

ALL SECTORS - Toronto Shelter Expression of Interest (V1)

Toronto Shelter Operator - Expression of Interest

Background

In November 2023, Toronto City Council ("City Council") adopted the **Homelessness Services Capital Infrastructure Strategy (HSCIS)** to proactively inform capital spending decisions to promote recovery and stability in the City of Toronto's (the "City") shelter system. This includes short, medium, and long-term goals to transition Toronto's shelter system from an emergency focused COVID-19 response to a long-term, proactive approach to capital planning. This aims to ensure new spaces are proactively acquired, thoughtfully designed to enhance safety and dignity, meet the needs of Toronto's diverse homeless population, and are well integrated into the surrounding community.

More specifically, HSCIS provides a plan to increase the total number of new long-term and permanent spaces in the base shelter system by up to 1,600 spaces across up to 20 sites between 2024 and 2033.

Expression of interest

The City's Toronto Shelter and Support Services (TSSS) division developed this Expression of Interest (EOI) to provide opportunities for non-profit organizations across the city to apply to act as **Shelter Operator** for HSCIS shelter sites opening **in or around 2026**.

To be considered for this EOI, please submit your completed Application before the deadline on **11:59 PM on October 6, 2024**. Applications submitted after this time and date **will not** be considered as part of this EOI.

The corresponding EOI Guidelines ("Guidelines") are available on **TSSS EOI webpage** and are designed to ensure that Applications are received through an open process and that applying organizations ("Proponents") receive fair treatment in the solicitation, receipt, and evaluation of their Applications. Applications must address the EOI content requirements as outlined in this survey and should be well ordered, detailed, and comprehensive. Clarity of language, adherence to suggested structuring, and adequate levels of detail in your responses are essential to the Evaluation Committee's ability to conduct a thorough evaluation.

For more information on this EOI, please visit **TSSS EOI webpage**.

Future opportunities

TSSS intends to relaunch this EOI on a rotating schedule on or around an annual basis over the course of 2024-2033, in alignment with the acquisition of suitable HSCIS shelter sites. This means that non-profit organizations may have multiple opportunities to apply to operate an HSCIS shelter site, for the primary sectors (single adults, youth, seniors, and families) and specialized program types, such as Indigenous and Black-led sites which will have separate application opportunities outside of this EOI. That said, TSSS intends to allocate **a maximum of one (1) HSCIS site to each successful organization** over the 10-year period of the HSCIS (2024-2033), however this is subject to change over the lifespan of the strategy and may vary depending on the number of interested and qualified candidates.

Other details

As stated in the Municipal Freedom of Information and Protection of Privacy Act, section 2(2.1) and 2(2.2), information collected on this form/collection/application is considered business identity information. Business identity information could be publicly available and/or disclosed upon request unless an exception applies. Please do not include any personal information.

If you have questions about this form or would like accessibility supports, accommodation and/or a different format, please contact TSSS at 416-392-8741 or ShelterEOI@Toronto.ca using your business email.

Thank you for your response to this Application.

Form Number: 23-0282 2024-07.

Please indicate that you have read and understand the following important notes regarding this Application.

- * 1. This Application is hosted on the Medallia platform. TSSS strongly encourages that all Proponents **store a copy of their responses in a separate document**, in the event that there is a technical issue with the Medallia platform and/or your Application. TSSS maintains no responsibility or liability for resources required to re-enter lost information.

☐ I understand

- * 2. TSSS recommends that you **review the attached PDF copy** of the Application before you begin, to ensure that you have all necessary information.

Note that you cannot submit your Application via PDF and you must submit via Medallia to be considered eligible.

☐ I understand

- * 3. You **will not be able to change your responses** once you have completed your application. If, after completing the Application, you need to make changes to your responses, you will need to create a new Application.

If your organization submits multiple Applications, TSSS **will only consider the most recent Application** by default, unless you inform TSSS in writing via email to ShelterEOI@Toronto.ca to consider one of the other Applications instead of the most recent Application.

☐ I understand

- * 4. If you want to **leave this Medallia survey and continue later**, you must click the **"pause"** button located at the bottom of each page in this Application (for more information, [visit here](#)).

If you click the "pause" button, you will be directed to a page that provides you with a custom URL link that will allow you to continue the survey. Ensure to copy this URL link and save it in a separate document BEFORE closing your browser.

If you close your browser or the tab without copying this URL link **you will lose your progress in the survey and all information contained therein. There is no way to recover this information in this case.**

☐ I understand

- * 5. If you **use the "back" button** in this application, you will be redirected to the previous screen BUT you will lose all information that you entered on the current page and subsequent pages.

☐ I understand

Please provide the following information regarding your organization.

As stated in the Municipal Freedom of Information and Protection of Privacy Act, section 2(2.1) and 2(2.2), information collected on this form/collection/application is considered business identity information. Business identity information could be publicly available and/or disclosed upon request unless an exception applies.

Please do not include any personal information in your responses.

- * 6. Please enter the information for the business contact regarding this Application.

Name (first, last):

Position title:

Business Telephone number:

Business E-mail:

*** 7. Please enter the following information for the lead organization.**

Organization name:

Legal (incorporated) name:

Street Number and Street Name:

Suite/unit number (enter N/A if not applicable):

City/town:

Postal code:

*** 8. Please enter the information for the lead organization's Executive Director or equivalent.**

Name (first, last):

Position title:

Business Telephone number:

Business E-mail:

*** 9. Confirmation that the lead Organization's Executive Director or equivalent has approved the submission of this Application.**

☐ Yes, they have approved the submission of this Application

10. The authorized signing authority is the party or parties who will represent the Proponent in all contractual matters requiring a signature.

