

Lead Organization Information

Lead Organization Name		
Street Number	Street Name	Suite/Unit Number
City/Town	Province	Postal Code

Lead Contact Information

First Name	Last Name
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.	
Single Name	
Business Telephone Number	Business Email Address

Mandatory Eligibility Requirements

The following are mandatory eligibility requirements. All requirements must be met in order to be eligible for the REOI. Refer to Part 1, Section 4 – Eligibility and Information for Proponents for more information on the mandatory eligibility requirements.

Please read and check off the boxes before proceeding with the rest of the application.

Is your organization incorporated as a not-for-profit corporation or charitable organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization, or sub-contracted organization(s) in the case of a collaborative proposal, a “health service provider” as defined in <i>The People’s Health Care Act (2019)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization have recent audited budget statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "**No**" to any of the questions, the mandatory eligibility requirements were not met. **Do not proceed further with this application.**

Appendix A: Submission Form

Mandatory Submission Requirements Checklist

Please review the Mandatory Submission Requirements Checklist to ensure that you have completed and submitted all required documents for this REOI application.

Submission Form, completed and signed	<input type="checkbox"/> Complete
Written Proposal, completed A. Letter of Introduction B. Executive Summary C. Organizational Profile D. Relevant Experience and Qualifications E. Proposed Staff Team and Resources F. Proposed Program Delivery Model	<input type="checkbox"/> Complete
Budget Form, completed	<input type="checkbox"/> Complete

Signature

All applications must be signed by your Organization's Chair of Board or Designated Signing Authority.

To the best of my knowledge, information in this application is accurate and complete.

Name (Print - First, Last or Single)	
Position Title	
Signature	Date Signed (yyyy-mm-dd)