

Applicant Guide 2024

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TABLE OF CONTENTS

- Background4
- Introduction5
 - Part A — NHS Demonstrations Initiative and project alignment.....5
 - A 1. What is a demonstration?.....5
 - A 2. What kind of solutions and projects are eligible for the 2024 funding opportunity?.....5
 - A 3. Role played by CMHC in the NHS Demonstrations Initiative7
 - Part B — Before applying: eligibility requirements.....8
 - B 1. Who is eligible to participate in the NHS Demonstrations Initiative? ...8
 - B 2. Which projects are eligible under the NHS Demonstrations Initiative? ..9
 - B 3. Which activities and costs are eligible under the NHS Demonstrations Initiative? 10
 - Part C — Ready to apply: submit an application..... 12
 - C 1 and 2. Application sections: contact and proponent information 13
 - C 3. Application section: project details 13
 - C 4. Application section: Evaluation..... 19
 - C 5. Score 19
 - C 6. Funding/collaborators20
 - C 7. Attachments20
 - C 8. Submit..... 21
 - Part D — Selection process..... 21
 - D 1. Eligibility screening 21
 - D 2. Evaluation..... 21
 - D 3. Prioritization23
 - Part E — Application and submission instructions.....24
 - E 1. Application Intake Process (AIP)24
 - E 2. Submission Instructions (mandatory)24
 - Part F — General terms and conditions26

- Appendix 1 — National Housing Strategy priority areas, populations and shared outcomes29
 - Priority areas29
 - Housing for those in greatest need.....29
 - Community housing sustainability29
 - Indigenous housing29
 - Northern housing29
 - Sustainable housing and communities29
 - Balanced supply of housing29
 - NHS priority populations.....29
 - NHS shared outcomes.....30
- Appendix 2 31
 - An example of a template of Statement of Work (SOW) and Knowledge Mobilization (with Budget)..... 31
- Appendix 332
 - Example of filled Performance Measurement Framework template.....32

Use of Information & Disclaimer: Information contained in this Applicant Guide (Guide) is proprietary information to CMHC. It is made available and shall be used for the sole purpose of providing applicants with sufficient information to prepare responses to the NHS Demonstrations Initiative competitive Application Intake Process. You shall not make any other use of the information contained in this Guide.

BACKGROUND

CMHC plays a critical role as a national convener to promote stability and sustainability in Canada's housing finance system. Our mortgage insurance products support access to home ownership and the creation and maintenance of rental supply. Our research and data help inform housing policy. By facilitating cooperation between all levels of government, private and non-profit sectors, we contribute to advancing housing affordability, equity, and climate compatibility. And we actively support the Government of Canada in delivering on its commitment to make housing more affordable.

Canada's first ever National Housing Strategy¹ is a 10-year, \$82+ billion plan that will give more Canadians a place to call home and will create a new generation of housing in Canada. Through the National Housing Strategy, the federal government is re-engaging in affordable housing and bringing together the public, private and non-profit sectors to ensure more Canadians have a place to call home. The goal of this historic strategy is to make sure Canadians across the country can access housing that meets their needs and that they can afford. To achieve this goal, the strategy will first focus on the most vulnerable Canadians.

The NHS will create livable communities where families thrive, children learn and grow, and their parents have the stability and opportunities they need to succeed. It will spearhead innovative new housing research, data and demonstration projects to fill gaps in our knowledge, share the best ideas and shape the future of housing policy in Canada. It also creates new opportunities for the federal government to innovate through partnerships with the community housing sector, co-operative movement, private sector, and research community.

For more information on the National Housing Strategy, visit placetocallhome.ca.

¹ <https://www.cmhc-schl.gc.ca/nhs>

INTRODUCTION

This guide is your navigator to the NHS Demonstrations Initiative. It will help you in assessing if this initiative fits your needs, whether you are eligible and how to present your project in the best light.

Please ensure to read it carefully; the Initiative has been updated since the previous call for proposals.

Part A — NHS Demonstrations Initiative and project alignment

A 1. What is a demonstration?

The NHS Demonstrations Initiative funds the demonstration, in a real environment, of solutions supporting housing affordability, the NHS priority areas, population groups and outcomes (see **appendix 1**), focusing on solutions with evidence of positive impact. Since the initiative intends to increase the adoption of high-quality solutions for greater sector impact, the demonstrations must support active scaling/replication with solutions adopters. Activities could include the following:

- Highlighting high-impact innovations already implemented in a real-world setting, to support greater sector awareness and appetite for adoption.
- Documenting its performance and benefits based on evidence, including outcomes for its expected users and adopters, and NHS outcomes, with the intent to increase appetite for others to replicate or adopt the demonstrated solution.
- Showing potential adopters and replicators how to implement the innovation in various contexts through tools development, knowledge transfer, capacity building, development and implementation of scaling models and approaches, adaptation and replication processes; collaborative approaches; partnerships/value networks development; networking and showcasing; and stakeholder engagement across diverse geographic/social/cultural/economic/regulatory areas—as appropriate to successfully scale high-impact, viable and sustainable solutions.

Note: If the innovation you wish to demonstrate has not yet been implemented in a real-world context, and/or does not have at least some early evidence of resulting in a positive impact, other funding programs might be a better fit.

A 2. What kind of solutions and projects are eligible for the 2024 funding opportunity?

The NHS Demonstrations Initiative is seeking proposals related to specific themes. For the 2024 funding opportunity, the theme of focus is: **“Supporting the Community Housing Sector to Increase Affordable Housing Supply.”**

Please note that since the NHS Demonstrations Initiative follows a continuous intake process, new themes might be added over time, so we encourage you to subscribe to our distribution list for NHS Demonstrations Initiative updates at innovation-research@cmhc-schl.gc.ca, and to always consult the [website](#)² prior to submitting your application.

A 2.1 Theme of focus: Supporting the Community Housing Sector to Increase Affordable Housing Supply

This competitive process seeks solutions that advance the collective mission of the community housing providers sector to increase the supply of affordable housing and prioritize solutions with potential regional or national impact over localized interventions.

Community housing providers face unique challenges when it comes to creating affordable housing and deepening or preserving affordability when compared to private sector developers. These challenges exist within financing, acquisition of land or existing affordable housing, development, construction, operation and replication.

² <https://www.cmhc-schl.gc.ca/professionals/project-funding-and-mortgage-financing/funding-programs/all-funding-programs/nhs-demonstrations-initiative>

If you have a solution that specifically helps community housing providers overcome these barriers, or you are a community housing provider that has a solution that you feel should be replicated by others, and the solution results in affordable units being created or affordability being deepened or preserved, it is likely that your solution is in scope.