Please enter the information for the lead organization's authorized signing authority. Please feel free to skip this section if they are the same individual as the Executive Director, as listed in the previous question.

Name (first, last):

Position title:

Business Telephone number:

Business E-mail:

*** 11. Confirmation that the lead Organization's authorized signing authority has approved the submission of this Application.**

☐ Yes, they have approved the submission of this Application

*** 12. Is another, distinct organization jointly applying to this Expression of Interest?**

☐ Yes, this is a joint application from two distinct organizations ☐ No, this application is only from our organization

*** 13. Please enter the following information for the partner organization.**

Organization name:

Legal (incorporated) name:

Street Number and Street Name:

Suite/unit number (enter N/A if not applicable):

City/town:

Postal code:

*** 14. Please enter the information for the partner organization's Executive Director or equivalent.**

Name (first, last):

Position title:

Business Telephone number:

Business E-mail:

*** 15. Please confirm that the partner Organization's Executive Director or equivalent has approved the submission of this Application.**

☐ Yes, they have approved the submission of this Application

16. The authorized signing authority is the party or parties who will represent the partner organization in all contractual

matters requiring a signature.

Please enter the information for the partner organization's authorized signing authority. Please feel free to skip this section if they are the same individual as the Executive Director, as listed in the previous question.

Name (first, last):

Position title:

Business Telephone number:

Business E-mail:

- * 17. Please confirm that the partner Organization's authorized signing authority has approved the submission of this Application.

☐ Yes, they have approved the submission of this Application

- * 18. Please describe your lead organization's status

- ☐ Incorporated non-profit organization with a financial statement that was audited within the last 23 months. ☐ Unincorporated association or incorporated non-profit organization applying with a trustee.
- ☐ For-profit organization.

- * 19. Please attach the most recent financial statement (must be audited within the last 23 months). Please do not include any personal information in your response.

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Unincorporated associations and/or Incorporated non-profit organizations WITHOUT a financial statement that was audited within the last 23 months MUST apply with the trustee to be considered eligible for this Expression of Interest.

- * 20. Is your organization applying with a trustee?

☐ Yes

☐ No

- * 21. Please provide the details of the trustee. Note that the trustee MUST be an incorporated non-profit organization. For-profit organizations and unincorporated associations cannot serve as a trustee.

Please do not include any personal information in your responses.

Trustee organization name:

Trustee Legal (incorporated) name:

Trustee Street Number and Street Name:

Trustee suite/unit number (enter N/A if not applicable):

Trustee City/town:

Trustee Postal code:

*** 22. Please enter the information for your Trustee's Executive Director or equivalent.**

Name (first, last):

Position title:

Business Telephone number:

Business Fax number:

Business E-mail:

*** 23. Please confirm that the Trustee's Executive Director or equivalent has approved the submission of this Application.**

☐ Yes, they have approved the submission of this Application

24. The authorized signing authority is the party or parties who will represent the Trustee in all contractual matters requiring a signature.

Please enter the information for the Trustee's authorized signing authority. Please feel free to skip this section if they are the same individual as the Executive Director, as listed in the previous question.

Name (first, last):

Position title:

Business Telephone number:

Business Fax number:

Business E-mail:

Eligibility Verification

The questions on this page will further clarify whether you are eligible for this Expression of Interest.

Organizations that respond with "No" to any of the following questions will not be considered eligible for this Expression of Interest. For more information on eligibility, please see section Section 4.0 (Eligibility Requirements) in the EOI Guidelines, available on [TSSS's EOI webpage](#).

*** 25. Is your organization located in the Greater Toronto Area (as defined [here](#)) and whose primary activities take place**

within boundaries of the Greater Toronto Area?

☐ Yes

☐ No

- * 26. Have you reviewed the TSSS EOI webpage, and all documents included therein, in its entirety AND do you confirm that your organization can commit to and abide by the service and building delivery expectations outlined therein, where applicable?

☐ Yes

☐ No

- * 27. Have you read the "Toronto Shelter Standards" in its entirety and do you confirm that your organization can commit to and abide by the service and building delivery expectations outlined therein?

☐ Yes

☐ No

- * 28. Does your organization commit to operate a municipal emergency shelter program for at least ten (10) years, following the execution of an Operating Agreement with the City, if you are selected as the Successful Proponent?

☐ Yes

☐ No

- * 29. Does your organization commit to a referral process for the intaking of clients that may be restricted to City-defined referral pathways, including but not limited to the City's Central Intake, Streets to Homes, and/or Encampment Office?

☐ Yes

☐ No

- * 30. Does your organization commit to take all reasonable measures to accommodate clients accompanied by their pet(s), per section 8.3 (m) in the Toronto Shelter Standards, including providing services to people accompanied by a guide dog or service animals as required under the Accessibility for Ontarians with Disabilities Act, 2005?

☐ Yes

☐ No

- * 31. If you are the Successful Proponent, do you commit to paying a minimum of \$53,000 annual or higher to all front-line staff employed by the municipal emergency shelter program, based on 2025 figures?

Note: TSSS currently provides the necessary operational funding to ensure staff working at City-funded shelters are paid at this rate, at a minimum. Details will be clarified for the Successful Proponent in the Operating Agreement. All funding allocations are subject to annual approval by Council.

