

Miziwe Biik Development Corporation

2025-26 Fiscal Year Proposal for Operating funding

Mental Health & Addictions (MHA) Funding - Operating

Indigenous Supportive Housing Program (ISHP)

Name of Appli	icant Organization:		
Address:			
Phone:		Fax:	
Contact Perso	on for This Project:		
Email:			
Total Funding	Requested:		
Date Submitte	ed:		
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:

Housing Assistance	\$ Households #
Short-term emergency assistance:	
Includes assistance with rent arrears (e.g., rent banks), utilities arrears, time	
limited rental assistance (e.g. rapid rehousing; emergency housing assistance),	
and emergency repairs to housing units.	
Financial assistance to set up a housing unit. This includes: first/last months'	
rent, moving costs, costs for start-up items such as furniture, household	
products and housewares.	
Non-financial assistance:	
Activities could include housing help, eviction supports, legal supports to avert	
eviction, budgeting assistance, shelter diversion, hoarding assistance, landlord-	
tenant assistance.	
Rent Supplements:	
Rent supplements intended to be ongoing (e.g., lasting for a year or more)	
Other (please specify).	

Community Outreach & Support Services	\$	Households #
Mental Health and Addiction (MHA) supports for individuals <u>not in</u> supportive ho	ousing:	'
Mental health and/or addictions support services addictions treatment		
services, withdrawal and counselling services; case management and		
navigation; delivery of harm reduction activities; substance use assessments;		
crisis prevention, interventions, and recovery; hiring mental health and		
addictions workers; purchasing technology/equipment needed to provide		
people with virtual mental health and/or addictions supports.		
Case Management and Outreach:		
Outreach to Indigenous people experiencing homelessness or at risk of		
homelessness which may include wellness checks; clothing and blankets;		
hygiene items; referrals to community agencies and other supports.		
Costs associated with other important case management and individualized		
planning processes, such as pre-discharge planning from provincial institutions		
(e.g., hospitals and correctional facilities) and development of support service		
plans.		

Food security:		
Food banks, grocery vouchers, food assistance		
Employment, education, training supports:		
Services directed towards individuals and families to help them access income benefits		
Pre- and post-employment services that bridge individuals and families to the labour market and assist them to maintain employment and build self-sufficiency		
Services to support essential skills development such as financial planning and budgeting; and services to connect individuals and families to education and training programs		
Other health-related supports not included under MHA supports for individuals	not in supp	ortive housing:
For example, community nursing; community paramedicine, assistance with medication; and wellness/health promotion activities and education		
Life skills development and daily living supports in the community:		
For example, life skills development such as budgeting; assistance with personal care; daily living supports such as housekeeping, laundry, cooking and shopping; and assistance to access education, training, employment or income support		
Culturally-relevant supports for Indigenous people:		
Traditional supports and activities with the goal of increasing cultural connections and an individual's sense of belonging in a community; and supports to access traditional or culturally sensitive healing services (healing circles, sweat lodges ceremonies, access to traditional medicines)		
Supportive Housing Service Category	\$	Households #
Housing assistance for people in supportive housing:	1	
Ongoing / long-term housing assistance including rent supplements and housing allowances provided as part of supportive housing		
Support services for people in supportive housing:		
Other health-related supports not covered under MHA supports:		
Activities could include community nursing; community paramedicine; assistance with medication; and wellness/health promotion activities		

Life skills development and daily living supports:	
Activities could include life skills development such as budgeting; assistance with personal care; daily living supports such as housekeeping, laundry, cooking	
and shopping; and assistance to access education, training, employment or	
income support	
Culturally-relevant supports for Indigenous people:	
Activities could include traditional supports and activities with the goal of	
increasing cultural connections and an individual's sense of belonging in a	
community; and supports to access traditional or culturally sensitive healing	
services (e.g., healing circles, sweat lodges ceremonies, access to traditional	
medicines)	
Other supports not included above for people in supportive housing.	
For example, costs to reduce the potential for infection and transmission in	
congregate supportive housing settings, such as the purchase of Personal	
Protective Equipment	
Minor Retrofits or upgrades to existing supportive housing facilities with a	
total funding request of up to \$50,000	

CHART B. Please complete the chart below detailing the projected number of households to be assisted and funding required for the MHA Stream Service Category activities, put 0 if not applicable (numbers should be totals of previous chart - Chart A):

Community Outreach and Sup	\$	
Activities	ctivities Projected # Households Assisted	
Mental Health and Addictions Supports		
Other Health-Related Supports		
Life Skills Development / Daily Living Supports		
Food Security		
Employment / Education / Training Supports		
Case Management and Outreach		
Culturally-Relevant Supports for Indigenous Peoples		
Total		
Housing Assistance	e	
Activities	Projected # Households Assisted	Projected Funding
Long-Term Housing Assistance		
Short-Term / Emergency Assistance		
Non-Financial Assistance		
Total		

Supportive Housing	\$	
Activities	Projected # Households Assisted	Projected Funding
Housing Assistance		
Mental Health and Addictions Supports		
Other Health-Related Expenses		
Life Skills Development / Daily Living Supports		
Culturally-Relevant Supports for Indigenous Peoples		
Other Supports Not Captured Above		
Minor Repairs (max 50K, 2.5% admin does not apply)	Minor Repairs (max 50K, 2.5% admin does not apply) n/a	
Total		

CHART C. Based on totals in chart B, please complete the chart below for service category quarterly projections and admin required, put 0 if not applicable:

TOTAL ISHP MHA Funding					
	Q1	Q2	Q3	Q4	
MHA Service Categories	Planned	Planned	Planned	Planned	TOTAL
ŭ .	(Apr - Jun)	(Jul – Sep)	(Oct-Dec)	(Jan - Mar)	
Housing Assistance					
Short-term emergency					
assistance e.g. arrears support					
Rent Supplements					
Community Outreach & Support Services					
Support Services					
Supportive Housing					
Total Operating					
Admin Required (max 2.5%)					
Total					

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 MHA 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)
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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.
E MONTH the control of the control o
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.

our 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