation

- Applications will be reviewed by staff, with final approval from Lanark County Council.
- Any approval of a proposal for funding will not be binding until a legally enforceable funding agreement has been negotiated and executed by both your organization and the County.
- All information contained within this application for funding, whether provided by the County or the applicant, is subject to the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, Chapter M. 56, and, as such, is public information and may be disclosed to third parties upon request.
- Mandatory program criteria must be met; incomplete applications will not be considered for evaluation.
- Applications that meet the mandatory criteria will be evaluated. Only material present within the application will be considered.
- Verification of liability insurance is attached or willing to sign a hold harmless agreement.
- Lanark County reserves the right to request more information from applicants after the application has been submitted.

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Submit completed applications to:  
Shawna Stone, Housing Services Manager, by email [sstone@lanarkcounty.ca](mailto:sstone@lanarkcounty.ca),  
no later than **Thursday, September 3, 2020 at 12:00 p.m. (noon)**

#### Questions?

Lanark County Housing Services, 52 Abbott St N, Unit 4, Smiths Falls, ON K7A 1W3  
Shawna Stone, Housing Services Manager  
Tel: 613.267.4200 ext. 2401 / Email: [sstone@lanarkcounty.ca](mailto:sstone@lanarkcounty.ca)

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# Social Services Relief Fund Phase 2

## Program Guidelines and Application

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### 1.0 Agency/Organization Description

**Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_  
Name Title

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Length of time you have been established: \_\_\_\_\_

Briefly describe your organizations mission and mandate.

Describe your clients. Who takes part in your organizations activities/programs or who do you serve?

Describe previous program(s) you have conducted for vulnerable populations, such as low income/social assistance and homeless clientele and describe your success.

# **Social Services Relief Fund Phase 2**

## **Program Guidelines and Application**

---

---

### **2.0 Proposal Description**

- a. What is the proposed program's objective? What needs does your program aim to address?
- b. What is the project? Does it address one of Lanark County's priorities?
- c. What is the geographical area that the project will serve?
- d. Time frame (start/end dates).
- e. Describe if this program enhances an existing service/support is an expansion of service/supports or is a new service or support. If there are similar programs/services that already exist in the community, please explain how this program will differ in order to avoid duplication or fit within the already existing programs/services?
- f. How will your proposal promote resiliency in the Housing and Homelessness system in the event of future pandemic waves?
- g. What consideration have you given in your proposal to public health guidance and municipal COVID19 recovery strategies and plans?

**Description of Proposal/Request:**

# Social Services Relief Fund Phase 2

## Program Guidelines and Application

---

### 3.0 SSRF Objectives and Outcomes

Describe how your agency will be using partnerships between government, housing providers, community support services and the people who require housing and homelessness related supports to meet the project goals.

How many households do you anticipate assisting? If you are submitting a proposal for capital funding how many spaces/facilities, do you anticipate will be created or retrofitted?

How does your proposal benefit the broader service systems in the community? (e.g., emergency shelters and unsheltered needs such as encampments; supportive and transitional housing; discharge planning from correctional facilities to avoid homelessness; social assistance; Violence Against Women and victim services systems).

Describe how this project will be promoted within Lanark County.

# **Social Services Relief Fund Phase 2**

## **Program Guidelines and Application**

---

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### **4.0 Capacity**

Describe your organization's capacity to manage and deliver the proposed program. Please include:

- Management time and resources available for adequate supervision;
- Adequate capacity to ensure compliance with statistical and financial reporting requirements; and
- Adequate space and equipment (if necessary).

Describe your risk management strategy and the steps taken to address capacity challenges.

If you are submitting a proposal for a capital project, please describe how ongoing operating costs related to the capital project will be funded. Describe any other sources of funding

# Social Services Relief Fund Phase 2

## Program Guidelines and Application

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### 5.0 Financial

Total amount being requested from the 2020 SSRF to fund this project: \$ \_\_\_\_\_

#### Additional Funding

Is the organization making any financial contribution to the program?       Yes       No

Describe the organization's financial contribution (if applicable).

Is funding being received from other sources for this program?       Yes       No

Identify the funder; describe the amount and nature of additional funding (if applicable).

This funding is a one-time grant. Describe how the program will be sustained after the 2020 SSRF has been exhausted, or how the impact of program conclusion will be mitigated?



# Social Services Relief Fund Phase 2

## Program Guidelines and Application

---

### 7.0 Declaration

I hereby declare that all information provided in this application is accurate. I understand that if I am unable to provide verification of \$2,000,000 liability insurance for my agency/organization, I am willing to sign a hold harmless agreement removing Lanark County from all liabilities.

Dated at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Contact Person for Proposal: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Organization: \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Street Address or Postal Box Number)

\_\_\_\_\_  
(City, Province and Postal Code)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_