☐ Yes

☐ No

- * 32. If you are selected as the Successful Proponent, do you commit to the terms that administrative costs (overhead expenses) will be capped at 10% of project expenses?

☐ Yes

☐ No

33. Please attach a board motion supporting your Application, where applicable. Please do not include any personal information in the attachment.

Upload file...

If your service will be delivered jointly (i.e., governed under a legal agreement) with another organization, please describe the legal relationship with the other organization.

Otherwise, click the "Next" button to proceed. Note that the questions on this page do not factor into scoring.

34. Partner organization name

35. Description of partner role (including details of activities/staffing they will provide).

36. Partnership

☐ Confirmed

☐ Pending

37. Attach Agreement

Upload file...

Service Delivery Interests

The questions on this page will be used to match your organization with an upcoming HSCIS site, where applicable and on the condition that your application receives a passing score for the Qualified Lists. For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on [TSSS's EOI webpage](#).

- * 38. Please indicate the location(s) within the City of Toronto in which your organization is willing to provide services (e.g., entire GTA, North York only, Agincourt only, Westhill only, Etobicoke only).**

Note that your organization will only be considered for HSCIS sites located in the areas that you have indicated.

- * 39. Please describe any parameters that your organization has in providing services to people experiencing homelessness (e.g., your organization only provides services to: youth who identify as LGBTQ2S+; adults who**

identify as female and are experiencing outdoor homelessness; seniors who identify as male; families who are refugees).

Please note that your organization **will only be** considered for HSCIS sites that align with these parameters, as applicable.

Please enter N/A if there are no limitations/restrictions.

Financial and Organizational Health Verification

Your responses to the questions on this page will be used to score your Application to determine your organization's placement on each of the four sector-based Qualified Lists (adults, youth, seniors, families), where applicable. For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on [TSSS's EOI webpage](#).

* 40. Please confirm the dollar value of your organization's current annual operational spending.

Important note: Both this question and the following question are scored together, where one cumulative score is assigned both questions.

* 41. Please confirm the dollar value of your organization's current unrestricted reserve fund.

Important note: Both this question and the previous question are scored together, where one cumulative score is assigned both questions.

* 42. When was your organization's first year of operation/service?

* 43. What is your organization's current full-time equivalent staffing level (inclusive of part-time and full-time staff)?

- ☐ Volunteer-run (no paid staff)
- ☐ 10-49 staff

- ☐ 1-9 staff
- ☐ 50+ staff

* 44. How many unplanned change(s)/turnover(s) of Senior Leadership (e.g., Executive director, directors, board of directors, general manager) has your organization experienced within the last five (5) years? This total should not include mid-level management roles such as manager of programs, nor should it include changes related to Board term limits.

Please enter "0" if your organization has experienced no unplanned change(s)/turnover(s) of Senior Leadership within the last five (5) years.

Important note: Both this question and the following question are scored together, where one cumulative score is assigned both questions. Please ensure to provide as much valid information in both questions, as possible, to ensure that your responses are scored appropriately.

*** 45. Please describe the reason(s) for the unplanned change(s)/turnover(s). Please do not include any personal information in your response, if applicable.**

Enter N/A if your organization has not experienced any change(s)/turnover(s) of Senior Leadership (e.g. Executive director, directors, board of directors, general manager) within the last five (5) years.

Important note: Both this question and the previous question are scored together, where one cumulative score is assigned both questions. Please ensure to provide as much valid information in both questions, as possible, to ensure that your responses are scored appropriately.

Service Experience

Your responses to the questions on this page will be used to score your Application to determine your organization's placement on each of the four sector-based Qualified Lists (adults, youth, seniors, families), where applicable. For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on [TSSS's EOI webpage](#).

*** 46. How many total years of experience does your organization have in delivering any of the following programs/services:**

	Less than 1 year of experience or no experience	1-2 years of experience	3-4 years of experience	5+ years of experience
Municipally-funded shelter, respite, and/or 24-hour women's drop in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24-hour violence against women/intimate partner violence shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drop-in and/or overnight service (excluding program types as listed in the above 2 options)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis Care Facility (excluding program types as listed in the above 3 options)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other services to people experiencing homelessness (excluding program types as listed in the above 4 options)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 47. Please describe your organization's experience in operating a municipally-funded shelter, respite, and/or 24-hour women's drop in. This should include details on program type, program model, populations served, outcomes, etc. Please be as specific and detailed as possible when describing your experiences, but do not include any personal information.**

Please [visit here](#) for more details about the types of service.

Enter N/A if not applicable.

- * 48. Please describe your organization's experience in operating a **24-hour violence against women/intimate partner violence shelter**. This should include details on program type, program model, populations served, outcomes, etc. Please be as specific and detailed as possible when describing your experiences, but do not include any personal information.

Please [visit here](#) for more details about the types of service.

Enter N/A if not applicable.

- * 49. Please describe your organization's experience in operating a **drop-in and/or overnight service (excluding program types as listed in the previous two (2) questions)**. This should include details on program type, program model, services provided, and/or populations served. Please be as specific and detailed as possible when describing your experiences, but do not include any personal information.

Please [visit here](#) for more details about the types of service.

Enter N/A if not applicable.

- * 50. Please describe your organization's experience in operating a **Crisis Care Facility (a non-municipally funded program, excluding program types as listed in the previous three (3) questions)**. This should include details on program type, program model, services provided, and/or populations served. Please be as specific and detailed as possible when describing your experiences, but do not include any personal information.

Enter N/A if not applicable.