Ideal candidates demonstrate a commitment to generating affordable housing units within 1 to 3 years following the demonstration—using funding to increase sector adoption/replication of the demonstrated solution.

Examples of solutions may include, without being limited to the following:

FINANCING

- A digital tool that helps compare the conditions and terms on grants and loans to ensure minimum requirements are being met and suggests changes to optimize project impacts.
- A financial model or partnership that reduces barriers to donors or investors, increasing the pool of potential participants in funding community housing providers.
- A financial model that allows community housing providers to access the capital in their illiquid assets, enabling them to develop more affordable housing faster.
- A financial community equity model, profit-generating mechanisms or community bonds supporting community housing providers.

ACQUIRING LAND

- Financial products like a revolving fund that provides long-term capital for land acquisition/development/construction or due diligence funding to proven community housing providers (potentially paired with a consultant who can do the work).
- Pre-vetting or financial release approval process for foundations or other impact investors that commit a range of dollars to be available until a certain date for pre-vetted community housing providers, enabling them to move quickly on opportunities.
- Partnerships with landowners that give priority to community housing providers.

DEVELOPMENT

- Partnership models between developers and community housing providers that enable affordable housing to be created, while keeping costs down and reducing the community housing providers' level of effort toward development.

CONSTRUCTION

- Methods that drive greater housing affordability and/or enable economies of scale in construction for community housing providers.

OPERATION

- Methods that enable economies of scale in operation for community housing providers tools that simplify data collection and reporting to lenders and investors.
- Methods for supplemental income for community housing providers to enable sustainability and affordable rents (rentable community space, commercial or employment space, etc.)

REPLICATION

- Partnerships with national organizations or groups with a mandate for solutions replication or scaling, regionally or nationally (at a greater scope than local level).

These examples of types of solutions would be considered in scope since they address the unique needs of community housing providers. Other types of solutions that meet that criteria can also be considered. Applicants must provide in their application their rationale as to how their proposed solution meets the theme of focus.

A 2.2 Out-of-scope solutions

Solutions designed for single-implementation purposes and not meaningfully intending to work toward greater regional or national implementation would be considered out of scope.

Solutions that do not prioritize affordable housing or the community housing providers sector would be considered out of scope.

While innovative construction technologies do support faster / more cost-effective housing supply, unless there is a direct impact leading to increased housing affordability and/or an explicit effort to support community housing providers in adopting and dealing with the unique challenges they face in implementing the solution, these likely would be considered out of scope.

As this funding opportunity focuses on scaling already implemented solutions, demonstration of an innovative policy can be in scope, if implemented innovative policies are being show-cased, adapted and replicated in other settings—rather than developing new innovative policy models, which would be out of scope.

While solutions that benefit the entire housing ecosystem do still support community housing providers, without clear consideration and adaptations to the solution to show the unique value for the community housing providers sector, these solutions will be considered out of scope.

CMHC reserves the right to decide if a proposed solution is in scope for the call for proposals.

A 3. Role played by CMHC in the NHS Demonstrations Initiative

DURING THE APPLICATION INTAKE PROCESS (AIP)

While remaining impartial, CMHC:

- can comment on requests for the clarification of the application process and/or answer application questions;
- can support applicants in determining if the intended proposal meet the eligibility criteria;
- can advise clients as to which innovation program might best fit their proposal, as applicable;
- will validate that submitted proposals meet program requirements;
- cannot comment on the content of the proposals prior to the application being submitted to CMHC for evaluation;
- co-ordinates the selection process, including the scoring of proposals by internal and/or external subject-matter experts and/or people with lived experience (as applicable); and
- prioritizes applications reaching the scoring threshold to ensure portfolio gaps are covered, as applicable (see **Part D - Selection process**).

ONCE PROJECTS HAVE BEEN SELECTED

- It is the applicant's responsibility to ensure they meet any provincial requirements for entering into an agreement with CMHC, a federal Crown Corporation. For example, in Quebec, if you are subject to the M-30 Act respecting the Ministère du Conseil Exécutif³, it will be your responsibility to obtain an authorization at the provincial level in order to enter into an agreement with CMHC as a Quebec public agency.
- Subject to the successful negotiation of a contribution agreement with selected projects, CMHC funds demonstration projects.
- CMHC can participate as an observer in activities performed under the funded projects.
- On a case-by-case basis and depending on the outcomes of the funded projects and available resources, CMHC might choose to undertake additional activities to highlight or disseminate project outcomes and outputs.

³ <https://www.legisquebec.gouv.qc.ca/en/document/cs/m-30>

Part B — Before applying: eligibility requirements

B 1. Who is eligible to participate in the NHS Demonstrations Initiative?

B 1.1 Applicant eligibility

The applicant is the organization submitting the application on behalf of the project lead and all of its partners. Should the proposal be selected for funding, this organization would be the one invited to enter into a contribution agreement with CMHC. As such, once the funding is received, they would be responsible for fulfilling the requirements in terms of insurance coverage, project management, monitoring and reporting to CMHC; and be accountable for the risks, deliverables and responsibilities related to the project. Hence, the partners need to ensure that the party submitting the proposal for the project on their behalf can meet these requirements.

Eligible applicants must be:

- organizations duly incorporated as legal entities in Canada, and validly existing in Canada, prior to receiving funding. This requirement can be completed after submission of the application, but it must be prior to receiving any funding; and
- organizations in good standing with CMHC, and not in breach of any terms and conditions under any previous project with the NHS Demonstrations Initiative or other CMHC program. Applicants in breach of any terms and conditions, or failing to meet integrity requirements, may be denied funding on that basis.

Note: Employees of CMHC and anyone connected with the evaluation of the 2024 applications for the NHS Demonstrations Initiative are prohibited from entry, whether as applicants or as partners.

Note: International organizations may be partners or members of the demonstration team but **not** the applicant (that is, they must partner with a Canadian applicant).

B 1.2 Partner eligibility

Partners are defined as populations and organizations that will contribute to the project in various ways: by providing in-kind resources or funding, bringing in expertise and experience (including, where applicable, lived experience) that adds to the demonstrated solution, potential adopters who might be interested in adapting/replicating the solution, groups with scaling expertise, users of the solutions (for example, municipal governments, grassroots organizations), beneficiaries of the solutions (communities, NHS population groups), who sponsor and support the demonstration project.

Partners may have diverse interests and roles: providing feedback to document impact, evaluate and improve the demonstrated solution, ensuring it meets the needs of specific populations groups (as applicable); sharing expertise, knowledge or resources to transfer, adapt or adopt the demonstrated solution, and participate in scaling the demonstration solution by developing an adapted scaling approach, implementing/replicating it in other settings, amplifying the scope of its impact, etc.

