Toronto Micro 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.

Micro shelter Expression of Interest

In June 2024, Toronto City Council (“City Council”) directed Toronto Shelter and Support Services (“TSSS”) to prioritize the development of rapid shelter program models for individuals living in encampments, including exploring the use of micro shelters.

This dedicated Expression of Interest (EOI) was developed to reflect the unique operational needs and considerations associated with the operation of a micro shelter site. Through this EOI, Toronto Shelter and Support Services (TSSS) is inviting non-profit organizations across the city to apply to serve as operator for a micro shelter project to be piloted over a period of up to 2 years.

This Expression of Interest (EOI) invites Proponents to submit proposals that include: (1) a service delivery model with a plan to support clients in transitioning to housing; (2) a proposed land option for the micro shelter pilot; and (3) a proposed construction partner to procure and deliver the micro shelter units. While identifying a construction partner is optional, Proponents are encouraged to include one to strengthen the overall feasibility and implementation potential of their proposal.

To be considered for this EOI, please submit your completed Application before the deadline on **11:59 PM on February 5th, 2026**. 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**.

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.

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

* 6. **Any skipped questions or "N/A" answers automatically result in the lowest possible score for that question. Only skip answers or use "N/A" if they are truly not applicable to your organization. Alternatively, consider whether your agency has transferable experience that could apply to the question.**

I understand

* 7. **The Evaluation Committee will only score responses as they are written in this application and they will not review additional links included in responses (e.g., "see our service plan on our website"), unless attachments are explicitly requested.**

I understand

* 8. **Avoid responding with "See above." (or similar), as this does not provide enough information for the Evaluation Committee to fully assess your response. Your response to each question should be unique, based on the specific phrasing of the question.**

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.

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

Name (first, last):	
Position title:	
Business Telephone number:	
Business E-mail:	

*** 10. 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:	

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

Name (first, last):	
Position title:	
Business Telephone number:	
Business E-mail:	

*** 12. 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

13. 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:	

*** 14. 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

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

If yes, in your responses to all open-text questions in this application, you must identify whether you are referring to the lead agency, or the partner agency, within the listed word count. For example, if the lead agency has limited experience serving Single Adults, and the partner agency has extensive experience serving Single Adults, you could respond with a short description of the lead agency's experiences, and a more robust description of the partner agency's experiences. Regardless, your response must make it explicitly clear to the Evaluation Committee as to which agency you are referring.

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

*** 16. 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:	

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

Name (first, last):	
Position title:	
Business Telephone number:	
Business E-mail:	

*** 18. 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

19. 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:	

*** 20. 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

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.

21. Partner organization name

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

23. Partnership

- ○ Confirmed
- ○ Pending

24. Attach Agreement

Upload file...

*** 25. 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.

Note: 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.

*** 26. Please attach the two (2) most recent audited financial statements for your agency (the most recent must have been completed within the last 23 months; and the second most recent must have been completed within the last 48 months). If your agency has not yet completed two (2) audited financial statements, please include the most recent. Please do not include any personal information in your response.**

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Upload file 2 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.

*** 27. Is your organization applying with a trustee?**

- ○ Yes
- ○ No

*** 28. 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:	

*** 29. 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:	

*** 30. 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

31. 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**.

* **32. 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

* **33. 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

* **34. 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 unless explicitly approved by TSSS in writing to accommodate the program model?**

Yes No

* **35. Does your organization commit to operate a municipal micro shelter pilot program for up to two (2) years, following the execution of an Operating Agreement with the City, if you are selected as the Successful Proponent?**

Yes No

* **36. 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

* **37. 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

* **38. If you are the Successful Proponent, do you commit to paying all front-line staff employed by the shelter an appropriate wage consistent with the existing sector average of $59,000 annual, or higher?**

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

Yes No

* **39. 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

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

Upload file...

Service Delivery Interests

*** 41. Please describe any limitations or parameters 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; or families who are refugees).**

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. 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.**

42. What 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)
- ○ 1-9 staff
- ○ 10-49 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. 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	○	○	○	○
Experience working with people who are unsheltered, and living in encampments	○	○	○	○
Services to Single Adults experiencing homelessness, including couples	○	○	○	○

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

*** 48. 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, anonymized examples 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.**

Please visit here for more details about the types of service.

Enter N/A if not applicable.

