# York Region Community Investment Fund 2023 Call for Proposals – Housing Stability

# Collaborative Application Form

**Applicants submitting a collaborative application or have a flow through partnership are required to complete this form as part of the application.**

### Background

York Region recognizes and supports Collaborative Applications that meet the Community Investment Fund Guidelines and Criteria, and through common purpose and shared responsibilities, will produce good community outcomes.

A Collaborative Application is an application of two or more organizations with a well-defined relationship applying for funding of a project in which the organizations will work together to achieve a common goal.

A collaborative may include both eligible and ineligible organizations who are in good standing and do not engage in discriminatory or political/advocacy activities.

To submit a Community Investment Fund application, the Collaborative Lead (the Applicant) must meet Community Investment Fund eligibility requirements.

York Region requires that Collaborative Applications must have in place, at the time a request for funding is submitted, a formal signed collaborative agreement that outlines project expectations, roles and responsibilities of collaborative members and details shared decision-making, conflict resolution and accountability.

### Scope

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| --- | --- |
| **Project Term** Provide the start and end date of the collaborative project. | **Start date**:  **End date**: |
| **Purpose**  Provide a brief explanation of why the collaborative was formed, who will benefit and how collectively the collaborative will achieve the Community Investment Fund project’s outcomes. |  |

### Collaborative Lead

The **Collaborative Lead** is considered the applicant and grantee once an application is approved. The Collaborative Lead signs the Agreement, accepts the funding, and assumes all legal and fiscal responsibility and accountability with respect to the funded project, contract, and all required reporting.   
  
The Collaborative Lead is fiscally accountable for the Community Investment funds however, all members of the collaborative must be provided with regular financial updates to ensure the project funds are properly distributed, managed and recorded.

**For the proposed project, identify the Collaborative Lead:**

Agency name:

Agency address:

Primary contact email address:

### Collaborative Partners, Roles, and Responsibilities

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| --- | --- |
| **Collaborative Member** Provide the name, address and contact information of each agency or group that is officially recognized as project related collaborative members. | **Roles**  Identify each officially recognized member’s roles, responsibilities and contributions in achieving the project outcomes. |
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| **Decision Making Processes** Document how decisions will be made and how conflicts will be resolved. |  |
| **Communication Plan**  Document the communication strategies which will be used to keep the collaborative connected, engaged and informed. Consider how and how often will collaborative be informed. |  |
| **Intellectual Property**  Determine and document who will own any intellectual property developed through the project. |  |

Assessment of Collaborative Applications

York Region may request your collaborative agreement at any time, including during the assessment process.

* As per the Call for Applications Guidelines, the Collaborative Lead and Collaborative Members do not have a mandate or history of political or advocacy activities, such as furthering the aims of a political party; promoting a political doctrine; or persuading the public to adopt a particular political view and do not engage in discriminatory activities.
* Capacity of Collaborative Lead: funding history, financial capacity, project management capacity
* Capacity of Collaborative Members: Contributions from collaborative members align with the project outcomes, support the project activities, and the collaborative members involved have experience implementing similar projects

### Partner Contact Information

For each partnering agency (including the Collaborative Lead), provide the following information:

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| --- | --- | --- |
| **Partner Agency Name** | **Signatory Contact**  Provide the name and position of a person with signing authority. | **Contact Information**  Provide the contact’s email address and phone number. |
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**By submitting this form along with the application, I declare that each partner’s signatory contact has agreed to be part of this collaborative project and verified the information provided in this document.**