Participation in the NHS Demonstrations Initiative is, for all intents and purposes, open to anyone that is part of a broad range of housing stakeholders (as applicants or partners), such as, but not limited to the following:

- Community housing providers, affordable housing providers, non-profit affordable housing organizations and affordable housing cooperatives
- Government agencies and corporations—provincial, territorial, municipal
- Indigenous organizations—First Nation, Inuit, Métis
- Canadian companies, organizations, associations
- Private and non-profit builders and developers, real estate agencies
- Associations, networks or non-governmental organizations (NGOs) seeking to demonstrate and scale new and innovative approaches
- Agencies, associations and NGOs involved in NHS priority area activities—seniors’ associations, veterans’ associations, mental health advocates, homelessness hub, non-profit organizations, sustainability agencies
- Academic institutions and innovation hubs involved in NHS priority area activities and audiences

- End users, individuals with lived experience who can provide first-hand expertise on the demonstration/adaptation/replication of the solution.

Note: There are no limits on the number of applications one can participate in, either as an applicant or a partner. Past Demonstrations funding recipients are allowed to submit an application as part of the 2024 competitive intake process. However, CMHC might prioritize funding allocations to ensure a diversified solutions portfolio (see **Part D - Selection process**).

B 2. Which projects are eligible under the NHS Demonstrations Initiative?

To be eligible for funding under the NHS Demonstrations Initiative, demonstration projects must also be compliant with **all** of the following requirements:

- The proposed solution must be in scope of the thematic area of focus "Supporting the Community Housing Sector to Increase Affordable Housing Supply."
- The demonstration project is based in Canada (one or multiple demonstration sites are allowed and can involve various provinces and/or territories).
- The project includes Canadian partners as a minimum (others can be included, but not required).
- The project supports outcomes related to at least one of the NHS priority areas and/or at least one of the NHS priority populations (see **appendix 1**).
- The project must support the following outcome: "Expertise and capacity is enhanced in the housing sector."
- The project will document the impacts of the demonstrated solution on housing affordability.
- The proposed solution is ready to be demonstrated, that is, already implemented in a real-world context with at least some early evidence of a positive impact.

Note: Where a proposal claims to support specific needs and desired outcomes related to one or more of the NHS priority population groups, the project **must** document the impact of the demonstrated solution on such population groups that are engaged through the project (that is, when the project aims to demonstrate the suitability of a solution to the specific needs of one or more of the NHS population group[s]).

Note: For adequate planning and to ensure proper engagement, sound ethics procedures and adequate risk mitigation strategy, we invite you to refer to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans⁴.

Note: NHS-funded projects (approved under: Innovation Fund, Solutions Labs, Affordable Housing Fund, Federal Lands, Community Housing Transformation Centre, Apartment Construction Loan Program, etc.) that meet or exceed the minimum requirements for energy efficiency, accessibility and affordability are eligible to demonstrate, where applicable, solutions for affordable housing that support better outcomes for the populations served.

Demonstration projects applicants applying for funding or receiving funding from other institutions, organizations, programs, etc. are eligible to apply for NHS Demonstrations Initiative funding. However, they must not be in receipt of any other funding from CMHC for a purpose similar or substantially similar to the purpose of the NHS Demonstrations Initiative. Please note that stacking is permitted, but duplication is not. Eligibility will be determined by CMHC at its sole discretion.

⁴ https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html

Note: Proposals regarding transfer and adaptation of international innovative models or approaches into a Canadian context and in Canada might be considered eligible under some conditions, such as if the applicant demonstrates that there is currently a gap in alternate Canadian solutions, and that there is a necessity to demonstrate said innovation in a Canadian context. The applicant is responsible for explaining:

- the expected added value to transferring such innovation into a Canadian context and the gap it intends to fill, in relation with NHS outcomes;
- the strategy for adapting the foreign solution into a Canadian context;
- the potential side effects of implementing such a demonstration into the Canadian context and the mitigation strategies deployed (see **Risk Assessment and Mitigation Strategies**);
- how the demonstration project intends to build Canadian capacity and new evidence related to the Canadian context of application;
- the potential changes required within the Canadian housing system for the innovation to be successful.

A lack of clarity or not meeting these requirements will likely result in the project being ineligible.

B 3. Which activities and costs are eligible under the NHS Demonstrations Initiative?

This section provides examples of eligible demonstration activities that may be funded; that is, activities to evaluate and disseminate implemented solutions; and adopt/adapt/replicate/scale solutions that support the community housing providers sector, and NHS priority areas and/or populations groups for a greater scope of impact.

Eligible activities include, without being limited to:

- activities to document and assess how the innovative solution was implemented/scaled;
- activities to document and assess performance and costs/benefits of the demonstrated solutions from an adopter, end user, beneficiary, sector perspective (new information, evidence and data related to the demonstrated solutions), including the production of the case study (see **Part F: General Terms and Conditions**, Item 20);
- development of a scaling approach or model to expand the scope and impact of the demonstrated innovative solutions;
- collaborative work with an expanded group of partners and stakeholders to actively adopt, scale or adapt/replicate the demonstrated innovative solutions;
- activities related to tools development, knowledge/expertise transfer, capacity building, partnerships development, development/creation of value networks aiming to scale the demonstrated solutions;
- development of a sustainability strategy to ensure adequacy, viability and sound performance / risk management of scaling approach over the medium and longer term; and
- monitoring and reporting activities related to the management of the demonstration project.

As such, eligible costs may include direct labour, staffing, material, equipment and administrative costs. Eligible costs may also include research, consultation/engagement, capacity-building activities, or development of approaches and strategies to ensure sustainability, knowledge mobilization or scaling.

Eligible costs can also include developing, operating and maintaining demonstration platforms (for example, websites, staffing, webinars, workshops), developing and delivering capacity building activities and disseminating information using knowledge products, such as videos, case studies, presentations, best practice guides.

Data collection and documentation activities for CMHC to provide information about public and stakeholder impacts, including participant surveys, user experiences, housing provider feedback.

Design, development and delivery of knowledge transfer products, such as brochures, case studies, posters, videos, 3-D photos, 3-D virtual models, educational seminars, presentations, mockups and models, online forums, information-sharing platforms, through a variety of mediums, such as social media, industry, partners, academia.

Design and development of the demonstration project including design services, professional consultations, technical advice, implementation strategies, printing production, documentation activities (for example, video, photos), presentation materials, site preparation and cleanup (specific to the demonstration project), project management, consultations, and any other activity that can be convincingly demonstrated to be integral to the delivery of the project.