Important: Your responses to the questions on this page will be used to score your Application. 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.

*** 49. 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.).**

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

*** 50. Please provide at least two clear examples of the impacts/outcomes of your organization's work in delivering programs/services to Single Adults (including couples) experiencing homelessness. These examples can focus on an individual or groups of individuals and can reflect a single situation or broader outcomes over time. Each example should clearly describe the situation, the approach you took, and the positive impacts/outcomes that were achieved due to your work. Please ensure to provide as much valid information in both examples as possible, to ensure that the Evaluation Committee has a thorough understanding of the impact/ outcomes.**

Please ensure that your examples are anonymized and do not include any personal information in your examples.

*** 51. Please describe any innovative component(s)/program(s) that your organization is interested in incorporating at the Single Adult micro shelter 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. 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.**

*** 52. Please describe your organization's innovative/unique approach(es) to working with individuals who are unsheltered and living in encampments (e.g., methodology, principles, implementation, continuous improvement, deliverables). Your response should explain:**

- Why you use this approach(es);
- How you perceive that this approach(es) impacts clients (e.g., outcomes, key performance indicators).
- One anonymized example to illustrate the impacts/ outcomes of your work. This example can focus on an individual or groups of individuals and can reflect a single situation or broader outcomes over time.

Please ensure that your response is anonymized and does not include any personal information.

*** 53. 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 explain:**

- Why you use this approach(es);
- How you perceive that this approach(es) impacts clients (e.g., outcomes, key performance indicators).
- One anonymized example to illustrate the impacts/ outcomes of your work. This example can focus on an individual or groups of individuals and can reflect a single situation or broader outcomes over time.

Please ensure that your response is anonymized and does not include any personal information.

*** 54. 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 explain:**

- Why you use this approach(es);
- How you perceive that this approach(es) impacts clients (e.g., outcomes, key performance indicators).
- One anonymized example to illustrate the impacts/ outcomes of your work. This example can focus on an individual or groups of individuals and can reflect a single situation or broader outcomes over time.

Please ensure that your response is anonymized and does not include any personal information.

* **55. 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 explain:**

- Why you use this approach(es);
- how you perceive that this approach(es) impacts clients (e.g., outcomes, key performance indicators).
- One anonymized example to illustrate the impacts/ outcomes of your work. This example can focus on an individual or groups of individuals and can reflect a single situation or broader outcomes over time.

Please ensure that your response is anonymized and does not include any personal information.

* **56. Please describe your organization's innovative/unique approach(es) in supporting clients to transition to affordable and/or supportive housing (e.g., methodology, principles, implementation, continuous improvement, deliverables). Please also describe your approach to address the TSSS Shelter Standards requirement for shelter staff to use the benchmark of ninety (90) days as a trigger for initiating a reassessment of a client's service plan.**

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. 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.**

* **57. 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 explain:
- Why you use this approach(es);
- How you perceive that this approach(es) impacts clients and the surrounding community (e.g., outcomes, key performance indicators).
- One anonymized example to illustrate the impacts/ outcomes of your work. This example can focus on an individual or groups of individuals and can reflect a single situation or broader outcomes over time.

Please ensure that your response is anonymized and does not include any personal information.

*** 58. 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 explain:**

- Why you use this approach(es);
- How you perceive that this approach(es) impacts clients and neighbours (e.g., outcomes, key performance indicators).
- One anonymized example to illustrate the impacts/ outcomes of your work. This example can focus on an individual or groups of individuals and can reflect a single situation or broader outcomes over time.

Please ensure that your response is anonymized and does not include any personal information.

*** 59. Please describe your organization's approach to the congregation of non-service users on the micro shelter property (e.g., smoking, loitering). 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 Land for Micro Shelter Pilot

*** 60. The micro shelter pilot recommends that Proponents possess land on which to operate the pilot. Do you confirm that your organization possesses land suitable for this pilot?**

- ○ Yes, we own or lease land suitable for the pilot
- ○ No, we do not own or lease land suitable for the pilot
- ○ We are proposing a land option that is not owned or leased by the organization, but for which the landowner has indicated support for this proposed use.

Note: If a land option is cannot be proposed at this time, Applicants will be scored and placed on a Qualified List for future opportunities.

