Tenant Action Funds application form

APPLICATION

Positive tenant experience

Tenant Action Funds application form

Part A: Applicant information

Type of application

☐ Tenant   ☐ Tenant group

Applicant name (if it is a tenant group, list all the members):

_____

_____

Address: _____

_____

Region: ☐ Central   ☐ East   ☐ West

Email (if it is a tenant group, list the primary contact):

_____

Phone number (if it is a tenant group, list the primary contact):

_____

Would you like to be added to our Tenant Engagement System email distribution list?

☐ Yes   ☐ No

The personal information requested in this form is collected under the authority of s. 28(2) the Municipal Freedom of Information and Protect of Privacy Act. The information will be used for Tenant Engagement System Refresh purposes. If you have any questions about the collection of this information, please contact the Information Specialist, 931 Yonge Street, Toronto, ON, M4W 2H2, 416-981-5500.

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Part B: Community support

List a minimum of eight tenants from your community that support your application. No more than two signatures from the same household will be accepted. Please make sure all signatures are handwritten.

#	Tenant name	Address	Phone number or email	Signature
1				
2				
3				
4				
5				
6				
7				
8				

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Part C: Project information

Project name:_____

Expected start date:_____

Expected end date:_____

Project type:

☐ Single event/activity   ☐   Multiple events/activities

1. **What do you hope this project will accomplish? Check all that apply.**
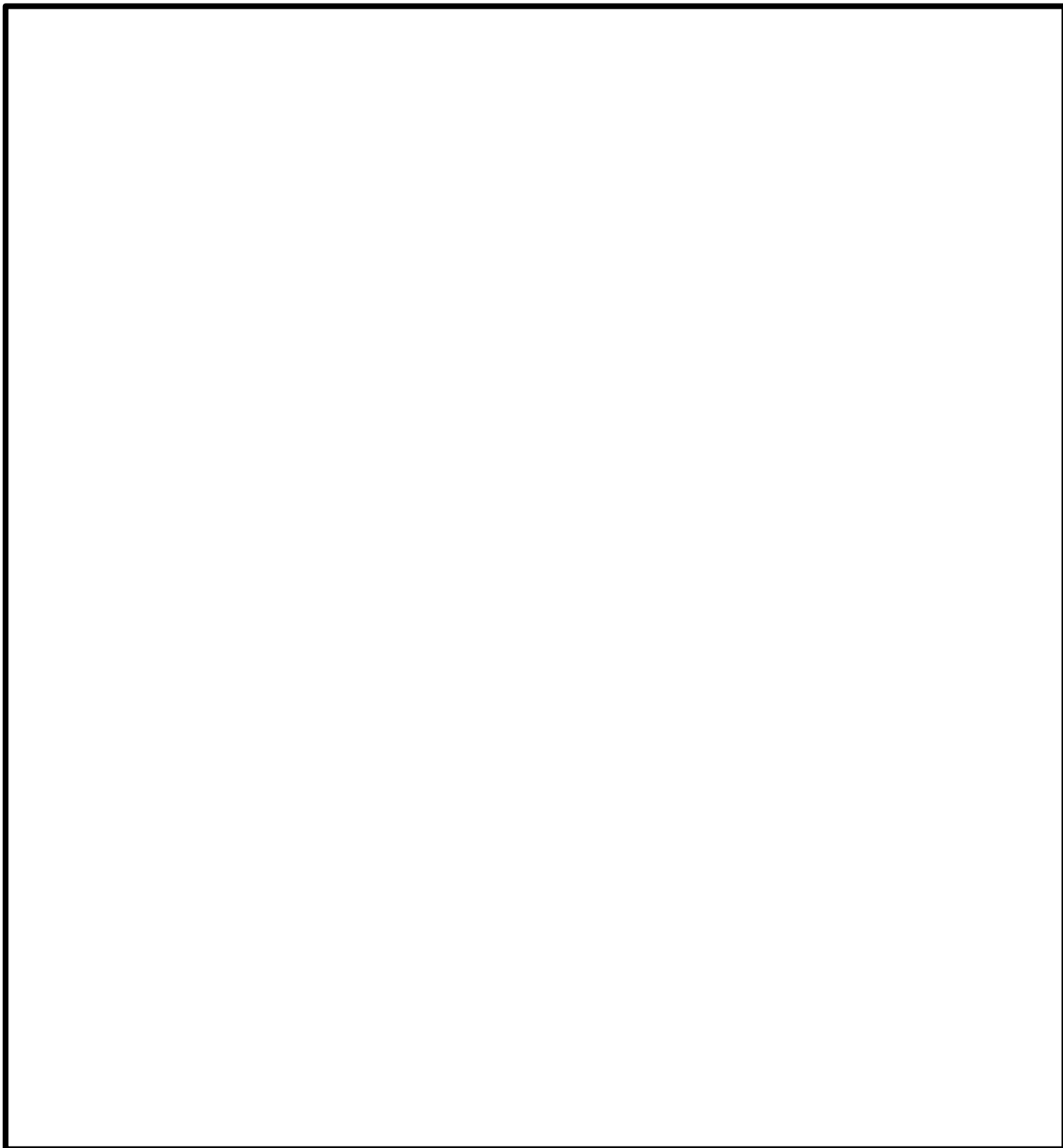
☐ Connect tenants to services and opportunities

