

# Toronto Community Housing Corporation (TCHC) Use of Non-Residential Space Application Form For Agency Applicants

This form is for agency applicants interested in using common, community or recreational space (i.e. library, recreation room and meeting room) in one of TCHC's communities. It is for agency applicants who are interested in using the space on a recurring basis – i.e. on more than 1 occasion – either exclusively or non-exclusively.

If you are interested in using common, community or recreational space for a one-time event – i.e. on only 1 occasion – please use the *One-Time Event Application Form*.

If you require assistance completing this form, please contact the local **Community Service Coordinator**.

Please fill out **all** sections of the form and attach all required information. We will be unable to process your application if it is incomplete.

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Thank you for your interest in Toronto Community Housing Corporation's community and recreational spaces.

Please note that in completing this application, we ask you to answer a number of questions regarding your group/organization and the programming/services you intend to provide, should you be granted use of TCHC space. We ask you to provide this information for a number of reasons, which include the following:

- Ensuring that the practices of your group or organization are compliant with TCHC policies and procedures;
- Ensuring that the practices of your group or organization are compliant with governing legislation; and
- Identifying what programs/services are being provided to which of our tenants. This information then allows us to identify gaps in programs/services and TCHC communities which may be underserved.

In determining whether your application for use of space will be approved, TCHC's decision will be guided by the following factors:

- Availability of space;
- Alignment with community needs and priorities;
- Alignment with TCHC priorities and policies.

The answers you provide will help us to properly apply our guiding factors to your application.

## SECTION A - APPLICANT AGENCY INFORMATION

Legal Name of Applicant Agency: \_\_\_\_\_

Name of Program/Service Contact: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 1. Agency Information:

Head Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Executive Director/Agency Leader: \_\_\_\_\_

Executive Director/Agency Leader Phone: \_\_\_\_\_

Executive Director/Agency Leader Email: \_\_\_\_\_

For how many years has your agency been in existence? \_\_\_\_\_

### 2. Type of Agency:

- Unincorporated organization (i.e. group of volunteers)
- Tenant group
- An incorporated non-profit organization\*
- A registered charity\*
- Other: \_\_\_\_\_

Charitable registration number (if applicable): \_\_\_\_\_

*\*Note: If you are a Registered Charity or Incorporated Non-Profit Organization please include a copy of your audited financial statements from the last 3 years, a copy of your most recent Articles of Incorporation and a list of members of your Board of Directors, if applicable.*

### 3. Please tell us about what your agency does:

\_\_\_\_\_

## SECTION B - INSURANCE AND FEE INFORMATION

**1. Does your agency meet TCHC's insurance requirements? (Note: The policy must be for a minimum of \$5,000,000 per incident and must include TCHC as an Additional Insured)**

- Yes – Please attach Certificate of Insurance.  
 No

**2. If 'no' to the above, is your agency able to obtain the required insurance coverage?**

- Yes  
 No

**3. Will your agency charge a participation fee for the programs/services provided?**

- Yes  
 No

*If 'yes', what is the fee and how often will you charge it?*

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**4. Has your agency received funding from any foundation or government partner for the program/service provided?**

- Yes - Please attach a copy of the funding agreement.  
 No

*\*Note: A funding agreement may be submitted in lieu of the audited financial statements requested in SECTION A above.*

**5. Has your agency leased or licensed space from TCHC before?**

- Yes – Address: \_\_\_\_\_  
 No

*If 'yes', when was the space leased or licensed?*

- Currently leasing space  
 Less than 1 year ago  
 1-2 years ago  
 3-5 years ago  
 6+ years ago

**6. Does your agency have any current partnership, lease, license or use of space agreement(s) with TCHC?**

- Yes – Please attach a copy of the agreement(s).  
 No

## SECTION C - USE OF SPACE INFORMATION

### 1. What type of space is your agency interested in using?\*

- Office space for our agency
- Space to run a full time program
- Space to run a part-time program
- Other : \_\_\_\_\_

*\*Note: Applicable user fees for office and programming space will be discussed after your application has been assessed by TCHC.*

### 2. What types of program/service will your agency provide in the space? (Please check at least 1 and all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Child Care                     | <input type="checkbox"/> Health and Wellness Services      |
| <input type="checkbox"/> Community Development          | <input type="checkbox"/> Home Support Services             |
| <input type="checkbox"/> Children's Services            | <input type="checkbox"/> Housing - Supportive              |
| <input type="checkbox"/> Clothing Services              | <input type="checkbox"/> Information and Referral          |
| <input type="checkbox"/> Counseling Services            | <input type="checkbox"/> Immigrant and Settlement Services |
| <input type="checkbox"/> Cultural Services              | <input type="checkbox"/> Legal Services                    |
| <input type="checkbox"/> Employment & Training Services | <input type="checkbox"/> Shelter Services                  |
| <input type="checkbox"/> Education Services             | <input type="checkbox"/> Social & Recreation Services      |
| <input type="checkbox"/> Food Services                  | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Health Services                |  |

### 3. What is the address of the space your agency is requesting to use?

Address 1: Ex: 51 Gilder Drive \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