*** 61. This Application is designed to collect information for up to two land options. If you are submitting more than one land option, you will be required to provide information for each option separately. The following sections will collect details for the first land option. Once completed, the Application will prompt you to enter information for the second land option, if applicable.**

- ○ I understand

*** 62. Disclaimer: If you are selected as a Prospective Proponent AND you intend to use your own property as a Micro Shelter, you are required to participate in a City review of the proposed property and receive a satisfactory evaluation score of said property, 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 a Micro 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 property is not eligible to be used as a Micro 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.

Note: In the following section, Proponents will be required to provide information for each proposed land option. If multiple land options are being submitted, Medallia will prompt you to enter information for an additional land option upon completion of this section.

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

- ☐ Our land contains accessible pathways for emergency services and vehicles.
- ☐ Our proposed micro shelter is pet friendly.
- ☐ Our proposed micro shelter has a designated outdoor area for smoking.
- ☐ The local Ward councilor has been consulted on our land option.
- ☐ Our proposed micro shelter will not use bunk beds or cots.
- ☐ Our proposed micro shelter has programming space and lounge space for clients.
- ☐ Our proposed micro shelter will have a facility management plan in place for maintaining cleanliness.

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

Enter N/A if not applicable.

*** 65. Please select the option that best reflects the ownership of this land.**

- [ ] My organization owns this land or will secure ownership of this land through another funding source.
- [ ] My organization owns part of this land.
- [ ] My organization leases this land or will secure a lease for this land through another funding source.
- [ ] My organization leases part of this land.

*** 66. Please provide the following details regarding your land.**

Property Name (if applicable):	
Street Number and Street Name:	
Suite/Unit Number (enter N/A if not applicable):	
City:	
Postal Code:	

*** 67. Please provide the following details regarding your land.**

Property Name (if applicable):	
Street Number and Street Name:	
Suite/Unit Number (enter N/A if not applicable):	
City/town:	
Postal Code:	

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

Contact Name (first, last):	
Business Address:	
Business Telephone #:	
Business Fax #:	
Business E-mail:	

*** 69. Please provide the following details regarding your proposed land.**

Property Name (if applicable):	
Street Number and Street Name:	
Suite/Unit Number (enter N/A if not applicable):	
City/town:	
Postal Code:	

*** 70. Please provide the contact information for the land 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:	

*** 71. Lease details**

Lease Expiry Date:	
Early Termination Clause(s), if applicable:	
Lease Limitations that may impact service delivery, if applicable (e.g., no pets):	

*** 72. 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:	
Micro Shelter Unit area(s): To calculate this, please assume a maximum of 10 square meters (107 sq ft) for each micro shelter module.	
Food Servicing area(s):	
Laundry Facilities:	

Programming/community areas:	
Washrooms/showers:	
Office space:	
Other:	

73. Please attach blue prints for the proposed land, if available.

Upload file...

*** 74. How many clients will your land accommodate? To calculate this, please assume a maximum of 10 square meters (107 sq ft) for each micro shelter module.**

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

Toilets:	
Urinals:	
Sinks:	
Showers:	
Laundry Machines:	
Counselling Space/Offices:	
Lounge Space:	

*** 76. Please clarify the current state and use of the proposed land.**

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

*** 77. Will demolition or renovation of existing buildings or structures on the land be required to develop the micro shelter pilot?**

- ○ Yes
- ○ No

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

When will the land be available for your organization's use as a micro shelter pilot, if you are identified as the Successful Proponent:	
If applicable, please clarify your organization's legal relationship with the individual(s)/ organization(s) that are using your land and your organization's access to the space:	

*** 79. Please describe the current zoning of this land:**
Zoning can be identified using the City of Toronto Interactive Map.

Disclaimer: Land zoning will be verified internally if selected as the Successful Proponent.

- ○ Residential
- ○ Commercial
- ○ Residential/Commercial
- ○ Institutional
- ○ Industrial
- ○ Open Space

*** 80. Has there been an environmental assessment or building condition assessment of this land? (e.g. phase 1, phase 2 environmental assessment, DSUB, building condition assessment)**

- ○ Yes
- ○ No

81. If yes, please attach relevant document(s)

Attach relevant document(s) Upload file...