The above examples of eligible activities is not exhaustive nor comprehensive; the applicant may propose other activities for eligibility. However, in doing so, the applicant must clearly demonstrate in the application that the proposed activity is associated only with the demonstration project and supports and enhances adoption/scaling of the demonstrated solution.

Ineligible demonstration activities

The following provides examples of activities that are **not** eligible for funding under the NHS Demonstrations Initiative:

- Affordable housing project developments, including asset investments (for example, buildings, land, construction materials), except those directly related to the demonstrated solution.
- Project development activities, such as site preparation, lot servicing, project design, construction or renovation, that are outside the demonstration project scope (for example, capital costs related to construction activities and purchase and installation of technologies), except those directly related to the demonstrated practice, program, policy, etc.
- Research and development activities related to developing a prototype solution.
- Research and development activities related to new and emerging technologies (for example, next generation heat recovery ventilator) and their implementation in buildings and housing or improvements to building practices.
- The initial development of policies—the subjects of the demonstrations must be ready to be demonstrated; however adaptation/replication of policies that have been implemented and proven/shown to have an impact are also allowed. The development of programs or strategies is in scope **if** it relates to the scaling approach, that is, if it is used as an adoption/adaptation/replication mechanism to expand the scope of the demonstrated solution.
- Advocacy products (for example, briefing notes, position papers) and activities (for example, any activity that would require a declaration to the Registry of Lobbyists).
- Product marketing and commercialization costs.
- Costs associated with patent submissions.
- Costs associated with certification processes or compliance with various labelling systems. Development of a new certification or compliance process is allowed **if** it relates to the scaling approach, that is, if it is used as an adoption/adaptation/replication mechanism to expand the scope of the demonstrated solution.

Note: Should they be selected for funding, applicants cannot use the funding to cover expenses incurred prior to having a contribution agreement signed by both parties.

Any other costs that are not directly associated with demonstrating, adopting, adapting, replicating or scaling and reporting on a solution already implemented in a real-world environment as outlined above will likely be ineligible. Eligible costs will be determined by CMHC at its sole discretion.

Part C — Ready to apply: submit an application

Applications are submitted through [CMHC’s secure online application portal](#)⁵. Here are a few details about the portal that you should know:

- You will need to create an account, if you do not already have one with CMHC. If you already do, please ensure that the information is up to date.
 - Information entered into the portal is stored in a secure database. CMHC is committed to protecting the personal information of applicants.
 - Application reviews can take several weeks. You can check the status of your application in the online application portal.
 - The length of each application can vary. You can monitor your progress through the application at the top of each page.
 - As you move forward through the application, completed pages will be saved automatically. Partially completed pages—those that are missing required fields—will not be saved.
- You may leave the portal with your application partially finished. Any page that you have completed will be saved securely within the portal until you return.
 - You can navigate through completed application pages using the links at the bottom of each page for the previous or next step.
 - You cannot change the initiative/program you are applying for after you have selected it on the Proponent page.
 - Separate applications and documentation are required for each initiative you apply for.
 - The portal will time out after being inactive for 30 minutes.
 - An application is only submitted for CMHC’s review once all sections have been filled **and** the applicant has clicked the Submit button.
 - **IMPORTANT:** Once you submit your application, it will be time-stamped and locked. The applicant is responsible for ensuring their application is true, accurate and complete at the time of submission. Applications cannot be changed once the selection process is underway. CMHC may at its sole discretion refuse to allow an applicant to make corrections or modifications to a submitted application (see **section E 2.9**).

The application must be submitted in accordance with the conditions and requirements as set out below and as stated in the delivery instructions in **Part E**. Please reach out to Innovation-research@cmhc-schl.gc.ca for assistance regarding the application portal and templates, as required.

⁵ <https://port-cmhc-schl.microsoftportals.com/>

C 1 and 2. Application sections: contact and proponent information

Once you have logged into your account, or created an account, fill in or update the applicant and organization contact information sections as needed. Please ensure to include the **legal** name of your organization.

C 3. Application section: project details

This section allows you to present the details of your proposed demonstration project. Reviewers will study your proposal based on the information provided in the application portal, as well as all filled templates and uploaded documents.

C 3.1 Innovation details (max. 2,000 characters with spaces)

Describe what innovation(s) the demonstration project will showcase: provide an overview and supporting details regarding the innovative solution that will be demonstrated (nature of the innovation, in-depth description or early evidence of positive effects on the housing sector, NHS outcomes or affordability; innovation-specific details—technical-specific, key features, performance indicators, suitability regarding context of implementation, etc.). Please clearly state the extent to which the demonstrated solution(s) are best-in-class, innovative or leading-edge, as applicable.

Note: If you wish to submit complementary documentation providing more details about the characteristics and merits of the solution (technical report, independent assessment, etc.) you intend to demonstrate, you can upload it later through the portal under the Attachments section.

CHARACTERISTICS OF A STRONG PROPOSAL

- Innovative solution presented with sufficient details to ensure proper understanding by reviewers of the nature and benefits of the solution.
- Where there are similar types of solutions already implemented in a real-world environment, the information provided allows the reviewers to understand the relative merits or added value of this specific solution compared to others; this can involve elements related to how this specific solution has been designed or adapted to meet the specific needs of a given context of implementation.

- As applicable, describes the type of housing forms that is addressed as part of this project and the level of affordability it supports (in terms of number of implemented/ planned affordable units, side benefits on promoting housing affordability).

C 3.2 Innovation readiness level (max. 2,000 characters with spaces)

How ready is the innovation to be demonstrated in an appropriate real-world environment? Please be clear about the innovative solution's maturity level (SRL 7 or over).

CHARACTERISTICS OF A STRONG PROPOSAL

Given the 2024-2025 Application Intake Process focuses on scaling, in this section applicants would clearly explain that their proposed solutions have already been implemented in a real-world environment and have shown at least some early evidence of benefits that warrant scaling/adoption at a greater scale.

C 3.3 Innovation sustainability (max. 2,000 characters with spaces)

How does the innovation answer key sector demand and interest? Will the innovation be easily scalable and replicable by you and by others? Explain how it could be scaled and the potential scaling scope.

CHARACTERISTICS OF A STRONG PROPOSAL

- Provides clear indicators of sector demand, interest and potential for adoption/adaptation and scaling.
- Gives a clear description of the suitability of the solution with regard to its original context of implementation vs. context considered for scaling (municipal, provincial/ territorial context; regulation or policy context; specific needs of populations expected to benefit from the solution—considerations of sex, gender and diversity in the research design, as applicable; potential for adoption, adaptation, replicability or scaling [as appropriate] etc.).
- As applicable, describes elements of sector momentum that would provide greater value in performing the demonstration at this time.

