









Tenant Action Funds application form	Application number (For Toronto Community Housing use only):
Part A: Applicant information	
Type of application	
Tenant	Tenant group
Applicant name (if it is a tenant group, list all th	ne members):
Address:	
Region: Central East	🗌 West
Email (if it is a tenant group, list the primary co	ntact):
Phone number (if it is a tenant group, list the p	rimary contact):
Would you like to be added to our Tenant Engag list? Yes	No
The personal information requested in this form is colle Municipal Freedom of Information and Protect of Priva	

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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# Tenant Action Funds application form

#### 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				

Application number (For Toronto Community Housing use only):

#### **Part C: Project information**

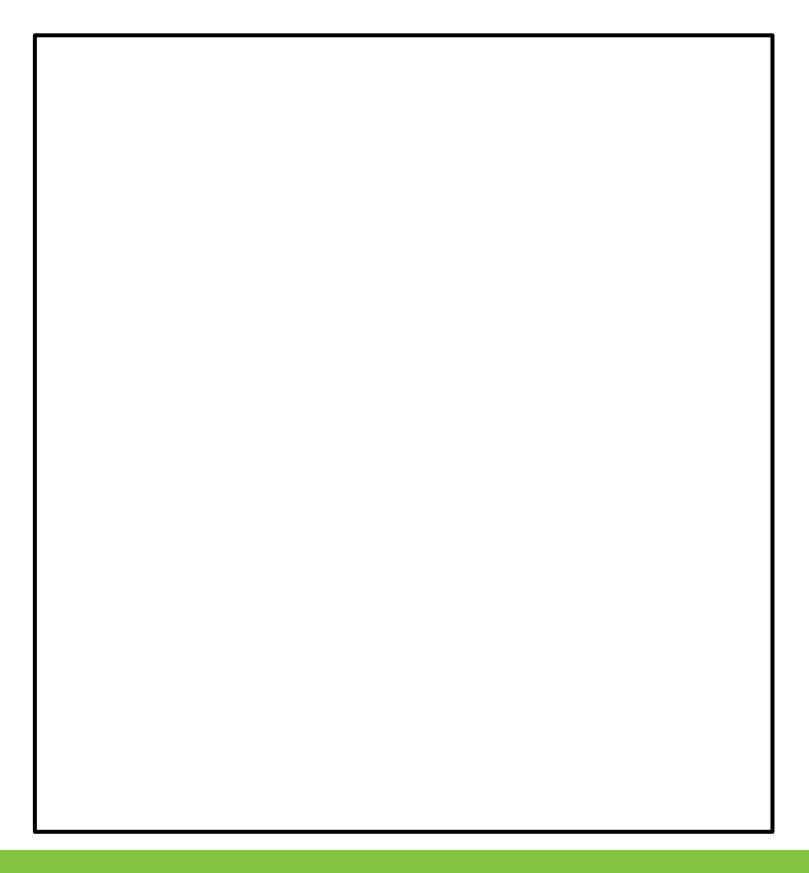
Project name:		
Expected start date:		
Expected end date:		
Project type: Single event/activity	Multiple events/activities	
1. What do you hope this project will accomplish? Check all that apply.		
Connect tenants to services and opportunities		

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.

#### **Tenant Action Funds**

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.



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

Capital investment	Maintenance
Communications	Pest control
Community building activities	Safety and security
Community programs	Waste management and recycling
Community space	Other:
Employment training	

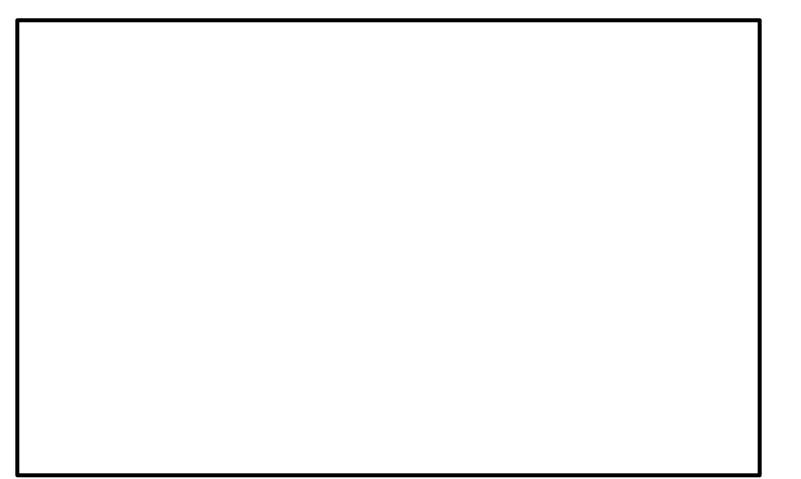
4. Who will benefit from this project? Select your target population. Check all that apply.

Children (under 14 yrs	)	Seniors (65 yrs and over)
Youth (15 - 24 yrs)		Families
Adults (25 -64 yrs)		Community
		Other:

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.



#### 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)

#### Part E: Resources

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

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

#### 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.

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: \_\_\_\_\_



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