- * 51. Please describe your organization's experience in operating any **other services to people experiencing homelessness (excluding program types as listed in the previous four (4) questions)**. This should include details on program type, program model, services provided, and/or populations served. Please be as specific and detailed as possible when describing your experiences, but do not include any personal information.

Please [visit here](#) for more details about the types of service.

Enter N/A if not applicable.

* 52. Please describe your organization’s mission, vision, and values. Please include a link to your most recent Annual Report, if applicable.

* 53. Please indicate the location(s) within the Greater Toronto Area that your agency has experience in delivering services (e.g., entire GTA, North York only, Agincourt only, Westhill only, Etobicoke only).

Note: Your response to this question will be used for the purposes of matching your organization to upcoming HSCIS sites, and **will not factor into scoring** (see Section 7.0 - Evaluation Criteria and Selection Process in the EOI guidelines).

The following pages will ask you questions about your sector-based experience and innovation. Your responses to the questions on these pages will be used to score your Application to determine your organization's placement on each of the four sector-based Qualified Lists (adults, youth, seniors, families), where applicable. For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on [TSSS's EOI webpage](#).

* 54. Please indicate the total number of years of experience that your organization has provided services to each of the following sectors:

	Less than 1 year of experience or no experience	1-2 years of experience	3-4 years of experience	5+ years of experience
Youth experiencing homelessness (ages 16-24) (not including individuals in this age range when served in family or adult programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single adults experiencing homelessness, including couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families experiencing homelessness (household must include at least one adult and one child/youth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors experiencing homelessness (ages 55+) (not including individuals in this age range served in family or adult programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 55. Is your organization interested in operating a **Youth Shelter Site (ages 16-24)**?

If you click yes, the Evaluation Committee **WILL** evaluate your application for placement on the **Youth Qualified List**. Please note that this does not guarantee that your organization will be selected to operate an HSCIS shelter site.

If you click no, the Evaluation Committee **WILL NOT** evaluate your application for placement on the **Youth Qualified List**. This **WILL NOT** affect your score(s) or placement for the other three Qualified Lists (**single adults, families, seniors**). You will have the opportunity to express interest in operating a shelter site for those sectors elsewhere in the application, regardless of your answer to this question.

- ☐ Yes, my organization is interested in operating a Youth Shelter site.
- ☐ No, my organization is not interested in operating a Youth Shelter site and does not want to be considered for the Youth Qualified List.

Important: Your responses to the questions on this page will be used to score your Application to determine your organization's placement on the **Youth Qualified List**. These scores have **no impact** on your placement for the other three Qualified Lists (**adults, seniors, families**). For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on [TSSS's EOI webpage](#).

* 56. Please describe your organization's experience in delivering programs/services to **youth (ages 16-24)** experiencing homelessness (**not including individuals in this age range served in family or adult programs**) (e.g., types of programs/services, methodology, specialized programming, population needs, outcomes, etc.).

Important note: Both this question and the following question are scored together for the **Youth Qualified List** (where one cumulative score is assigned both questions and a higher proportion of points is awarded for experience in delivering programs/services to **youth experiencing homelessness**). Please ensure to provide as much valid information in **both questions**, as possible, to ensure that your experiences in delivering programs/services are scored appropriately. That said, please do not duplicate any information in your responses to these two questions. The Evaluation Committee will disregard any duplicate information that is entered in the **following** question when scoring.

Enter N/A if your organization has not delivered any programs/services to youth experiencing homelessness.

* 57. Please describe how your organization's experience in delivering programs/services to the **following other three sectors of people experiencing homelessness** is transferable to providing services to **youth (ages 16-24)** experiencing homelessness.

- Single adults, including couples
- Families
- Seniors (ages 55+)

Important note: Both this question and the previous question are scored together for the **Youth Qualified List** (where one cumulative score is assigned both questions and a higher proportion of points is awarded for experience in delivering programs/services to **youth experiencing homelessness**). Please ensure to provide as much valid information in **both questions**, as possible, to ensure that your experiences in delivering programs/services are scored appropriately. That said, please do not duplicate any information in your responses to these two questions. The Evaluation Committee will disregard any duplicate information that is entered in **this** question when scoring.

Enter N/A if your organization has not delivered any programs/services to the above three sectors.

- * 58. Please describe any innovative component(s)/program(s) that your organization is interested in incorporating at the [Youth \(Ages 16-24\)](#) HSCIS site, should you be the Successful Proponent (e.g., special programming, brokering services, case management methodologies, hubs, new or unique programs). Your response should include details on how you perceive that this approach(es) will positively impact clients.

This can include innovative component(s)/program(s) that are:

- **Transformational**: Create a new approach that transforms an existing approach.
- **Breakthroughs**: Create meaningful process change that results in clear improvements in outcomes for people experiencing homelessness.
- **Incremental**: Create small/iterative, yet meaningful improvements to an existing approach.

Your response should not include any standard service requirements, as listed in the [Toronto Shelter Standards](#) and/or Section 5.0 "Service Requirements" in the EOI Guidelines.

Please enter N/A if not applicable.

Note that this does not constitute a commitment for TSSS to provide funding for the described component(s)/program(s).

- * 59. Is your organization interested in operating a [Single Adult Shelter Site \(including couples\)](#)?

If you click yes, the Evaluation Committee **WILL** evaluate your application for placement on the [Single Adult Qualified List](#). Please note that this does not guarantee that your organization will be selected to operate an HSCIS shelter site.