C 3.4 Innovation in relation to housing units (max. 2,000 characters with spaces)

How does the innovation align with the creation and delivery of housing units? (as applicable)

This question is intended to clarify if the demonstration project involves either direct creation/renovation of housing units (through complementary funding, for instance), or if, provided the demonstration project is successful in its scaling efforts, the project would ultimately result in new/renovated units in a 1- to 3-year horizon (as an indirect result of the demonstrations activities).

Note: If this item does not apply to your project, please mark N/A for this section. However, it should be noted that this criteria does account for 6% of the overall score in the evaluation (see Section D2. Evaluation).

CHARACTERISTICS OF A STRONG PROPOSAL

Strong proposals can demonstrate a reasonable potential of demonstrations activities resulting ultimately in the creation of new/renovated units between 1 and 3 years after the project has been completed.

C 3.5 NHS priority areas, populations and desired outcomes (max. 2,000 characters with spaces)

In this section, please address how this project aligns with NHS priority area(s), priority populations (as applicable) and desired outcomes listed in **appendix 1**.

CHARACTERISTICS OF A STRONG PROPOSAL

- Demonstrates strong connections between the project's potential impacts and NHS priorities. The information provided should explain how the project outputs are linked to the NHS shared objectives (see **appendix 1**).
- Demonstrations highlighting solutions focusing on the specific needs of NHS priority population groups will be prioritized (see **Part D - Selection process**).

C 3.6 Project objective and activities (max. 2,000 characters with spaces; use the statement of work (SOW) template as a complement)

Please explain the demonstration project's overall objective and the main activities that will be implemented (including knowledge mobilization/transfer activities aiming to increase adoption of the demonstrated solution[s]). Please specify how housing stakeholders or NHS population groups (where applicable) will be engaged through the demonstration activities.

Focus on main activities; then use the **Statement of Work (SOW) and Knowledge Mobilization (KM) with Budget template** to detail the sub-activities and knowledge mobilization plan—to be uploaded in the Attachments section.

CHARACTERISTICS OF A STRONG PROPOSAL

- Shows clear connection between project objectives and the NHS Demonstrations Initiative's objectives highlighted in **Part A**.
- Presents the statement of work and knowledge mobilization activities with sufficient details to ensure proper understanding by the reviewers.
- Explains clearly how sector stakeholders and NHS priority population groups (as applicable) will be engaged or fully participate through the demonstration project.
- Specifies which knowledge mobilization activities will be undertaken and how they will improve awareness, knowledge, capacity and adoption/replication/scaling with decision makers and affordable housing stakeholders.
- Accounts for dependencies and offers a well-constructed strategy to support sound delivery of the demonstration project.

Note: Statement of Work (SOW) and Knowledge Mobilization (KM) with Budget template (see **appendix 2**)

C 3.6.1 Statement of work (SOW)

Use the **statement of work (SOW) section** of the template to list the main activities, sub-activities, outputs and start/end dates for each item.

Note: The project start date should be about **3 months after the date you submitted your application to CMHC**; since project duration is expected to be between 12 to 18 months, the end date should be calculated accordingly. Project applicants may submit a longer timeline, but they would need to **provide a rationale** in the Project Objectives and Activities section to explain how the longer duration best supports project objectives with tangible scaling/replication outcomes.

C 3.6.2 Knowledge mobilization (KM)

Use the **Knowledge mobilization (KM) section** of the template to list all knowledge products, with their dissemination channel and target audience, and estimated release date.

The following are examples of knowledge products that may be produced/developed/created as part of the NHS Demonstrations Initiative: case study (mandatory requirement for all demonstration projects), reports, building profiles, technology profiles, presentations, displays, dashboards, best-practice guides, interactive website, infographics, photography (for example, 3-D virtual tours), Web applications, time-lapse video.

A variety of delivery mediums and channels may be suitable to relay the information packages to the broader affordable housing sector, including: Internet—including websites, podcasts, webinars, social media, YouTube, on-site public tours, open houses, expert communities, industry events, newspaper/journals, face-to-face videos (including interviews with subject-matter experts, persons with lived experience), information seminars, stakeholder conferences, workshops, public engagements, housing forums, etc.

A variety of key audiences can be targeted for knowledge dissemination activities, including community housing providers, technical experts, housing NGOs, builders, socio-economic policy and program developers, healthcare institutions, associations for vulnerable people.

TARGET AUDIENCES

The plan should include products and dissemination channels for three (3) types of target audiences:

1. **Decision makers** – Instances with authority to support the implementation, adoption, scaling and eventually replication of community housing providers solution(s).

2. **Peers and users** – Stakeholders that will be closely connected to demonstrations activities performed on the ground; potential adopters, replicators; users and residents that would benefit from the community housing providers solution being demonstrated.
3. **Networks or platforms** – Instances with direct access to connections or platforms with proven capacity or potential to significantly increase awareness, adoption and replication of the proposed innovation(s) at an extended level.

C 3.7 Affordable housing sector impacts (max. 2,000 characters with spaces)

Describe what the potential impact of the project might be if the demonstration is successful. What would be the increase in awareness, knowledge and uptake of the showcased innovation by the affordable housing sector? Indicate the expected substantive short-, mid- and longer-term socio-economic, technical or environmental impact that the demonstration project aims to have on the affordable housing sector / housing affordability, including the ramifications for specific sector stakeholders and populations living in affordable housing projects. Describe how the proposed demonstration project, if successful, will offer solutions that are well matched with housing sector needs, key demands and interests.

CHARACTERISTICS OF A STRONG PROPOSAL

- Provides a detailed description on how the demonstration would benefit the community housing providers sector and housing affordability.
- Describes the sound value of the project in terms of:
 - i) magnitude of impact (that is, is it a solution for a specific stakeholder vs. the community housing sector at large);
 - ii) depth of impact (that is, spurs the sector to adopt long-term solutions to a chronic, long-standing problem vs. a limited short-term solution); and
 - iii) scope of impact (that is, sector update expectations, potential adoption and/or application toward regional/national scope, potential number of beneficiaries/users impacted).
- When available, early indicators or supporting evidence that substantiate claims will add value to the proposal.

C 3.8 Team members (max. 6,000 characters with spaces)

Please list all key members of the project team. For each team member, indicate:

- (1) their field of expertise and years of direct experience; and
- (2) the individual's contribution to the proposed project and the value they would bring to it. Please identify the project manager and provide sufficient information on all key team members for the reviewers to be able to assess whether the team has the necessary capabilities and capacity to successfully implement the demonstration project as described in the statement of work.

Where applicable, provide details on contributions from external individuals and entities (human resources, collaborations, outsourced work, consultants, subject-matter experts, professional services, etc.).

