**Expression of Interest for an Indigenous Shelter Operator**

***Opening Application Page***

**Background**

In November 2023, Toronto City Council (“City Council”) adopted the [Homelessness Services Capital Infrastructure Strategy](https://www.toronto.ca/legdocs/mmis/2023/ec/bgrd/backgroundfile-239913.pdf) (HSCIS) to proactively inform capital spending decisions to promote recovery and stability in the City of Toronto’s (the “City”) shelter system. The HSCIS aims to ensure new spaces are proactively acquired, thoughtfully designed to enhance safety and dignity, meet the needs of diverse homeless populations, and are well integrated into the surrounding community. More specifically, the 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.

**Indigenous Shelter Development**

Advancing reconciliation across the homelessness service sector requires meaningful and proactive engagement and collaboration with Indigenous service providers. This work builds on the [City of Toronto Reconciliation Action Plan 2022 - 2032](https://www.toronto.ca/wp-content/uploads/2022/04/8d83-City-of-TO-Reconciliation-Action-Plan-for-web.pdf), and [Meeting in the Middle Engagement Strategy and Action Plan](https://www.toronto.ca/wp-content/uploads/2018/09/8eeb-SSHA-Meeting-in-the-Middle.pdf). Meeting in the Middle was co-created to foster better relationships between TSSS and Indigenous organizations to meaningfully address Indigenous homelessness.

Through Meeting in the Middle, Toronto Shelter and Support Services (TSSS) has committed to work in partnership with the Toronto Indigenous Community Advisory Board (TICAB) to co-develop solutions to address Indigenous homelessness. TICAB is an advisory body comprised of Indigenous agencies that work closely with the City to provide recommendations and decision-making for processes and policies in shelter and housing to improve outcomes for Indigenous peoples in Toronto.

TSSS has committed to increase resource allocation for Indigenous service providers to deliver Indigenous-led solutions to address Indigenous homelessness. Through the HSCIS, TSSS has committed 20% of all future infrastructure funding for new shelter development to be allocated specifically for Indigenous shelter services. This includes the development of approximately of four (4) new Indigenous operated sites between 2024 and 2033.

The process for new HSCIS Indigenous site development was co-designed in partnership with TICAB. Key recommendations from this process include:

1. Develop a distinct Indigenous application stream to select Indigenous site operators,
2. Prioritize an Indigenous women’s shelter as the first HSCIS Indigenous site, and
3. Provide land ownership rights for the selected Indigenous shelter operators.

**Note: The first HSCIS Indigenous site will be awarded to a successful Proponent to operate the City’s first Indigenous women’s shelter. A Qualified List will also be developed to select Indigenous Operators for future HSCIS Indigenous sites as new locations are secured in 2025 and onwards. All Indigenous organizations interested in operating an Indigenous shelter are encouraged to apply through this Application.**

**Expression of Interest for Indigenous Shelter Site**

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

To be considered for this EOI, please ensure to complete your Application before the deadline on 11:59 PM on Wednesday January 29, 2024. Applications submitted after this time and date will not be considered as part of this EOI. The corresponding EOI Guidelines (“Guidelines”) 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 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. The Proponent who (1) is deemed the best match for this HSCIS Indigenous site and (2) receives the highest score on their application ("Prospective Proponent") is required to participate in an additional due diligence exercise, including but not limited to a budget review, prior to being deemed the Successful Proponent for the site. Based on feedback, the first site awarded will be serving Indigenous women.

For more information on this EOI, please visit TSSS’s EOI website.

**Future Opportunities for Indigenous Shelter Development**

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 applying organizations (“Proponents”) may have multiple opportunities to apply to operate an HSCIS Indigenous shelter site, for other sectors including Indigenous youth and Indigenous single adults. Program priorities will be determined through continued collaboration with TICAB and engagement with Indigenous community members.

TSSS will allocate a maximum of one (1) HSCIS site to each successful organization over the 10-year period of the HSCIS (2024-2033). TSSS may determine to omit this limitation if there are no other available successful Proponents for a specific HSCIS site, on an as-needed basis.

**Additional 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.

**Application Questions**

***A) Statements of Understanding Related to Medallia Platform:***

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
1. 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
1. 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
1. 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
1. 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

***B) Questions About Your Organization***

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.

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

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| Name (First, Last): |  |
| Position Title: |  |
| Business Telephone Number: |  |
| Business Email:  |  |

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

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| Organization Name: |  |
| Legal (Incorporated) Name: |  |
| Street Number and Name: |  |
| Suite/Unit Number:  |  |
| City/Town: |  |
| Postal Code:  |  |

1. Please enter the information for the lead organization’s **Executive Director**, or equivalent.

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| Name (First, Last): |  |
| Position Title: |  |
| Business Telephone Number: |  |
| Business Email:  |  |

1. Confirmation that the lead organization’s **Executive Director or equivalent has approved the submission** of this Application.
	* Yes, they have approved submission of this Application.
2. 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.

