

# REOI Winter Program Response Document

2025/2026 Winter Season

<b>Please select if you are applying to be Operator or Operator with Site:</b>	
All fields are mandatory	
<input type="checkbox"/> <b>Operator</b>	<input type="checkbox"/> <b>Operator with Site</b>
<input type="checkbox"/> <b>Both</b>	
If applying for both a <b>Warming Centre</b> and a <b>Winter Respite</b> , separate <b>Winter Program Response Documents</b> must be submitted for each program type.	
<b>Instructions:</b>  The REOI Winter Program 2025 will require that you provide the following documents listed below, and a completed and signed Response package and email it to <a href="mailto:winterprogramoperations@toronto.ca">winterprogramoperations@toronto.ca</a>	
Attach in the email, the following supporting documents.	
<input checked="" type="checkbox"/>	Articles of Incorporation (Letters Patent/Supplementary Letters Patent)
<input type="checkbox"/>	Harm reduction policy
<input type="checkbox"/>	Anti-oppression / discrimination policy
<input type="checkbox"/>	Most Recent Audited Financial Statement
<input type="checkbox"/>	Certificate of Insurance (only for Applicants proposing their own space)
<input type="checkbox"/>	A signed REOI Response
<input type="checkbox"/>	Completed Response package, addressing all required criteria.

## Organizational Details

### Contact Information:

Applicant Organization Name: Click or tap here to enter text.	
Current Legal (Incorporated) Name: Click or tap here to enter text.	
Street Address: Click or tap here to enter text.	
City: Click or tap here to enter text.	
Postal Code: Click or tap here to enter text.	
<b>Executive Director or Equivalent</b>	<b>Authorized Signing Authority*</b>
Name: Click or tap here to enter text.	Name and Title: Click or tap here to enter text.
Telephone #: Click or tap here to enter text.	Telephone #: Click or tap here to enter text.
Fax #: Click or tap here to enter text.	Fax #: Click or tap here to enter text.
E-mail: Click or tap here to enter text.	E-mail: Click or tap here to enter text.
Signature: Click or tap here to enter text.	Signature: Click or tap here to enter text.

\*The authorized signing authority is the party of parties who will represent the Application in all contractual matter requiring a signature.

## Organizational Capacity:

Have you previously operated an Emergency Warming Centre/ Winter Respite?

☐ Yes

☐ No

If you answered "Yes", please provide further information of when and where you operated an emergency warming centre. (Max 200 words)

Click or tap here to enter text.

Please complete the chart below:

ORGANIZATIONAL EXPERIENCE				
Type of Service/ Client Group	Service description (e.g., populations served, women men, youth, etc.,)	Years of experience	Delivered in partnership? <b>Y/N</b>	If <b>Yes</b> , identify the partners and the nature of the partnership
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

## Service Design and Delivery:

Describe proposed Warming Centre/Winter Respite, including crisis supports, how pets would be accommodated, how clients would be involved in design and delivery of program (Max 200 words)

Description of proposed Warming Centre / Winter Respite service design and delivery plan:

Click or tap here to enter text.

Please briefly Describe the following service components:

What is your capacity for service enhancement? (Max 200 words)

Click or tap here to enter text.

If awarded an allocation, describe the process (with timelines) you would follow to become operational as of Nov. 15, 2025  
(Max 200 words)

Click or tap here to enter text.

How will you approach hiring and training? For Warming Centres, front-line staff are paid only during activations. How will you retain and maintain consistent front-line staff if you are unable to offer them regular shifts? (Max 200 words)

Click or tap here to enter text.

How do you plan to and what kind of experience do you have hiring and training peer workers (i.e. people with lived experience of homelessness)? (Max 200 words)

Click or tap here to enter text.

For Warming Centres, alerts are normally called by 7:30 AM on any given day. Describe the process that you would follow to become operational by 5pm. (Max 200 words)

Click or tap here to enter text.

What is your program plan for meals? (Max 200 words)

Click or tap here to enter text.

**What is your program plan for providing Laundry and enhanced cleaning services?  
(Max 200 words)**

Click or tap here to enter text.

**How will you incorporate a trauma informed and harm reduction approach to service delivery? (Max 200 words)**

Click or tap here to enter text.

**How will you work with agencies within your community to provide supports to clients?  
(Max 200 words)**

Click or tap here to enter text.

**How will you evaluate individual components of the service? (Max 200 words)**

Click or tap here to enter text.

**How will you evaluate service overall? (Max 200 words)**

Click or tap here to enter text.

**How will you handle community concerns/complaints? (Max 200 words)**



Click or tap here to enter text.

## Facility Information:

Please fill this section if you also identify that you have space.

Is the site accessible? (This is not mandatory for your site to be accessible). (Max 200 words)

Click or tap here to enter text.

Will the site provide access to on-site showers and washrooms for clients (mandatory for Winter Respite)? (Max 200 words)

Click or tap here to enter text.

Will the site be able to accommodate pets? (Max 200 words)

Click or tap here to enter text.

## Innovation:

Are there any innovative components you plan on incorporating into your program model?  
(Max 200 words)

Click or tap here to enter text.

## Proposed Budget:

Successful proponents shall be required to submit a proposed program operating budget upon assignment of Winter program locations.

The Evaluation Committee may contact some but not other Applicants to verify and/or clarify financial information submitted during the REOI.

### Authorized By:

Name	Click or tap here to enter text.
Title	Click or tap here to enter text.
Signature	
Date	Click or tap here to enter text.

Name	Click or tap here to enter text.
Title	Click or tap here to enter text.
Signature	
Date	Click or tap here to enter text.