CHARACTERISTICS OF A STRONG PROPOSAL

- The displayed expertise covers all of which is required to implement the demonstrations activities, considering their nature (that is, the demonstration is aimed at scaling, there is scaling expertise among the team and partners; if the solution aims at answering the specific needs of NHS populations groups, diversity, inclusion and/or GBA+ expertise, along with lived experience, is represented across the team; etc.). Such expertise should cover both project management and subject-matter expertise.
- The proposed team is adequate considering the project objectives and scope (that is, resources are not overextended).

C 3.9 Partners or collaborators (max. 6,000 characters with spaces)

There are no restrictions in the NHS Demonstrations Initiative with respect to joint ventures, partnerships and collaborations with third parties; in fact, partnership arrangements are encouraged. However, the application must clearly explain the key roles and contributions each partner brings to the project and how the ensemble brings (added) value to the demonstration project.

In the context of demonstrating community housing providers' solutions, collaborations can include those parties directly engaged in developing the solution along with other affordable housing developers and providers; research, innovation and scaling consultants, as applicable; community representatives, adopters, end users and beneficiaries (including people with lived experience), etc. Partners can directly participate in implementing the solution and/or provide feedback or specific expertise to scale, adapt or replicate a given solution.

Please list all partner organizations and explain the nature of each organization's role in, and contribution to, the project. What added value do they bring to the project; how might they be involved in further deployment of the demonstrated innovative solution? How will they interact, what legal understandings are expected (as applicable—for instance, memoranda of understanding)?

IMPORTANT

- Please include all partners, **including the applicant organization**, in this section.
- Partners may or may not be "team members" to be included in **section C 3.8** but are generally considered to be those parties with a strategic interest in the project, co-funders, advisors but not necessarily members of the team actually undertaking the demonstration project.

CHARACTERISTICS OF A STRONG PROPOSAL

Strong proposals state clearly:

1. the **type** of partner organization (community housing provider, private enterprise, municipal government, Indigenous community, etc. as appropriate);
2. the **role** of each partner organization (are partners participating as parties who implement the solution, as expected users or beneficiaries of the solution, as experts, as potential adopters or replicators of the solution?); and
3. their **specific contribution** to the project (in terms of bringing expertise, knowledge, lived experience, feedback on the proposed solution, in-kind or financial resources, etc. as appropriate).

Strong proposals demonstrate how partners' collaboration activities enhance outcomes, bring value to the project and increase the probability of success, without undue risk by partnering.

Providing letters (under the Attachments section) who confirm each partner's support to the project, as well as how they expect to support the project (for example, sharing their expertise, resources, in-kind funding contributions, as applicable) will strengthen your proposal.

C 3.10 Indigenous communities engagement pre-consultation analysis (max. 2,000 characters with spaces)

If your project occurs within or adjacent to First Nations, Inuit or Métis government or community territories, or if these governments/communities may be impacted by your project, consultation may be required. If your demonstration project supports First Nations, Inuit and/or Métis governments or communities as an NHS priority area or population group, the Applicant **must** provide support letters from all applicable communities as part of the application documentation. Failure to provide such support letters will disqualify the demonstration project for funding.

- Please identify the First Nations, Inuit or Métis government(s) or community(ies) and describe discussions that have occurred to date related to your project undertaking. If based on the discussions that have occurred there is no need for a consultation, or you have received consent from the First Nations, Inuit or Métis government(s) or community to proceed with the project, please indicate this in your narrative along with any required supporting documentation (which you can upload under the Attachments section).
- For those projects that may require further consultation with First Nations, Inuit or Métis government(s) or community(ies) please indicate the government(s)/community(ies) that would be involved, should the project proceed, the consultation process to be used, and confirmation of ethics guidelines to be followed. Performing pre-consultation analysis and reviewing planning considerations (as applicable) prior to submitting your proposal will strengthen your application.
- Explain clearly which steps and activities you have undertaken to engage with Indigenous communities and/or authorities who might be affected by your project; if your project involves Indigenous partners, explain how you engaged with them to discuss how your partnership would unfold and how the required collaborations would take place.

NOTE

- If this item does not apply to your project, please mark N/A for this section;
- if it does apply, you will need to upload the **mandatory** support letters under the Attachments section.

CHARACTERISTICS OF STRONG PROPOSALS

- For **projects related to Indigenous housing or Indigenous populations groups**, projects where the Indigenous organizations and populations lead the demonstration project or play a substantial role will be prioritized; as such, detailing how they would participate as partners (if they are not leading the project) will be key (see **Part D - Selection process**).
- Having support letters from Indigenous partners confirming not only their approval of the project, but also the extent of their involvement, role and contribution to the project will strengthen your proposal.

C 3.11 Project costs and contributions (max. 2,000 characters with spaces)

Please indicate the following:

(1) The amount of financial support requested from the NHS Demonstrations Initiative (CMHC).

Note: It is expected that the requested CMHC funding contribution range between \$100,000 to a maximum of \$250,000. Applicants requiring more funding need to provide their rationale on how this funding would best support the project’s objectives.

(2) When the funding is needed to ensure project feasibility.

(3) The estimated start/end dates of the project.

(4) Has this proposal, in part or in full, been submitted under or approved as part of NHS initiatives for funding, or submitted to any other funding organizations? If so, please list their names, contact information and details (funding amounts, status of application, type of funding, etc.).

As part of its due diligence process, CMHC may contact these other potential funders. If you do not want CMHC to contact these organizations, please provide your reasoning.

(5) Finally, please complete the Budget section of the Statement of Work (SOW) and Knowledge Mobilization (KM) with Budget template to provide a greater level of detail (to be uploaded under the Attachments section).

This information is also intended to highlight whether the proposed demonstration project is subject to and contingent on any (pre-) existing funding arrangements or funding requests that may impact the feasibility or viability of the proposed demonstration project proceeding, whether or not the granting of funds from the NHS Demonstrations Initiative is successful.

During the application evaluation, consideration may be given with respect to the dependency on external (or third-) party funding arrangements or approvals to realize the undertaking and completion of the proposed demonstration project. If there are dependencies to consider, it is recommended to explain the scope of the potential impact should the complementary funding be denied and to present a mitigation strategy, that is, what would happen if you were recommended for funding by CMHC, but denied the requested complementary funding?

CHARACTERISTICS OF A STRONG PROPOSAL

- Strong proposals state clearly that project feasibility is **not** dependent on pending confirmation from any other submitted complementary funding.

Note: Statement of Work (SOW) and Knowledge Mobilization (KM) with Budget template (see **appendix 2**)

C 3.11.1 Budget columns

For each SOW and KM activity, you are invited to indicate the costs of the various human resources and expenses involved (columns F and beyond) – see **appendix 2** for example.