If you click no, the Evaluation Committee **WILL NOT** evaluate your application for placement on the [Single Adult Qualified List](#). This **WILL NOT** affect your score(s) or placement for the other three Qualified Lists ([youth](#), [families](#), [seniors](#)). You will have the opportunity to express interest in operating a shelter site for those sectors elsewhere in the application, regardless of your answer to this question.

- ☐ Yes, my organization is interested in operating a Single Adult Shelter site. ☐ No, my organization is not interested in operating a Single Adult Shelter site and does not want to be considered for the Single Adult Qualified List.

Important: Your responses to the questions on this page will be used to score your Application to determine your organization's placement on the [Single Adult Qualified List](#). These scores have **no impact** on your placement for the other three Qualified Lists ([youth](#), [seniors](#), [families](#)). For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on [TSSS's EOI webpage](#).

- * 60. Please describe your organization's experience in delivering programs/services to [Single Adults \(including couples\)](#) experiencing homelessness (e.g., types of programs/services, methodology, specialized programming, population needs, outcomes, etc.).

Important note: Both this question and the following question are scored together for the [Single Adult Qualified List](#) (where one cumulative score is assigned both questions and a higher proportion of points is awarded for experience

in delivering programs/services to [single adults experiencing homelessness](#)). Please ensure to provide as much valid information in **both questions**, as possible, to ensure that your experiences in delivering programs/services are scored appropriately. That said, please do not duplicate any information in your responses to these two questions. The Evaluation Committee will disregard any duplicate information that is entered in the **following** question when scoring.

Enter N/A if your organization has not delivered any programs/services to youth experiencing homelessness.

- * 61. Please describe how your organization's experience in delivering programs/services to the [following other three sectors of people experiencing homelessness](#) is transferable to providing services to [single adults](#) experiencing homelessness.

- Youth (Ages 16-24)
- Families
- Seniors (ages 55+)

Important note: Both this question and the previous question are scored together for the [Single Adult Qualified List](#) (where one cumulative score is assigned both questions and a higher proportion of points is awarded for experience in delivering programs/services to [Single Adults experiencing homelessness](#)). Please ensure to provide as much valid information in **both questions**, as possible, to ensure that your experiences in delivering programs/services are scored appropriately. That said, please do not duplicate any information in your responses to these two questions. The Evaluation Committee will disregard any duplicate information that is entered in **this** question when scoring.

Enter N/A if your organization has not delivered any programs/services to the above three sectors.

- * 62. Please describe any innovative component(s)/program(s) that your organization is interested in incorporating at the [Single Adult](#) HSCIS site, should you be the Successful Proponent (e.g., special programming, brokering services, case management methodologies, hubs, new or unique programs). Your response should include details on how you perceive that this approach(es) will positively impact clients.

This can include innovative component(s)/program(s) that are:

- **Transformational:** Create a new approach that transforms an existing approach.
- **Breakthroughs:** Create meaningful process change that results in clear improvements in outcomes for people experiencing homelessness.
- **Incremental:** Create small/iterative, yet meaningful improvements to an existing approach.

Your response should not include any standard service requirements, as listed in the [Toronto Shelter Standards](#) and/or Section 5.0 "Service Requirements" in the EOI Guidelines.

Please enter N/A if not applicable.

Note that this does not constitute a commitment for TSSS to provide funding for the described component(s)/program(s).

* 63. Is your organization interested in operating a **Family Shelter Site**?

If you click yes, the Evaluation Committee **WILL** evaluate your application for placement on the **Family Qualified List**. Please note that this does not guarantee that your organization will be selected to operate an HSCIS shelter site.

If you click no, the Evaluation Committee **WILL NOT** evaluate your application for placement on the **Family Qualified List**. This **WILL NOT** affect your score(s) or placement for the other three Qualified Lists (**single adults, youth, seniors**). You will have the opportunity to express interest in operating a shelter site for those sectors elsewhere in the application, regardless of your answer to this question.

- ☐ Yes, my organization is interested in operating a Family Shelter site.
- ☐ No, my organization is not interested in operating a Family Shelter site and does not want to be considered for the Family Qualified List.

Important: Your responses to the questions on this page will be used to score your Application to determine your organization's placement on the **Family Qualified List**. These scores have **no impact** on your placement for the other three Qualified Lists (**adults, seniors, youth**). For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on [TSSS's EOI webpage](#).

* 64. Please describe your organization's experience in delivering programs/services to **Families** experiencing homelessness (e.g., types of programs/services, methodology, specialized programming, population needs, outcomes, etc.).

Important note: Both this question and the following question are scored together for the **Family Qualified List** (where one cumulative score is assigned both questions and a higher proportion of points is awarded for experience in delivering programs/services to **families experiencing homelessness**). Please ensure to provide as much valid information in **both questions**, as possible, to ensure that your experiences in delivering programs/services are scored appropriately. That said, please do not duplicate any information in your responses to these two questions. The Evaluation Committee will disregard any duplicate information that is entered in the **following** question when scoring.

Enter N/A if your organization has not delivered any programs/services to families experiencing homelessness.

* 65. Please describe how your organization's experience in delivering programs/services to the **following other three sectors of people experiencing homelessness** is transferable to providing services to **Families** experiencing homelessness.

- Single adults, including couples
- Youth (ages 16-24)
- Seniors (ages 55+)

Important note: Both this question and the previous question are scored together for the **Family Qualified List** (where one cumulative score is assigned both questions and a higher proportion of points is awarded for experience in delivering programs/services to **families experiencing homelessness**). Please ensure to provide as much valid

information in **both questions**, as possible, to ensure that your experiences in delivering programs/services are scored appropriately. That said, please do not duplicate any information in your responses to these two questions. The Evaluation Committee will disregard any duplicate information that is entered in **this** question when scoring.