*** 82. Is this land able to be serviced?**

- ○ Yes
- ○ No

83. If yes, for what services?

- ☐ Hydro
- ☐ Water
- ☐ Sewer

*** 84. Please clarify the intended use for the land.**

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

85. If the proposed land will be shared with an additional service, program, or purpose, please describe the service(s), program(s), or purpose(s) that will share the existing property:

* **86. Is your land adjacent to an existing facility where common amenities (i.e. bathrooms, showers, laundry, counselling space, lounge space) exist and where micro shelter clients will access these services in the existing facility?**

- ○ Yes, my land is adjacent to an existing facility and common amenities will be shared in the existing facility
- ○ No, my land is not adjacent to an existing facility and common amenities will be developed on the same lot as the micro shelter units.

* **87. If the micro shelter clients will share amenities with an existing facility, please describe the service(s), program(s), or purpose(s) that will share the existing facility:**

* **88. Please explain how the multiple uses will be accommodated. Please describe how capacity limits will be accommodated to allow for use of shared amenities.**

* **89. Will Micro Shelter clients have access to the other services located at the facility, or will they be restricted from accessing these services?**

* **90. Please clarify facility availability for Micro Shelter clients:**

- ○ Micro 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).

* **91. 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).**

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

* **93. Are you proposing an additional land option?**

If yes, you will be prompted to enter land information for the additional land option.

- ○ Yes
- ○ No

For the following sections, please provide information about your additional land option.

* **94. Disclaimer: If you are selected as a Prospective Proponent AND you intend to use your own property as a Micro Shelter, you are required to participate in a City review of the proposed property and receive a satisfactory evaluation score of said property, 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 a Micro 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

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

- ☐ Our land contains accessible pathways for emergency services and vehicles.
- ☐ Our proposed micro shelter is pet friendly.
- ☐ Our proposed micro shelter has a designated outdoor area for smoking.
- ☐ The local Ward councilor has been consulted on our land option.
- ☐ Our proposed micro shelter will not use bunk beds or cots.
- ☐ Our proposed micro shelter has programming space and lounge space for clients.
- ☐ Our proposed micro shelter will have a facility management plan in place for maintaining cleanliness.

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

Enter N/A if not applicable.

*** 97. Please select the option that best reflects the ownership of this land.**

- [ ] My organization owns this land or will secure ownership of this land through another funding source.
- [ ] My organization owns part of this land.
- [ ] My organization leases this land or will secure a lease for this land through another funding source.
- [ ] My organization leases part of this land.

*** 98. Please provide the following details regarding your land.**

Property Name (if applicable):	
Street Number and Street Name:	
Suite/Unit Number (enter N/A if not applicable):	
City:	
Postal Code:	

*** 99. Please provide the following details regarding your land.**

Property Name (if applicable):	
Street Number and Street Name:	
Suite/Unit Number (enter N/A if not applicable):	
City/town:	
Postal Code:	

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

Contact Name (first, last):	
Business Address:	
Business Telephone #:	
Business Fax #:	

Business E-mail:	

*** 101. Please provide the following details regarding your proposed land.**

Property Name (if applicable):	
Street Number and Street Name:	
Suite/Unit Number (enter N/A if not applicable):	
City/town:	
Postal Code:	

*** 102. Please provide the contact information for the land 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:	

*** 103. Lease details**

Lease Expiry Date:	
Early Termination Clause(s), if applicable:	
Lease Limitations that may impact service delivery, if applicable (e.g., no pets):	

*** 104. 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:	

Micro Shelter Unit area(s): To calculate this, please assume a maximum of 10 square meters (107 sq ft) for each micro shelter module.	
Food Servicing area(s):	
Laundry Facilities:	
Programming/community areas:	
Washrooms/showers:	
Office space:	
Other:	

105. Please attach blue prints for the proposed land, if available.

Upload file...

*** 106. How many clients will your land accommodate? To calculate this, please assume a maximum of 10 square meters (107 sq ft) for each micro shelter module.**

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

Toilets:	
Urinals:	
Sinks:	
Showers:	
Laundry Machines:	
Counselling Space/Offices:	
Lounge Space:	

*** 108. Please clarify the current state and use of the proposed land.**

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

*** 109. Will demolition or renovation of existing buildings or structures on the land be required to develop the micro shelter pilot?**

- Yes
- No

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

When will the land be available for your organization's use as a micro shelter pilot, if you are identified as the Successful Proponent:	
If applicable, please clarify your organization's legal relationship with the individual(s)/ organization(s) that are using your land and your organization's access to the space:	

*** 111. Please describe the current zoning of this land:**
Zoning can be identified using the City of Toronto Interactive Map.