IMPORTANT

- The total cost is required as well as the costs being requested from CMHC with respect to that activity. This allows CMHC to evaluate and assess the compliance of the activity for purposes of eligibility and the reasonableness of the associated costs.
- **Cells including costs intended to be covered by NHS Demonstrations Initiative funding must be highlighted in yellow.**

C 3.12 Demonstration project risks (max. 6,000 characters with space)

Please describe the risks related to the demonstration project: technical risk (for example, innovation is too complex, insufficient capacity to deploy and maintain the demonstration); dependency risks (necessary resources and expertise are not available or are inadequate, funding is not available as proposed or is reduced, delays, etc.). Include all possible risks associated with the demonstration, such as the liabilities and costs associated with having to remove, recall, cancel the innovation implemented and any needed remediation measures; disruption to tenants; local opposition to the demonstration; policy and regulatory barriers to the innovation, etc. Detail the strategies that will mitigate these risks to a reasonable degree.

CHARACTERISTICS OF A STRONG PROPOSAL

The risk assessment that identifies a diversity of risks: operational, financial, reputational, and business risks to demonstration delivery, taking into account:

- the complexity of the project and the number and magnitude of project unknowns and uncertainties;
- the reliance on certain events outside the control of the project team that may impact the demonstration delivery;
- outsourcing elements of the demonstration project to third - (external) parties;
- potential damage to property or injury to partners, stakeholders and the public;
- disruption to the property or operations due to the installation or deployment of demonstration activities;
- the unintended consequences from demonstrating the community housing providers solutions; and
- the reputational risk (to the applicant, the partners, the population groups or CMHC) resulting from the demonstration failing to achieve its desired objectives and intended outcomes.
- For each risk that is identified, mitigation strategies are provided, for instance, dedicated project management resources and methodologies; communication strategy; monitoring and oversight mechanisms; timely reporting or other measures, as applicable.

C 3.13 Priority groups

If your project involves units dedicated to people who are part of the NHS priority population groups, you can enter here the total number of self-contained units for each priority group, or the number of beds if individuals are assigned a specific bed.

If this does not apply to your project, simply leave this field empty.

C 4. Application section: Evaluation

Information provided in the Evaluation section is indicative only and aims to provide you with an opportunity to remediate any eligibility gaps and strengthen your proposal prior to submission.

If any of the above questions are indicating “No” in the Eligibility column, please contact us at Innovation-Research@cmhc-schl.gc.ca to discuss.

C 5. Score

This section will provide you with the results of your eligibility and scoring self-assessment.

Reminder: The application score must be 80% or over to be considered for funding—if you got a lower score as part of your self-assessment, we invite you to review the items within the evaluation grid where you scored lower and to strengthen these prior to submitting your proposal to CMHC.

If you see the sentence “Your project is eligible” under “Application Eligibility Status,” it means your proposal meets the eligibility criteria based only on your self-assessment. This does not guarantee that CMHC will assess your application as eligible. Similarly, the self-assessed score indicated under the “Application Score” will give you an estimation of the strength of your proposal. This score is indicative only and aims to provide you with an opportunity to remediate any eligibility gap, or to strengthen areas of your proposals as you see fit, prior to submitting it to CMHC. The actual eligibility and score of your project will be determined by CMHC after you submit your application.

Note: If the “Application Eligibility Status” provides the statement “Your project needs a higher score,” three scenarios can apply:

- a. Your proposal does have a minimum score of 80% **BUT** is missing one or some of the eligibility criteria; please look back at the Eligibility column in the Evaluation section to see which items would require remediation prior to submitting your proposal to CMHC – these items will show “No” under the Eligibility column.
- b. Your proposal does show “Yes” for all the items in the Eligibility column in the previous Evaluation section **BUT** does not reach the minimum score of 80% - in which case, look under the Score column in the Evaluation section to identify the items on which you scored lower, in order to strengthen these elements prior to submitting your application to CMHC.
- c. Your proposal is missing **both** scoring points and eligibility criteria, and you can identify items at play in the Evaluation section.

Please contact CMHC at Innovation-research@cmhc-schl.gc.ca should you require clarifications about eligibility and scoring criteria and/or scoring points; please note that while CMHC can provide such clarifications, CMHC staff cannot be involved in developing or adjusting the contents of the proposals.

C 6. Funding/collaborators

This section allows you to identify CMHC and non-CMHC collaborators, partners and funding sources and identify the funding amount for each.

- First enter information specific to the funding requested from the NHS Demonstrations Initiative as follows:
 - Collaborator Organization Name: CMHC
 - Collaborator Type: CMHC
 - Capital Funding Amount Requested:
[Enter funding amount requested from the NHS Demonstrations Initiative]
 - Funding Type: Contribution
 - Funding Purpose: Capital

Note: The reference to “Capital” and “Capital Funding” is a generic one applied across our intake portal—please refer to **Which activities and costs are eligible under the NHS Demonstrations Initiative? in Part B 3** for activities that are eligible for funding.

- Add other collaborators as needed to reflect other **confirmed** financial, in-kind contributions or others that would be available to your project, as applicable.

C 7. Attachments

This is the section where you will be able to upload all the required filled templates. It is recommended to have these elements revised and ready for uploading under the Attachments section of the intake portal, prior to submitting your application. Incomplete applications will not be considered. You can find examples of filled templates in **appendices 2 and 3**.

- Signed **Integrity declaration form**
- Signed **support letters** from partners (PDF only) (mandatory for projects supporting First Nations, Métis or Inuit housing as an NHS priority area or priority population groups; otherwise optional, but it will strengthen your application)
- Completed **Statement of Work (SOW) and Knowledge Mobilization (KM) with Budget template** (Excel)
- Completed **Performance measurement framework template** (Excel)

You can also upload **additional information** you deem relevant to support your application (as applicable, for example, technical information, features of your innovative solution, statistics documenting sector appetite to adopt, documented evidence of innovation benefits and/or scaling potential) The attachments must be in the following formats: PDF, DOC, DOCX, PPT, PPTX, TXT, JPG, JPEG, XLS and XLSX.

C 8. Submit

Here you have the option to either save your proposal and come back to it later; or to formally submit it for CMHC’s review.

REMINDER: Once you submit your application, it will be time-stamped and locked. The applicant is responsible for ensuring their application is true, accurate, and complete at the time of submission. Applications cannot be changed once the selection process is underway. CMHC may at its sole discretion refuse to allow an applicant to make corrections or modifications to a submitted application (see **section E 2.9**).