Enter N/A if your organization has not delivered any programs/services to the above three sectors.

- * 66. Please describe any innovative component(s)/program(s) that your organization is interested in incorporating at the **Family** HSCIS site, should you be the Successful Proponent (e.g., special programming, brokering services, case management methodologies, hubs, new or unique programs). Your response should include details on how you perceive that this approach(es) will positively impact clients.

This can include innovative component(s)/program(s) that are:

- **Transformational**: Create a new approach that transforms an existing approach.
- **Breakthroughs**: Create meaningful process change that results in clear improvements in outcomes for people experiencing homelessness.
- **Incremental**: Create small/iterative, yet meaningful improvements to an existing approach.

Your response should not include any standard service requirements, as listed in the Toronto Shelter Standards and/or Section 5.0 "Service Requirements" in the EOI Guidelines.

Please enter N/A if not applicable.

Note that this does not constitute a commitment for TSSS to provide funding for the described component(s)/program(s).

- * 67. Is your organization interested in operating a **Senior Shelter Site (ages 55+)**?

If you click yes, the Evaluation Committee **WILL** evaluate your application for placement on the **Senior Qualified List**. Please note that this does not guarantee that your organization will be selected to operate an HSCIS shelter site.

If you click no, the Evaluation Committee **WILL NOT** evaluate your application for placement on the **Senior Qualified List**. This **WILL NOT** affect your score(s) or placement for the other three Qualified Lists (**single adults, families, youth**). You will have the opportunity to express interest in operating a shelter site for those sectors elsewhere in the application, regardless of your answer to this question.

- ☐ Yes, my organization is interested in operating a Senior (Ages 55+) Shelter site.
- ☐ No, my organization is not interested in operating a Senior (Ages 55+) Shelter site and does not want to be considered for the Senior Qualified List.

Important: Your responses to the questions on this page will be used to score your Application to determine your organization's placement on the **Senior Qualified List**. These scores have **no impact** on your placement for the other three Qualified Lists (**adults, youth, families**). For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on TSSS's EOI webpage.

- * 68. Please describe your organization's experience in delivering programs/services to **seniors (ages 55+)** experiencing

homelessness (not including individuals in this age range served in family or adult programs) (e.g., types of programs/services, methodology, specialized programming, population needs, outcomes, etc.).

Important note: Both this question and the following question are scored together for the **Senior Qualified List** (where one cumulative score is assigned both questions and a higher proportion of points is awarded for experience in delivering programs/services to **seniors experiencing homelessness**). Please ensure to provide as much valid information in **both questions**, as possible, to ensure that your experiences in delivering programs/services are scored appropriately. That said, please do not duplicate any information in your responses to these two questions. The Evaluation Committee will disregard any duplicate information that is entered in the **following** question when scoring.

Enter N/A if your organization has not delivered any programs/services to youth experiencing homelessness.

- * 69. Please describe how your organization's experience in delivering programs/services to the **following other three sectors of people experiencing homelessness** is transferable to providing services to **Seniors (ages 55+)** experiencing homelessness.

- Single adults, including couples
- Families
- Youth (ages 16-24)

Important note: Both this question and the previous question are scored together for the **Senior Qualified List** (where one cumulative score is assigned both questions and a higher proportion of points is awarded for experience in delivering programs/services to **seniors experiencing homelessness**). Please ensure to provide as much valid information in **both questions**, as possible, to ensure that your experiences in delivering programs/services are scored appropriately. That said, please do not duplicate any information in your responses to these two questions. The Evaluation Committee will disregard any duplicate information that is entered in **this** question when scoring.

Enter N/A if your organization has not delivered any programs/services to the above three sectors.

- * 70. Please describe any innovative component(s)/program(s) that your organization is interested in incorporating at the **Senior (ages 55+)** HSCIS site, should you be the Successful Proponent (e.g., special programming, brokering services, case management methodologies, hubs, new or unique programs). Your response should include details on how you perceive that this approach(es) will positively impact clients.

This can include innovative component(s)/program(s) that are:

- **Transformational:** Create a new approach that transforms an existing approach.
- **Breakthroughs:** Create meaningful process change that results in clear improvements in outcomes for people experiencing homelessness.
- **Incremental:** Create small/iterative, yet meaningful improvements to an existing approach.

Your response should not include any standard service requirements, as listed in the Toronto Shelter Standards and/or Section 5.0 "Service Requirements" in the EOI Guidelines.

Please enter N/A if not applicable.

Note that this does not constitute a commitment for TSSS to provide funding for the described component(s)/program(s).

Your responses to the questions on this page will be used to score your Application to determine your organization's placement on each of the four sector-based Qualified Lists (adults, youth, seniors, families), where applicable. For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on [TSSS's EOI webpage](#).

- * 71. Please describe your organization's innovative/unique approach(es) to working with individuals with complex mental health needs and/or individuals who have experienced trauma (e.g., methodology, principles, implementation, continuous improvement, deliverables).**

Your response should include details on why you use this approach(es) and how you perceive that this approach(es) impacts clients (e.g., outcomes, key performance indicators, anonymized examples).

Please do not include any personal information in this response.

