



Community and Health Services Department
Housing and Long Term Care

Social Housing Innovation Fund Request Form

Housing and Long Term Care
17250 Yonge Street
Newmarket ON L3Y 6Z1

Tel: 1-877-464-9675
905-830-4444 ext. 2119

Housing Provider Details:

Name:

Address:

Project Type: Playground Accessibility Modifications Green Initiative

Proposal: (Demonstrate the need for the project, a description of the project, who will benefit, why it is important)



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Cost of Initiative:

Total Estimated Cost:	\$ _____	Housing Provider Contribution	Social Housing Innovation Fund Request
		\$ _____	\$ _____

Source of Provider Contribution:	<input type="checkbox"/> Accumulated Surplus \$ _____ <input type="checkbox"/> Fundraising \$ _____ <input type="checkbox"/> Capital Reserve \$ _____
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Housing Provider Contribution: If the housing provider is unable to contribute, attach most recent audited statement.	
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Please provide details of fundraising attempts (complete only if not able to contribute)	
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Signature:	
Completed by:	Date: