



**Miziwe Biik Development Corporation**

**2025-26 Fiscal Year  
Proposal for Operating funding**

**Base ISHP Funding - Operating**

**Indigenous Supportive Housing Program (ISHP)**

**Name of Applicant Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Person for This Project:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Total Funding Requested:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Authorized Signing Officer

**CHART A.**

**Intended Use of Funds. Please include projected funding amount and number of households to be assisted, put 0 if not applicable:**

<b>Housing Assistance</b>	<b>\$</b>	<b>Households #</b>
<b><i>Rent Supplements:</i></b>		
First and Last month's rent		
Rent supplements intended to be ongoing (e.g., lasting for a year or more)		
Other (please specify).		
<b><i>Short-term emergency assistance, e.g. arrears support:</i></b>		
Other (please specify).		
<b><i>Non-financial Assistance:</i></b>		
Activities could include housing help, eviction supports, legal supports to avert eviction, budgeting assistance, shelter diversion, hoarding assistance, landlord-tenant assistance.		

<b>Support Services</b>	<b>\$</b>	<b>Households #</b>
Counselling, case management, crisis prevention, harm reduction, and intervention services.		
Life Skills Training		
Activities of Daily Living		
Behavior Supports		
Assistance with substance use issues, including assessments; treatment services offered in residential and non-residential settings; relapse prevention; recovery planning; fetal alcohol supports; supports related to concurrent disorders and withdrawal services.		
Pre-discharge planning from provincial institutions (e.g., hospitals and prisons).		
Household set-up assistance, including: obtaining personal identification; moving; transportation; basic furnishings; and rent/utility deposits.		

Assistance with basic needs, including: personal care (e.g., bathing, hygiene, and dressing); exercise; shopping; purchasing food and meal preparation; house cleaning; laundry; money management (e.g. budgeting, banking, financial goals); dispensing medication; and conflict resolution.		
Assistance with transitioning to other forms of housing that better meets recipients' needs. This would include: support regarding how to choose a suitable home; assessing readiness for congregate living, independent and supported living, rental tenancy, and/or home ownership; and instruction on basic home maintenance and repairs.		
Assistance with referrals to gain access to services including: income support; employment, job placements, vocational counselling, education, and skills training; parenting courses and child care; legal services; and recreational activities.		
Provision of traditional healing and wellness practices to help clients remain housed.		
Recruitment and/or employment of staff members and peer support workers to deliver support services to recipients, either on-site or through external community agencies.		
Referrals to external service providers to address clinical medical needs.		
Provision of services to address non-clinical medical needs, including: routine medical care; and general health information (e.g., nutritional counselling and medication management).		
Other (please specify).		

**CHART B.**

Please complete the chart below detailing the projected number of households assisted to be assisted and funding requested for the Base ISHP Service Category activities, put 0 if not applicable (numbers should be totals of previous chart - Chart A):

Housing Assistance		
Activities	Projected # Households Assisted	Projected Funding
Rent Supplements		
Short-Term / Emergency Assistance		
Non-Financial Assistance		
<b>Total</b>		

Support Services		\$
Activities	Projected # Households Assisted	Projected Funding
Support Services		
<b>Total</b>		

**CHART C.**

Based on totals in chart B, please complete the chart below for service category quarterly projections including admin and Minor Repairs amounts:

TOTAL Base ISHP Funding					
ISHP Base Funding Service Categories	Q1 Planned (Apr - Jun)	Q2 Planned (Jul - Sep)	Q3 Planned (Oct-Dec)	Q4 Planned (Jan - Mar)	TOTAL
<b>Housing Assistance</b>					
Rent Supplements					
Short-term emergency assistance e.g., arrears support					
Non-financial Assistance					
<b>Support Services</b>					
Support Services					
Minor Repairs (max 50K, 7.5% admin does not apply)					
Total Operating					
Admin Required (max 7.5%)					
<b>Total</b>					

**Please respond to the following questions in the space provided below.**

**1. History of Your Organization** (Include your mission statement, goals, programs, and services you deliver, list of Board of Directors. These may be included as attachments).

**2. Please provide a strategic overview of what you intend to achieve with your Base ISHP funding. Describe how the services and activities that you plan will:**

- a. support people who are at risk of homelessness and provide housing stability for those experiencing homelessness
- b. contribute to a reduction in chronic homelessness
- c. support other priority populations (e.g., youth, people transitioning from provincial institutions)

**3. Provide details on how your plan will support cost avoidance, e.g., help avoid the use of high-cost systems by helping people achieve housing stability?**

**4.** Please explain how your organization chooses prospective recipients e.g., your needs assessment process.

**5.** Will there be any partner organizations involved in the delivery of programs and services you intend to fund? If yes, please list name, address, contact person and phone number for each partner.

**6. Funding to administer Base ISHP - please provide details on how the admin funds will support your operating initiatives e.g. staffing, general office expense, professional services**



**7. Please include the following mandatory attachments to your submission:**

- Motion from your Board of Directors
- Letters Patent
- Most Recent Audited Financial Statement