|  |  |  |
| --- | --- | --- |
| Shield-English_red_200 | Appendix A  CANADA AND BERMUDA TERRITORY | |
|  |  |

***PROGRAM PROPOSAL***

***FORM***

**(Pages 1-6 to be completed for all proposals)**

|  |  |  |
| --- | --- | --- |
| **Name of Ministry Unit:** |  |  |
| **Division/Department:** |  |  |
| **Type of Program:** |  |  |
| **THQ Program Consultants Involved:** |  |  |
| **AC Responsible:** |  |  |
| **Proposed by:** |  |  |
| **Position:** |  |  |
| **Address of proposed program:** |  |  |
|  |  | Street |
|  |  | City/Town |
|  |  | Province/Postal Code |

**Key Components:**

Provide a brief summary using the following prompts:

\* What is the Program?

\* Who is it for?

\* What need does it meet?

\* What will it require?

\* How will you provide that?

\* What approvals are necessary?

**1. ASSESSMENT OF NEEDS**

**1.1 Mission**

*The Salvation Army exists to share the love of Jesus Christ, meet human needs and be a transforming influence in the communities of our world...*

**Describe what aspects of the mission statement will be met through this program:**

* how will the love of Jesus Christ will be shared through this program?
* how will the program meet human needs?
* how will this program be a transforming influence in the community?

**1.2 Planning Documents**

Attach copy of planning/visioning document(s) for the ministry unit

**1.3 Community**

a. Provide detailed demographic information which supports the need for the program. Include thesource of document(s) that support the need.

1. Population trends and projections.
2. Access to location for population you serve

d. Suitability of location

e. What is the size of the population you wish to serve?

f. Who else provides this?

Community cont..

Identify potential target populations to be served.

a. Age

b. Gender

c. Need

**2. GOVERNANCE**

**2.1 Identifying the Governing/Advisory Model**

**Governance Advisory** Corps Mission Board ❑ ❑

Centre Management Team ❑ ❑

Community Council ❑ ❑

Regional Health Authority ❑ ❑

Board of Directors (under Governing Council By-law #8) ❑ ❑

DHQ ❑ ❑

THQ ❑ ❑

Other (Identify) ❑ ❑

**3. BUSINESS/FINANCE**

**3.1 Budget - Operational**

*A. Start-up Costs:*

|  |  |
| --- | --- |
| **Wages** |  |
| **Furnishings** |  |
| **Program Development Costs** |  |

State source that carries program costs until funding body pays the invoice. Also, include in 3 year budget template.

*B. Operational Budget:*

* **Attach draft three-year operational budget**
* Complete chart

|  |  |
| --- | --- |
| **Sources of Proposed Income** | **Percentage of Funding from Each Source** |
| **- Corps** |  |
| **- Red Shield** |  |
| **- Government** |  |
| **- Other** |  |

Attach letters of confirmation from potential funding partners.

List possible solutions to covering any anticipated deficit.

Contingency.

Cash flow - identify any anticipated shortfall throughout the term of the contract, if applicable.

**3.2 Budget - Capital**

*Capital Funding:*

|  |  |
| --- | --- |
| **List Sources** | **Amount of Funding from Each Source** |
|  |  |
|  |  |
|  |  |
|  |  |

**Attach draft capital financial scheme.** Budget should take into account the cost of financing the project including interest on mortgages and costs associated with establishing lines of credit where required. (The THQ Finance Department is available for consult)

**4. INSURANCE/LIABILITY COVERAGE**

**4.1 Risk Management**

Consult with THQ Director of Risk Management to describe nature of program and discuss Salvation Army coverage should program be approved. Provide details of the consultation by including the email comment/s made by the Director of Risk Management.

Date of Consultation:

Summary of Discussion:

**5. PROPERTY**

**5.1 Anticipated Requirements**

State anticipated requirements and rational for land, construction, refurbishing or leasing facility/facilities.

Zoning

Fire Codes

S.A. owned Property

Leased Property

Building Codes

**6. HUMAN RESOURCES**

**6.1** How will this proposal impact officer appointments or employee positions?

**6.2** Proposed change of appointment or anticipated workload?

**6.3** **Additional Positions**

List additional positions required; documenting that there are adequately trained personnel to see that the program will function effectively, and that legislated and/or professional requirements are met.

|  |  |  |
| --- | --- | --- |
| **Positions**  (full-time or part-time) | **Qualifications** | **Experience** |
| i. |  |  |
| ii. |  |  |
| iii. |  |  |
| iv. |  |  |

**Provide an organizational chart for the program. Include clear indication of how the program relates to Governance, DHQ, THQ. (If applicable, also indicate how the program relates to the larger program unit)**

**6.4** **Job Training**

State the plans for ‘on the job’ training of personnel to ensure the future success of the program.

**6.5** **Impact on Existing Programs**

State the impact of the new program on existing programs. If trained personnel are being utilized from existing programs, state how their work will be covered in the original program.

**6.6** **Volunteer Involvement**

6.6.1 State plans for involving volunteers in this program.

6.6.2 State efforts in place to train, orientate and utilize volunteers.

\*

**7. Area Commander Consultation**

Consults with your Area Commander to describe nature of program and discuss program be approved.