- * 72. Please describe your organization's innovative/unique approach(es) in providing peer programs and/or incorporating peer supports into your service delivery model (e.g., methodology, principles, implementation, continuous improvement, deliverables).**

Your response should include details on why you use this approach(es) and how you perceive that this approach(es) impacts clients (e.g., outcomes, key performance indicators, anonymized examples).

Please do not include any personal information in this response.

- * 73. Please describe your organization's innovative/unique approach(es) in providing services to clients that identify as Indigenous (e.g., methodology, principles, implementation, continuous improvement, deliverables).**

Your response should include details on why you use this approach(es) and how you perceive that this approach(es) impacts clients (e.g., outcomes, key performance indicators, anonymized examples).

Please do not include any personal information in this response.

- * 74. Please describe your organization's innovative/unique approach(es) in providing services to clients that identify as**

Black and confronting anti-Black racism (e.g., methodology, principles, implementation, continuous improvement, deliverables).

Your response should include details on why you use this approach(es) and how you perceive that this approach(es) impacts clients (e.g., outcomes, key performance indicators, anonymized examples).

Please do not include any personal information in this response.

Partnerships and Community Relations

Your responses to the questions on this page will be used to score your Application to determine your organization's placement on each of the four sector-based Qualified Lists (adults, youth, seniors, families), where applicable. For more information, please see section 7.0 (Evaluation Criteria and Selection Process) in the Expression of Interest Guidelines, available on [TSSS's EOI webpage](#).

75. Please list the inter-organization planning tables and/or networks (sector- or issue-based) that your organization leads/participates in. These include, but are not limited to, tables focused on community development, service delivery best practices and innovation, client-focused / client care including complex case working groups, and strategy/advocacy for the sector at government levels. Your response **should not include** any planning tables/ networks that are internal to your organization.

You can skip rows if not applicable.

If your organization participates in more than five tables/networks, please only include the five in which you are most heavily involved.

	Name of table / network	Number of years of participation	Lead organization
Planning table/ network 1			
Planning table/ network 2			
Planning table/ network 3			
Planning table/ network 4			
Planning table/ network 5			

* 76. Please describe your organization’s approach(es) to community development, fostering partnerships with local agencies, and maintaining positive relationships with the surrounding community (e.g., neighbours, local businesses, community partners, police, hospitals, schools). Your response should directly relate to the "Partnership and community engagement requirements" in section 5.3 and the "Community relations and client programming" Staff requirements in section 5.5 in the EOI guidelines .

Your response should include details on why and how you use this approach(es) (e.g., your methodology, principles, implementation, continuous improvement, deliverables) and how you perceive that this approach(es) impacts clients and the surrounding community.

- * 77. Please describe your organization's approach to working with clients to foster good relationships with neighbours and support a positive, respectful community. Your response should include details on why and how you use this approach(es) (e.g., your methodology, principles, implementation, continuous improvement, deliverables) and how you perceive that this approach(es) impacts clients and the surrounding community.

Application to Use Own Facility as an Emergency Shelter

This section is (1) **NOT** used to score your Application and (2) **NOT** used to determine your organization's placement on each of the four sector-based Qualified Lists (adults, youth, seniors, families).

- * 78. Does your organization intend to operate an Emergency Shelter in its own facility?

- ☐ Yes, we are applying to use our own facility. ☐ No, we are applying to operate out of a facility that is owned and leased/ licensed to us, by the City of Toronto.

- * 79. Disclaimer: If you are selected as a Prospective Proponent AND you intend to use your own facility as an Emergency Shelter, you are required to participate in a City review of the proposed facility and receive a satisfactory evaluation score of said facility, prior to being selected as the Successful Proponent. In this review, TSSS will:

- a) Verify that the address complies with all applicable zoning and bylaw conditions.
- b) Verify that the address complies with all applicable standards to function as an Emergency Shelter.
- c) Conduct a site visit to verify the information provided in this Application.
- d) Review the lease or deed information confirming the Proponent's access to the site and any conditions on their use of the site.
- e) Conduct additional reviews and inspections, as necessary.

TSSS reserves the right to request additional documentation and conduct further review, as needed, including but not limited to confirmation from a consultant on any proposed plans/changes to the property, including obtaining necessary change of use permits.

Do you agree to these conditions?

- ☐ Yes ☐ No

Please note that based on your response, your facility is not eligible to be used as an Emergency Shelter as part of this Expression of Interest.

If you would like to return to the previous question, please click the "back" button.

Otherwise please click next to proceed.

*** 80. Please indicate whether your proposed facility currently meets any of the following criteria, if any.**

- | | |
|--|--|
| <input type="checkbox"/> Our facility complies with accessibility requirements as defined in the Accessibility for Ontarians with Disability Act, 2005 (AODA). | <input type="checkbox"/> Our facility will not use bunk beds. |
| <input type="checkbox"/> Our facility will allot 3.5 m2 (37.7 ft.2) of personal space per client in sleeping areas. | <input type="checkbox"/> Our facility is pet friendly. |
| <input type="checkbox"/> Our facility has programming space and lounge space for clients. | <input type="checkbox"/> Our facility has a designated outdoor area for smoking. |
| <input type="checkbox"/> Our facility meets Shelter Design and Technical Guidelines and our proposed Shelter Operator program would implement infection control measures and strategies. | <input type="checkbox"/> Our facility has a facility management plan in place for maintaining cleanliness. |

*** 81. Please provide clarification or further information regarding the items that you were not able to check off.**

Enter N/A if not applicable.