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| Name (First, Last): |  |
| Position Title: |  |
| Business Telephone Number: |  |
| Business Email:  |  |

1. Confirmation that the lead organization’s **authorize signing authority has approved the submission** of this Application.
	* Yes, they have approved submission of this Application.
2. Confirmation that the lead organization’s **Board of Directors or equivalent has approved the submission** of this Application.
	* Yes, they have approved submission of this Application.
3. 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.
4. 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.
* Upload File

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.

1. Is your organization **applying with a trustee**?
	* Yes
	* No
2. 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.

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| Trustee Organization Name: |  |
| Trustee Legal (Incorporated) Name: |  |
| Trustee Street Number and Name: |  |
| Trustee Suite/Unit Number:  |  |
| Trustee City/Town: |  |
| Trustee Postal Code:  |  |

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

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| Name (First, Last): |  |
| Position Title: |  |
| Business Telephone Number: |  |
| Business Email:  |  |

1. 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
1. 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.

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| Name (First, Last): |  |
| Position Title: |  |
| Business Telephone Number: |  |
| Business Email:  |  |

***C) Questions on Eligibility for EOI***

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 X.X (Eligibility Requirements) in the EOI Guidelines, available here for more information.

1. Is your **organization Indigenous-led** and does your organization predominantly **serve Indigenous peoples?**
	* Yes
	* No
2. Is **at least 50% of your organization’s leadership Indigenous** **(e.g., Board of Directors and Executive Management Team)** (First Nations, Inuit, Metis)?
	* Yes
	* No
3. Is your **organization located in the Greater Toronto Area** (Toronto, York Region, Peel Region, Durham Region) and whose **primary activities** take place within boundaries of the Greater Toronto Area?
	* Yes
	* No
4. Have you **reviewed the TSSS Expression of Interest Guidelines for Indigenous Operator Selection** 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
5. 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
6. 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
7. Does your organization commit to a **referral process for the intaking of clients that includes City-defined referral pathways**, which can include but not limited to the City’s Central Intake, Streets to Homes, and/or Encampment Office?
	* Yes
	* No
8. 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
9. 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 2024 figures?

Note: TSSS 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.

* + Yes
	+ No
1. If you are selected as the Successful Proponent, do you commit to the terms that **overhead costs** will be **capped at 10%** of project expenses, not including staffing?
	* Yes
	* No
2. Please attach **a board motion supporting your Application**, where applicable. Please do not include any personal information in the attachment.
	* Upload File
3. Please indicate the **location(s) within the City of Toronto boundaries in which your organization is willing to provide services** (e.g., entire City, North York only, Scarborough only, Westhill only, Etobicoke only).

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1. Please confirm the dollar value of your organization’s **current annual operational spending**.

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1. Please confirm the dollar value of your organization’s **current unrestricted reserve fund**.

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1. What was your organization’s **first year of operation/service?**

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1. What is your organization’s current **full-time equivalent staffing level** (inclusive of part-time and full-time staff)?
* 1 – 9 staff
* 10 – 49 staff
* 50+ staff
* Volunteer run (no paid staff)
1. 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? Please enter "0" if your organization has experienced no unplanned change(s) or turnover(s) within the last five (5) years.

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

Enter N/A if your organization has not experienced any change(s)/turnover(s) of Senior Leadership within the last five (5) years.

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***D) Questions on Current Experience***

1. Please describe **your organization’s Mission, Vision, and Values**. Please include a link to your most recent Annual Report, if applicable.

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1. Please indicate **the location(s) within the Greater Toronto Area that your agency has experience delivering services** (e.g., entire GTA, Downtown Toronto only, Scarborough 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.

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

Note: A lack of experience delivering any of the following programs/services below will **not disqualify** organizations from consideration to operate an HSCIS Indigenous site. Applicants will be required to provide detail on the plan for capacity development in any necessary area(s) in Questions 50 to 55.

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|  | Less than 1 year of experience or no experience | 1-2 years of experience | 3-4 years of experience | 5+ years of experience |
| Program/services for Indigenous peoples experiencing homelessness |  |  |  |  |
| Municipally funded shelter, respite, and/or 24-hour drop-in  |  |  |  |  |
| 24-hour violence against women/intimate partner violence shelter/crisis care facility and/or drop-in  |  |  |  |  |

1. Please describe your organization's experience in operating **program/services for Indigenous peoples (First Nations, Inuit, Metis) experiencing homelessness**. This should include details on program type, methodology, specialized programming, program model, response to population needs, outcomes, etc.