Date and type of Consultation:

Summary of Discussion:

**PROGRAM – PART I**

**(FOR USE WITH: 1) SOCIAL SERVICES 2) CORPS BASED RESIDENTIAL PROGRAMS AND**

**3) ALL PROGRAMS THAT HAVE A CARE/SUPERVISION COMPONENT.)**

**8. PROGRAM**

**8.1 Service Providers**

With reference to each of the following classification of service provider, **as applicable**, provide information as indicated, i.e. how will each of these service providers support and be involved in the proposed program?

***Sample:***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Service Provider*** | ***Identification of***  ***Current Need***  ***for the Ministry*** | ***Confirmation of***  ***Support for the***  ***Ministry/Program*** | ***Anticipated***  ***Involvement*** |
| ***Corps*** | ***Discussed with Corps Leadership Team who supports the need for this program*** | ***Minuted in Corps Leadership Team Minutes*** | ***Corps members will provide ministry to the program on special occasions.*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider** | **Identification of**  **Current Need**  **for the Ministry** | **Confirmation of**  **Support for the**  **Ministry/Program** | **Anticipated**  **Involvement** |
| **Corps** |  |  |  |
| **Local Salvation Army Facility/ Program** |  |  |  |
| **NGO**  **Non-Governmental Organizations** |  |  |  |
| **Government** |  |  |  |

**8.2 Goal(s)**

In draft form state the goal(s) of the proposed ministry.

**8.3 Objective(s)**

State the objective(s) of the proposed ministry. The statements should be specific, measurable and time limited.

**8.4 Ministry/Program Framework (this should be reflected in the “Key Components”)**

Briefly describe the program, breaking it down into main activities or components.

**8.5 Evaluation**

State how and when this program will be evaluated. (Link anticipated outcomes with program objectives).

**9. GOVERNMENT/LEGISLATION**

**9.1 Responsibility**

State the Government (federal/provincial/municipal), and the Ministry responsible for sponsoring this program (Health/Education/Corrections/Other). Provide this information whether the program is government funded or not.

**9.2 Legislative Acts**

List the Legislative Act(s) which will govern this program (i.e. Nursing Homes Act, Landlord Tenant Act)

**10. CONTRACT**

**10.1 Proposed Contract**

Attach copy of proposed contract (if available and/or applicable).

State terms of contract: length, and whether there is a termination agreement.

**10.2** **Additional Housing**

List any additional housing that may be required for employees/officer personnel.

**10.3** **Residential Component**

Describe the residential component of this program, if applicable.

**10.4** **Future Expansion**

Include plans for future expansion in plans for construction, if applicable.

**10.5** **Conditions of Ownership**

State the conditions of Ownership (This is in reference to capital cost for construction being paid by the government).

**11. POLICIES/STANDARDS/CODES**

**11.1 Professional Standards**

Name any professional standards, policies, and codes that this program will be required to meet (e.g. provincial regulations for long term care, standards for correctional residential facilities, etc.)

**11.2 Other Financial Considerations**

Where this is an additional program briefly state impact of new program on existing budget.

State source responsible for payout if support of the program is discontinued by the funding body.

Per Diem Rates: State whether the budget has been prepared at total capacity or whether there is a minimum guarantee that will cover operating costs. If there is no guarantee, how will the costs be covered?

**PROGRAM – PART II**

**(For all programs/ministries operated by a corps other than those covered in Part I. Examples: Recovery Ministries, After School Feeding Program, Thrift Store, Family Services, Moms & Tots)**

**12. PROGRAM**

**12.1 Health of Congregation**

Describe the Health and Health History of the congregation.

(Add any attachments as **Appendix A**)

**12.2** **Most recent Congregational Health Assessment**

Please provide details as follows:

Date :

\*

**\***

* 1. **Implementation**

Outline implementation steps taken to address Congregational Health findings:

**\***

* 1. **Stewardship Resources**

Has the corps undertaken the stewardship resources program?

Assessment Yes \_\_\_\_\_ No \_\_\_\_\_

If 'no' - specify timeline for completion \_\_\_\_\_\_\_\_\_\_\_\_\_

Campaign Yes \_\_\_\_\_ No \_\_\_\_\_

If 'no' - specify timeline for completion \_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Networking**

Has there been any conversation with neighboring ministry units? Describe any potential partnerships?

\*

**13. CORPS GROWTH PROJECTIONS**

**13.1 AM Attendance History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year |  |  |  |  |  |
| Sunday AM Attendance  (Past Five Years) |  |  |  |  |  |

**13.2 AM Projected Attendance**

Outline the Corps growth projections for the next five years as it relates to demographic information. (Attach demographic information as Appendix B.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year |  |  |  |  |  |
| Sunday AM Attendance  (Next Five Years) |  |  |  |  |  |

**13.3** **Current Corps and Community Programs Operating and Leaders:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** |  | **Program Description** | **Attendance** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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**14. SIGNATURES OF ENDORSEMENT**

**Complete A and B for programs approved at DHQ**

**Complete A, B and C for Programs Requiring THQ Approval (Minute 7919)**

**A. Local:**

Executive Director/Corps Officer Date

Financial Manager/Local Officer Date

Program Manager/Local Officer Date

**B. DHQ/Other:**

Program Council Chair (if applicable) Date

Chair of Community Council, Date

Advisory Board/Board of Trustees

Area Commander Date

Divisional Secretary for Business Administration Date

Divisional Executive Board Chair (DC) Date

**C. THQ:**

THQ Consultant (i.e. person who helped in development of program) Date

Social Services Secretary Date

THQ Consultant (i.e. person who helped in development of program) Date

Corps Ministries Secretary Date

Secretary for Program Services Date

Secretary for Business Administration Date