Disclaimer: Land zoning will be verified internally if selected as the Successful Proponent.

- Residential
- Commercial
- Residential/Commercial
- Institutional
- Industrial
- Open Space

*** 112. Has there been an environmental assessment or building condition assessment of this land? (e.g. phase 1, phase 2 environmental assessment, DSUB, building condition assessment)**

- Yes
- No

113. If yes, please attach relevant document(s)

Attach relevant document(s) Upload file...

*** 114. Is this land able to be serviced?**

- Yes
- No

115. If yes, for what services?

- Hydro
- Water
- Sewer

*** 116. Please clarify the intended use for the land.**

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

117. If the proposed land will be shared with an additional service, program, or purpose, please describe the service(s), program(s), or purpose(s) that will share the existing property:

* **118. Is your land adjacent to an existing facility where common amenities (i.e. bathrooms, showers, laundry, counselling space, lounge space) exist and where micro shelter clients will access these services in the existing facility?**

- ○ Yes, my land is adjacent to an existing facility and common amenities will be shared in the existing facility
- ○ No, my land is not adjacent to an existing facility and common amenities will be developed on the same lot as the micro shelter units.

* **119. If the micro shelter clients will share amenities with an existing facility, please describe the service(s), program(s), or purpose(s) that will share the existing property:**

* **120. Please explain how the multiple uses will be accommodated. Please describe how capacity limits will be accommodated to allow for use of shared amenities.**

* **121. Will Micro Shelter clients have access to the other services located at the facility, or will they be restricted from accessing these services?**

* **122. Please clarify facility availability for Micro Shelter clients:**

- ○ Micro 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).

* **123. 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).**

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

*** 125. Do you have a recommended construction partner to procure the micro shelter units?**

- ○ Yes
- ○ No

Note: The City reserves final decision-making rights regarding the selection of all third-party Vendors as relates to the project (e.g., construction, architect, security).

*** 126. Please enter the information for the business contact regarding the proposed construction partner:**

Business/Organization Name (if applicable):	
Street Number and Street Name	
City/Town:	
Postal Code:	

*** 127. Please enter the information for the Business/Organization's Executive Director or equivalent.**

Name (first, last):	
Position title:	
Business Telephone number:	
Business E-mail:	

*** 128. Confirmation that the Business/Organization's Executive Director or equivalent has approved the submission of this Application.**

- ○ Yes, they have approved the submission of this Application

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

Please enter the information for the Business/Organization's authorized signing authority.

Name (first, last):	
Position title:	
Business Telephone number:	
Business E-mail:	

*** 130. Confirmation that the Business/Organization's authorized signing authority has approved the submission of this Application.**

- ○ Yes, they have approved the submission of this Application

*** 131. Please provide the number of and estimated costs to procure the following units. Enter "N/A" if not applicable.**

	Number	Estimated Cost
Micro Shelter Units:		
Communal Lounge/Programming Space/Unit(s):		
Laundry Machines:		
Portable Washrooms and Shower Unit(s):		

132. Please describe the proposed structure and site plans for the micro shelter pilot. Please include as much detail as possible including proposed dimensions of micro shelter units, servicing available to units, foundation system, framing, roof system, building envelope (insulation, exterior cladding, windows and doors), electrical systems etc.,

133. Please attach proposed site plans and/or prototype samples, features, fire, and safety provisions (if available).

Attach Upload file...

134. Do you have access to other funding sources to support capital development of the micro shelter site? If yes, please describe the source(s) of funding and estimated value. Enter N/A if not applicable.

Disclaimer: TSSS reserves the right to procurement of micro shelter units. Awarding of the Successful Proponent as a Micro shelter operator does not guarantee the award of procurement to the proposed construction partner.

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.

Thank you for participating in this Expression of Interest for the Micro Shelter site.

Please click “Finish” to submit your application.

Once you click “Finish,” you will not be able to return to the application or make any further changes.

Your responses have been registered!

Thank you for your participation in this Expression of Interest for the Micro Shelter site.

As next steps:

- Please regularly monitor **TSSS’ EOI webpage** to find updates/addenda regarding this EOI that may be published up until a week before the deadline.
- If you would like a PDF copy of your responses, please contact ShelterEOI@Toronto.ca.
- The evaluation process will take approximately 2-4 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**.