

**Community Housing Fund**

**Application**

1. Contact information for the application / organization

Applicant Name: Type here

Organization Name: Type here

Contact Info: (Phone / Email): Type here

Brief Description of your Organization: Type here

1. Description of the proposed project:
   * Overview of the proposed activities

Type here

* + Benefits to the community and organization

Type here

* + Previous experience undertaking similar project / services   
    Type here

1. Please describe the target market and the demand for what is being proposed
   * Who will the project benefit?   
     Type here
   * How the demand was determined; partner organization, waitlist, etc.

Type here

1. Timeline for the project; include stat date, duration and proposed end date.   
   Type here
2. What are the expected results and how will you measure whether or not this project is successful?

Type here

* Do you foresee any barriers / risks in the success of this project?   
  Type here

1. Project Budget
   * Please attach a budget for the proposed project. The budget should include the following information:
     + What are the expenses associated with the project?
     + How much are you looking for from the Community Housing Fund?
     + Is your organization contributing to the project?
     + Are you accessing other programs for support? Has this support been confirmed?
     + Pro Forma financial statements should be attached (if applying for construction support)

|  |  |
| --- | --- |
| **Expense Description** | **Amount ($)** |
| 1) |  |
| 2) |  |
| 3) |  |
| 4) |  |
|  |  |
| **Income** | **Amount ($)** |
| Community Housing Fund Ask |  |
| Applicant Contribution |  |
| Other Funding (please describe) |  |

1. How will the project achieve sustainability from a Human Resources and Financial perspective?   
   Type here

*Applicants may be contacted if additional information is required. In some cases, applicants will be invited to meet with the CHF Committee to discuss their projects. Application evaluation may differ based on financial ask from the CHF program.*

*Applications can be dropped off, emailed or mailed (postmarked by November 15, 2019) to:*

Canadian Mental Health Association PEI Division

178 Fitzroy Street

Charlottetown, PEI C1A 7L9

Email: [division@cmha.pe.ca](mailto:division@cmha.pe.ca)

Please note CMHA PEI office hours are: Monday-Friday 9:00am-4:00pm

Contacts:

Cody Clinton

Dept. of Social Development and Housing

902-218-6643

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Shelley Muzika

CMHA PEI

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**DEADLINE FOR APPLICATIONS: NOVEMBER 15, 2019**