*** 82. Please select the option that best reflects the ownership of this facility.**

- | | |
|--|--|
| <input type="checkbox"/> My organization owns this facility or will secure ownership this facility through another funding source. | <input type="checkbox"/> My organization owns part of this facility. |
| <input type="checkbox"/> My organization leases this facility or will secure a lease for this facility through another funding source. | <input type="checkbox"/> My organization leases part of this facility. |

*** 83. Please provide the following details regarding your proposed facility.**

Facility Name (if applicable):

Street Number and Street Name:

Suite/Unit Number (enter N/A if not applicable):

City:

Postal Code:

*** 84. Please provide the following details regarding your proposed facility.**

Facility Name (if applicable):

Street Number and Street Name:

Suite/Unit Number (enter N/A if not applicable):

City/town:

Postal Code:

*** 85. Please provide the contact information for the individual(s)/organization(s) that own the remainder of this facility.**

Contact Name (first, last):

Business Address:

Business Telephone #:

Business Fax #:

Business E-mail:

*** 86. Please provide the following details regarding your proposed facility.**

Facility Name (if applicable):

Street Number and Street Name:

Suite/Unit Number (enter N/A if not applicable):

City/town:

Postal Code:

*** 87. Please provide the contact information for the facility owner:**

Contact Name (First, Last):

Business Street Number and Street Name :

Business Suite/Unit Number (enter N/A if not applicable):

Business City/Town:

Business Postal Code:

Telephone #:

Fax #:

Business E-mail:

*** 88. Lease details**

Lease Expiry Date:

Early Termination Clause(s), if applicable:

Lease Limitations that may impact service delivery, if applicable (e.g., no pets):

*** 89. Please provide estimates of available space in square feet for each of the purposes, where applicable. Enter "N/A" if not applicable.**

Total square footage:

Sleeping area(s):

Dining area(s):

Kitchen:

Programming/community areas:

Washrooms/showers:

Office space:

Other:

90. Please attach floor plans for the proposed facility, if available.

Upload file...

*** 91. How many clients will the proposed facility accommodate as overnight guests? To calculate this, please assume a minimum of 37.7 ft.² of personal space per client in sleeping areas OR approximately 250 ft.² of total space per client, when factoring in personal space and necessary service space (e.g., offices, community space, program rooms). Note that bunk beds are not permitted.**

*** 92. Please provide counts for each of the following amenities. Enter "N/A" if not applicable.**

Toilets:

Urinals:

Sinks:

Showers:

*** 93. Does your proposed facility offer on-site laundry facilities for client use?**

- ☐ Yes, we have functioning washer(s) and dryer(s) in place.
- ☐ Yes, we have the space and the necessary hook-ups, but do not have the washer and dryer appliances and/or our washer and dryer are not functioning.
- ☐ No, we would not be able to offer that service on site, due to space, hook-up, and/or other reasons.

*** 94. Please clarify the current use of the proposed facility.**

- ☐ The facility is not currently in use.
- ☐ The facility is currently in use by my organization for shelter operations.
- ☐ The facility is currently in use by my organization for purposes not related to shelter operations.
- ☐ The facility is currently in use by other individuals or organizations.

*** 95. Please provide the following information:**

When will the facility be available for your organization's use as an emergency shelter, if you are identified as the Successful Proponent:

Please clarify your organization's legal relationship with the individual(s)/ organization(s) that are using your facility and your organization's access to the space:

*** 96. Please clarify the intended use for the proposed facility.**

- ☐ Exclusive use for emergency shelter operations.
- ☐ Shared use for emergency shelter operations AND at least one additional service, program, or purpose (e.g., retail)

*** 97. Please describe the service(s), program(s), or purpose(s) that will share the proposed facility:**

*** 98. Please explain how the multiple uses will be accommodated.**

*** 99. Will Emergency Shelter clients have access to the other services located at the proposed facility, or will they be**

restricted from accessing these services??

* 100 How will you manage risks and liability related to operating an Emergency Shelter co-located with other services?

* 101. Please clarify facility availability for Emergency Shelter clients:

- ☐ Emergency Shelter clients will have access to the facility 24 hours a day, 7 days a week, 365 days a year. ☐ There be times when the facility must close to accommodate its other service(s), program(s), or purpose(s).

* 102 Please describe the reason(s) and frequency that the proposed facility will be closed to accommodate its other service(s), program(s), or purpose(s).

103. Please describe any other considerations regarding the proposed facility that have not otherwise been described in the previous questions (e.g., details on outdoor space, kitchen space, other amenities).

Please note that based on your response(s) on the previous page, your organization is **not eligible for this Expression of Interest**. You can click the back button to review your response(s), to ensure that the information you entered is valid.

For more information, please see section 4.0 (Eligibility Requirements) in the EOI Guidelines and/or contact ShelterEOI@Toronto.ca using your business email.

Your responses have been registered!

Thank you for your participation in this Expression of Interest for HSCIS shelter sites.

As next steps:

- Please regularly monitor [TSSS' EOI webpage](#) to find updates/addenda regarding this EOI that may be published up until the deadline.

- If you would like a PDF copy of your responses, please contact ShelterEOI@Toronto.ca.
- The evaluation process will take approximately 1-3 months, depending on the volume of Applications, following the Application Deadline. Once the Evaluation Committee has completed their evaluation of all eligible and complete Applications, they will inform all Proponents with complete and eligible Applications of their outcome, regardless of whether they are the Prospective Proponent or not. Proponents with incomplete and/or ineligible Applications will not be evaluated and therefore not informed of their outcome.
- If you have any questions, please contact TSSS via email at ShelterEOI@Toronto.ca.