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.

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1. Please describe your organization's experience in operating a **municipally funded shelter, respite, and/or 24-hour drop in**. This should include details on program type, methodology, specialized programming, program model, response to population needs, outcomes, etc.

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.

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1. Please describe your organization's experience in operating a **24-hour violence against women/intimate partner violence shelter and/or drop-in**. This should include details on program type, methodology, specialized programming, program model, response to population needs, outcomes, etc.

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.

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1. Is your organization interested in operating an **Indigenous Women's Shelter**?
* Yes, my organization is interested in operating an Indigenous Women's Shelter
* No, my organization is not interested in operating an Indigenous Women's Shelter
1. If your organization is interested in operating an Indigenous Women’s Shelter, please **describe your organization's experience in operating program/services specifically for Indigenous (First Nations, Inuit, Metis) women**.

This should include details on program type, methodology, specialized programming, program model, response to population needs, outcomes, etc. Please be as specific and detailed as possible when describing your experiences, but do not include any personal information. Enter N/A if your organization does not have any progressive experience providing services to Indigenous (First Nations, Inuit, Metis) women.

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1. Is your organization interested in operating an **Indigenous Youth Shelter**?
* Yes, my organization is interested in operating an Indigenous Youth Shelter
* No, my organization is not interested in operating an Indigenous Youth Shelter
1. If your organization is interested in operating an Indigenous Youth Shelter, please **describe your organization's experience in operating program/services specifically for Indigenous (First Nations, Inuit, Metis) youth**.

This should include details on program type, methodology, specialized programming, program model, response to population needs, outcomes, etc. Please be as specific and detailed as possible when describing your experiences, but do not include any personal information. Enter N/A if your organization does not have any progressive experience providing services to Indigenous (First Nations, Inuit, Metis) youth.

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1. Is your organization interested in operating an **Indigenous Men's Shelter**?
* Yes, my organization is interested in operating an Indigenous Women's Shelter
* No, my organization is not interested in operating an Indigenous Women's Shelter
1. If your organization is interested in operating an Indigenous Men’s Shelter, please **describe your organization's experience in operating program/services specifically for Indigenous (First Nations, Inuit, Metis) men**.

This should include details on program type, methodology, specialized programming, program model, response to population needs, outcomes, etc. Please be as specific and detailed as possible when describing your experiences, but do not include any personal information. Enter N/A if your organization does not have any progressive experience providing services to Indigenous (First Nations, Inuit, Metis) men.

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1. Is your organization interested in operating an **Indigenous Family Shelter**?
* Yes, my organization is interested in operating an Indigenous Women's Shelter
* No, my organization is not interested in operating an Indigenous Women's Shelter
1. If your organization is interested in operating an Indigenous Women’s Shelter, please **describe your organization's experience in operating program/services specifically for Indigenous (First Nations, Inuit, Metis) families**.

This should include details on program type, methodology, specialized programming, program model, response to population needs, outcomes, etc. Please be as specific and detailed as possible when describing your experiences, but do not include any personal information. Enter N/A if your organization does not have any progressive experience providing services to Indigenous (First Nations, Inuit, Metis) families.

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1. Is your organization interested in operating an Indigenous Shelter Program that **does not fall under any of the previously mentioned sectors** (Indigenous women, Indigenous youth, Indigenous men and/or Indigenous families)?
2. If your organization is interested in operating an Indigenous Shelter Program that **serves a specific Indigenous demographic that does not** include Indigenous women, Indigenous youth, Indigenous men or Indigenous families, please **provide detail on the identified demographic and describe your organization's experience in operating program/services specifically for the identified population**.

This should include details on program type, methodology, specialized programming, program model, response to population needs, outcomes, etc. 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.

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1. Please list the **inter-organization planning tables and/or partnership networks (sector- or issue-based) that your organization leads/participates in.** 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.

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|  | Name of Planning Table/Partnership Network  | Number of Years Participating  | Lead Organization for Table/Network  |
| Planning Table/Partnership Network #1  |  |  |  |
| Planning Table/Partnership Network #2 |  |  |  |
| Planning Table/Partnership Network #3 |  |  |  |
| Planning Table/Partnership Network #4  |  |  |  |

***E) Questions on Proposed Shelter Program***

1. There is a significant need in the City of Toronto’s current shelter system for spaces created specifically to meet the needs of Indigenous people’s experiencing homelessness.