### 4. What are your agency's preferred start and end dates for using the space?

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**5. Please provide more specific scheduling details about your agency's use of space:\***

<b>Program/Service</b>	<b>Address</b>	<b>Room</b>	<b>Date(s)</b>	<b>Time(s)</b>	<b>Program Length</b>
<i>Ex: Music Program</i>	<i>Ex: 51 Gilder Dr.</i>	<i>Ex: 3<sup>rd</sup> Floor Recreation Room</i>	<i>Ex: Mondays and Tuesdays</i>	<i>Ex: 4:00pm-5:00pm</i>	<i>Ex: January 1<sup>st</sup> to June 30<sup>th</sup></i>

*\*Note: Each column must be filled out.*

**6. What communities does your program/service serve? (Please check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Gender-specific                      | <input type="checkbox"/> Children (ages 0-12) |
| <input type="checkbox"/> Newcomers to Canada                  | <input type="checkbox"/> Youth (ages 13-17)   |
| <input type="checkbox"/> LGBTQ                                | <input type="checkbox"/> Adults (ages 18+)    |
| <input type="checkbox"/> Persons with physical disabilities   | <input type="checkbox"/> Seniors (ages 59+)   |
| <input type="checkbox"/> Persons with cognitive disabilities  | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Persons with mental health illnesses |   |

**7. If you are providing programming for children, does your program have a child care license?**

- Yes  
 No

**8. If you are providing programming for children, young persons or vulnerable persons, have you obtained a satisfactory vulnerable sector check from Toronto Police Services for any person who will hold a position of trust or authority with respect to the child, young person or vulnerable person?**

- Yes

No – Please note that TCHC requires a satisfactory vulnerable sector check for any person involved in the programming who will hold a position of trust or authority with respect to children, young persons or vulnerable persons.

**9. Do you confirm that you are compliant with all of the laws and obligations that apply to provision of your specific programming/services?**

- Yes  
 No

**10. Will your program/service involve any of the following activities? (Please check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Meals                              | <input type="checkbox"/> The sale of any goods or services   |
| <input type="checkbox"/> Personal care                      | <input type="checkbox"/> Exercise and/or physical activity   |
| <input type="checkbox"/> Assistance with taking medications | <input type="checkbox"/> Medical counselling and/or services |

**11. Will there be any alcohol and/or drugs present on TCHC property at any point during the programming?**

- Yes  
 No

**12. Will any TCHC staff members or employees be participating in your program?**

- Yes  
 No

**13. Will any TCHC staff members or employees be assisting with the administration or organization of your program outside of the application process?**

- Yes  
 No

**14. Outside of funding, will any external partners be participating in your program and/or assisting with the administration of your program?**

- Yes  
 No

**15. Will your program/service require the use of parking spots?\***

- Yes – Please visit *Parking section* under *Doing Business* section at [www.torontohousing.ca](http://www.torontohousing.ca)  
 No

## **SECTION D - PROGRAM DETAILS**

All programs/services must benefit tenants, abide by TCHC's mission and strategic objectives, and all other relevant policies and procedures as found on the TCHC website, and abide by the Ontario *Human Rights Code*.

**1. What is the name of the program/service your agency intends to provide at this location?**

**2. Please give a description of each program/service you have listed.**

**3. What goals does your agency hope to achieve through the delivery of the proposed program/service? How will your program/service benefit TCHC tenants in the community?**

**4. What percentage of participants in your agency's program/service do you expect to be TCHC tenants?**

- 100%
- 80% - 99%
- 60% - 70%
- 50% - 60%

- 40% - 50%
- 30% - 40%
- Less than 30 %
- 0%

*\*Note: Your agency will be required to demonstrate tenant participation monthly, at mid-term review and on renewal of the applicable agreement.*



**5. How will your agency encourage TCHC tenants to participate in your program/service? Please outline specific actions that will be taken.**

**6. How will your agency measure the success of the program/service? What metrics will you use to evaluate your program?\***

I certify that the answers I have given to the above questions are true and complete to the best of my knowledge.

Name: \_\_\_\_\_

Date: \_\_\_\_\_



\* \* \* \* \*

**IMPORTANT:** Before submitting this application, please ensure that:

1. The application is complete, and
2. All required documentation is included with the application.

We encourage you to get in touch with the local Community Service Coordinator to discuss your agency's application. They will be able to provide you with guidance prior to submission.

### ***WHAT HAPPENS NEXT?***

Your application will be reviewed by our Resident and Community Services, Asset Management, Risk Management and Insurance, and Commercial Development Unit.

Once the review is complete, you will receive notification that the application (i) is approved, (ii) is denied, or (iii) requires further information.

If your application is approved, your agency will be required to enter into an agreement with TCHC in order to provide the approved program/service.

Thank You!

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## **APPLICATION CHECKLIST**

Your application must include:

- Use of Community and Recreational Space Application Form
- Certificate of Insurance (The policy must be for a minimum of \$5,000,000 per incident and must include TCHC as an Additional Insured)
- Funding Agreement (if your agency has received funding from any foundation or government partner for the program/service provided)