☐ Develop partnerships and networks to deliver local programs and services that will improve social conditions and promote safer communities

☐ Increase tenant participation in activities that influence tenants' quality of life.

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2. **Describe the project, how it will benefit your community, and how many tenants you expected to participate**. Please make sure that your project aligns with the identified priorities in your community. Provide details in the box below or attach your document.

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3. **Which local community priority relates to your project? Check all that apply.**

☐ Capital investment

☐ Communications

☐ Community building activities

☐ Community programs

☐ Community space

☐ Employment training

☐ Maintenance

☐ Pest control

☐ Safety and security

☐ Waste management and recycling

☐ Other:_____

4. **Who will benefit from this project? Select your target population. Check all that apply.**

☐ Children (under 14 yrs)

☐ Youth (15 - 24 yrs)

☐ Adults (25 -64 yrs)

☐ Seniors (65 yrs and over)

☐ Families

☐ Community

☐ Other:_____

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5. **How do you plan to report back on the success of your project? Check all that apply.**

☐ Photos ☐ Short video

☐ Feedback from participants ☐ Attendance sign-in sheets

☐ Other: _____

6. **What does success for your project look like? Please provide details below or attach your documents.**

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Part D: Partners

Are there any individuals, agencies or groups that are supporting this project? Please provide a list and their role. **Please complete each category.**

Partner	Role (e.g., in-kind donations, books, school supplies, monetary donation, staffing resources)

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Part E: Resources

What resources do you need for your project? Please provide details below or attach your document. **Please complete each category.**

Activity	Resources required What items or services do you need and how many? (if applicable)	Requested amount ($)
Total Amount Requested		

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Part F: Declaration

Check off each box to acknowledge that consideration has been given.

☐ Resources requested will only be used for eligible expenses listed and solely for the purpose of the project. Resources will not be utilized for personal use.

☐ All funds will be reconciled by submitting original itemized sales receipts along with a completed expense report form and any unused funds within 14 days of project completion. Expenses cannot be incurred before the date an application is approved.

☐ Funded applicants are responsible for both the use and reconciliation of funds.

☐ All successful applicants will submit a brief summary report once the project is completed. The summary includes highlights and challenges of the project, how many tenants participated in the project and/or tenants testimonials. Any photos or video provided must have tenants' consent. A project template will be provided.

☐ All funded applicants must reconcile funds before seeking further resources. Funded applicants will not receive further resources if funds are misused or unreconciled.

☐ All decisions made by the Tenant Action Funds Table are final. Feedback for rejected applications will be provided upon request. Tenants are allowed to resubmit rejected applications.

☐ All sections A to E of application form are completed.

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Applicant signature (if it is a tenant group, use primary contact's signature):

_____

Applicant name (if it is a tenant group, use primary contact's name):

_____

Date: _____

Get in touch

torontohousing.ca/TAF

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@TOhousing

@torontohousing

YourcommunityYoursay

416-981-4435

@TorontoCommunityHousing

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To request this document in an accessible format or for a translated version, please contact **help@torontohousing.ca** or call **416-981-5500**.