Please provide a brief description of your organization’s **vision for your proposed shelter program for Indigenous individual’s experiencing homelessness.** Your response should include how you define program success.

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1. Please provide **a detailed overview of your proposed shelter program and how this program model will address the current unmet needs of Indigenous people’s (First Nations, Inuit, Metis) experiencing homelessness.** Your response should include a proposed program model and program priorities, methodology, principles, implementation, continuous improvement, and deliverables.

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1. Please describe **how your organization will provide a culturally safe environment for Indigenous people’s (First Nations, Inuit, Metis) experiencing homelessness**. Your response should include methodology, principles, implementation, continuous improvement, and deliverables.

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1. Shelter operators funded through the City of Toronto are required to work closely with the community in which the shelter site is located to maintain positive community relationships. This includes proactively engaging with community members to foster positive relationships and developing a community engagement policy to respond to community complaints.

Please describe how your organization will **foster and maintain positive relationships with the surrounding community** (e.g., neighbours, local businesses, community partners, police, hospitals, schools). 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 both clients and the surrounding community.

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1. Please describe **your organization’s approach to the congregation of service users outside your proposed shelter** (e.g., loitering, smoking). Your response should include details on why and how you use this approach(es) and how you perceive that this approach(es) impacts both shelter clients and the surrounding community.

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***F) Questions on Capacity Development***

**Applicants with less than one (1) year of experience operating a shelter program will not be disqualified from consideration to operate an HSCIS Indigenous shelter but will be required to establish partnerships with existing shelter operator(s) to support organizational capacity building.**

**This includes partnerships with existing shelter(s), respite(s), 24-hour drop-ins, and/or 24-hour violence against women/intimate partner violence shelter(s) and/or crisis care facilities.**

**Identified areas where a plan for capacity development is required includes shelter operations and asset management.**

1. Does your organization have **less than one (1) year of experience operating a shelter** and require a project partnership(s) with existing community operators?
	* Yes
	* No
2. Has your organization **identified project partnership(s) with existing community operators** to support your proposed shelter program?
	* Yes
	* No
3. Please enter the following information for the proposed **partner community operator(s)**.

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| **Partner Organization #1** |
| Organization Name: |  |
| Legal (Incorporated) Name: |  |
| Street Number and Name:  |  |
| Suite/Unit Number (enter N/A if not applicable):  |  |
| City/Town: |  |
| Postal Code:  |  |

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| **Partner Organization #2** |
| Organization Name: |  |
| Legal (Incorporated) Name: |  |
| Street Number and Name:  |  |
| Suite/Unit Number (enter N/A if not applicable):  |  |
| City/Town: |  |
| Postal Code:  |  |

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| --- |
| **Partner Organization #2** |
| Organization Name: |  |
| Legal (Incorporated) Name: |  |
| Street Number and Name:  |  |
| Suite/Unit Number (enter N/A if not applicable):  |  |
| City/Town: |  |
| Postal Code:  |  |

1. Please enter the following information for the proposed **partner community operator(s) Executive Director(s) or equivalent**.

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| **Partner Organization #1** |
| Name (First, Last):  |  |
| Position Title:  |  |
| Business Telephone Number:  |  |
| Business Email:  |  |

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| **Partner Organization #2** |
| Name (First, Last):  |  |
| Position Title:  |  |
| Business Telephone Number:  |  |
| Business Email:  |  |

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| **Partner Organization #3** |
| Name (First, Last):  |  |
| Position Title:  |  |
| Business Telephone Number:  |  |
| Business Email:  |  |

1. **Confirmation that the proposed partner organization’s Executive Director(s) and Board of Directors, or equivalent has approved the submission of this Application.**
	* Yes, they have approved the submission of this Application.
2. **Please attach letter(s) of support from each proposed partner organization’s Board of Directors.**

The letter(s) of support should include:

* + written statement in agreement for the proposed partnership(s),
	+ brief description on the nature of the proposed partnership(s),
	+ overview of how the partnership(s) will support capacity development in the areas of shelter operations and/or asset management, and
	+ identified timeline for the proposed partnership(s)
	+ Upload File (1)
	+ Upload File (2)
	+ Upload File (3)

***G) Community Letters of Support***

56. **Please attach any additional letter(s) of support from community organizations in support of the proposed shelter program.**

* + Upload File (1)
	+ Upload File (2)
	+ Upload File (3)
	+ Upload File (4)
	+ Upload File (5)
	+ Upload File (6)
	+ Upload File (7)
	+ Upload File (8)
	+ Upload File (9)
	+ Upload File (10)

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**Your responses have been registered!**

Thank you for your participation in this Expression of Interest for Indigenous 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.