

# Encouraging Community Housing Options (ECHO) Program - Application Form

## INSTRUCTIONS:

- For more information on the Encouraging Community Housing Options (ECHO) Program, please visit [www.saskatchewan.ca/SHC](http://www.saskatchewan.ca/SHC)
- All sections of the **three-page** application form must be completed. If the section is not applicable, please check N/A.
- Only applicants applying for the “Action Funding Component” are required to fill in Section E.
- Communities in the Northern Administration District are encouraged to complete the template collecting northern demographic data and include it with this application. Templates may be obtained by contacting the Saskatoon office (contact information below).
- If the space allocated for each section is not enough, please provide your answer on a separate sheet and clearly indicate what section it is speaking to.
- Completed and eligible applications will be accepted on a first come, first serve basis. Funding is limited.
- Keep a copy of the completed application form for your records.
- You will be contacted via e-mail, confirming receipt of your application.
- Applications may be submitted via e-mail, mail, or dropped off in person to:

Saskatchewan Housing Corporation  
ECHO  
11th Floor – 1920 Broad Street  
REGINA SK S4P 3V6  
Phone: (306) 787-4177 or toll-free 1-800-667-7567  
E-mail: ECHO@gov.sk.ca

If your municipality or regional partnership is within the Northern Administration District, please send your application to:

Saskatchewan Housing Corporation  
ECHO  
225 First Avenue North  
SASKATOON SK S7K 1X2  
Phone: (306) 933-6292 or toll-free 1-866-245-5758  
E-mail: ECHO@gov.sk.ca

## A. APPLICANT INFORMATION

### 1. Please check which funding component you are applying for:

- To complete a Housing Plan (please proceed).
- To take action on strategies identified in an existing Housing Plan or Assessment.

### → Do you have a completed Housing Plan or Needs Assessment?

- Yes. Please attach the document.
- No. [**STOP** – In order to be eligible for this funding component, a Housing Plan or Needs Assessment must be completed]

### 2. Are you applying as a regional partnership?

No.

Yes. The partnership includes the following municipalities:

- Confirmation of the regional partnership is attached (e.g. letters or an agreement signed by the municipalities confirming an agreement to partner on this project).

## B. ELIGIBILITY

### 1. Do you have an Official Community Plan (OCP)?

- Yes, completed in \_\_\_\_\_ (month/year).
- It is currently under development and expected to be complete in \_\_\_\_\_ (month/year)
- No [**STOP** – In order to be eligible for this Program, an OCP must be complete or under development]

### 2. For communities outside of the Northern Administration District, please identify the population of your municipality (or the combined population if a regional partnership), according to the most recent census\*.

Population: \_\_\_\_\_ people.

To be eligible, the population for the municipality or regional partnership must meet or exceed the limits established by Saskatchewan Housing Corporation, as of the most recent census data available.

*\*2011 Census population counts were released on February 8, 2012.*

## C. BUDGET

### 1. Budget Summary:

Please attach a budget breakdown of estimated total expenses.

### 2. Funding Sources

- a. Total cost: \$ \_\_\_\_\_
- b. Funding requested: \$ \_\_\_\_\_
- c. Total investment from municipality: \$ \_\_\_\_\_
  - Funding from other sources, where applicable: \$ \_\_\_\_\_

## D. ACTION COMPONENT

**Complete this section *only* if applying for funding to take action on a strategy identified in a Housing Plan/Needs Assessment.**

**1. Have you completed a:**

- Housing Plan
- Needs Assessment
- Other: \_\_\_\_\_

Please attach document. This document must identify the housing need that you are applying for.

**2. Please describe the project, including why it is needed, how it will address a housing need identified in your Housing Plan/needs assessment, and what the expected outcomes are.**

**3. Please describe how you will be working with industry and stakeholders on this project.**

## E. CONTACT INFORMATION

### Primary Contact

Municipality: *(Lead, if a regional partnership):*

Contact Person:

Position:

Mailing Address:

Phone Number:

Fax Number:

E-mail Address:

### Secondary Contact

Municipality:

Contact Person:

Position:

Mailing Address:

Phone Number:

Fax Number:

E-mail Address:

The undersigned declares that, to the best of the undersigned's knowledge, the information contained in this application and all attachments is accurate and complete.

The undersigned agrees that the applicant's Housing Plan/Needs Assessment, and any and all reports relative thereto provided by the applicant to Saskatchewan Housing Corporation (SHC) under the ECHO Program, shall be deemed to be public documents and may be released or published by SHC without restriction.

### SIGNATURE

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

\_\_\_\_\_  
Date

Title:

**To be completed by SHC:**

**Date and Time received:**