Part D — Selection process

This section provides information on the selection process once applications have been submitted. Applications are assessed in the subsequent weeks, with a notice of decision anticipated 8 weeks after an application is submitted to CMHC—delays might vary depending on volume. The selection process follows three steps: eligibility screening, evaluation and prioritization.

D 1. Eligibility screening

All complete applications will first be processed by CMHC for eligibility and integrity screening. CMHC will only contact you to let you know if your application is not eligible to move to the evaluation committee.

D 2. Evaluation

As previously mentioned, the evaluation grid filled by the applicants within the intake portal provides a self-assessed score for indicative purposes only. Following receipt of the submitted proposal, CMHC’s evaluation process is supported by internal and/or external reviewers with relevant experience and subject-matter expertise, and/or people with lived experience, who will assess the quality of the applications by reviewing and scoring them. Only applications scored at 80% or higher by reviewers will be considered for funding.

D 2.1 Evaluation scale and criteria

Reviewers will base their evaluation on the contents of the application and submitted complementary documentation, so it is important to answer all the elements on the application with clear descriptions, focusing on intended outcomes and impacts, and to complete and upload all letters of support, filled forms and templates. Providing sufficient evidence to support all evaluation criteria will strengthen your application.

Note: A score of 0 on the criteria marked with an asterisk (*) below will make your application ineligible.

Evaluation Criteria	Points
<p>Innovation details</p> <p>Does the description of the solution clearly establish its characteristics, the potential of the solution for NHS outcomes and affordability?</p>	*0-14
<p>Readiness and sustainability</p> <p>Will the innovation be easily scalable and, if so, to what extent?</p>	*0-10
<p>Sector appetite</p> <p>Does the description clearly explain how the solution answers key demand and interest from the affordable housing sector?</p>	*0-6
<p>Stakeholders' engagement in demonstrations activities</p> <p>Does the description clearly explain how housing stakeholders or NHS population groups (where applicable) will be engaged through demonstration activities?</p> <p>For projects occurring on or near First Nations, Métis and Inuit territories, or projects supporting First Nations, Métis and Inuit housing as NHS priority area or populations, is there a proper engagement or consultation plan (if applicable) and explanation on how First Nations, Métis or Inuit groups have been or would be involved in the project, should it proceed? Are support letters from such groups provided?</p>	*0-6
<p>Affordable housing sector impacts</p> <p>Is there a clear rationale explaining how the demonstration would benefit affordable housing stakeholders and housing affordability across the sector?</p>	*0-14
<p>Innovation in relation with housing units</p> <p>How does the innovation align with the creation and delivery of housing units?</p>	0-6
<p>Project objective</p> <p>Are the demonstration project's expected impact and outcomes well aligned with the NHS Demonstrations Initiative's objectives?</p>	0-6
<p>Statement of Work and Knowledge Mobilization Plan</p> <p>Do the statement of work and knowledge mobilization plan (SOW and KM to be uploaded in the Attachments section) provide a well-constructed plan that identifies the key activities, outputs, knowledge tools and dissemination channels required to support the demonstration's objectives?</p>	0-8
<p>Partners</p> <p>How well do the proposed partners align with the demonstration objectives (that is, are they a good fit, do they mutually complement potential portfolio's expertise gaps)?</p>	0-8

Evaluation Criteria	Points
<p>Team members</p> <p>Does the project team (as a group) possess the experience, expertise and collaborative abilities to ensure success?</p>	0-6
<p>Project costs and funding contributions</p> <p>Does the overall budget represent a reasonable request for the proposed activities? Does the total funding offer a high value for money proposition (that is, cost-benefit impacts on the affordable housing sector)?* (Budget to be uploaded in the Attachments section.)</p>	0-6
<p>Bonus: NHS populations groups</p> <p>Is the proposed solution designed to address the specific needs of one or more of the NHS populations groups?</p>	0-4
<p>Risk assessment and mitigation</p> <p>Does the proposal provide a risk assessment that identifies the operational, reputational and business risks to the project delivery, along with an adequate risk mitigation plan?</p>	*0-6
Max. points	100

D 3. Prioritization

Among those proposals reaching the minimum 80% threshold, CMHC **will** prioritize the following:

- Solutions that focus on meeting the **specific needs** of one or more of the NHS population groups (see **appendix 1**);
- For solutions focusing on Indigenous housing or Indigenous populations groups in particular: projects where the Indigenous organizations and populations lead the demonstration project or play a substantial role in it.

CMHC also aims to ensure a diversified portfolio of solutions for the community housing providers sector and, as such, **might** consider additional prioritization criteria among proposals reaching the minimum 80% threshold, such as, but not limited to:

- Diversity of funding recipients
- Diversity of NHS priority population groups

- Diversity in terms of geographic/regulatory representation (to see how solutions might require adaptation in different contexts)
- Diversity across types of solutions where limited demonstrations have taken place.

As the Demonstrations Initiative follows a continuous intake process, other prioritization criteria could be applied over time, for instance to ensure alignment with emerging federal priorities. Should that happen:

(1) the prioritization criteria will be updated on the NHS Demonstrations Initiative webpage and potential applicants will be notified through the NHS Demonstrations Initiative information list; and

(2) any new prioritization criteria would only be applied to applications submitted after the criteria has been updated, to ensure fairness.

Part E — Application and submission instructions

This section provides information on CMHC's procedures and rules pertaining to the Application Intake Process (AIP), including all the mandatory requirements as indicated in the next pages.

Non-compliance with a mandatory requirement will result in the application being eliminated from further consideration.

E 1. Application Intake Process (AIP)

CMHC is inviting eligible applicants to do the following:

1. Develop, implement, operate and administer a demonstration project that scales high-potential solutions supporting the community housing providers sector and aligning with the NHS priority areas and /or populations (see **appendix 1** for more information).
2. Undertake demonstrations activities, as described in **Part B 3**.
3. Contribute to the achievement of federal outcomes relating to the National Housing Strategy by supporting the fostering of a culture of innovation in the affordable housing sector.
4. Monitor outputs and provide detailed reporting of the demonstration outcomes to CMHC; case study, Web content, tours, virtual tours, surveys, users/adopters/beneficiaries feedback and assessment of results.
5. CMHC uses the AIP to describe its requirements, asks affordable housing stakeholders for their demonstration applications, describe the criteria which will be used in evaluating applications and selecting successful applicants, and outlines the terms and conditions under which the successful applicant will undertake the demonstration project. By submitting an application, applicants agree to be bound by the terms of this AIP, and the terms of the application that they submit.

E 2. Submission Instructions (mandatory)

E 2.1 Language of application

Applications may be submitted in English or French.

E 2.2 Delivery instructions

The NHS Demonstrations Initiative application templates and the intake portal for submitting the NHS Demonstrations Initiative application (including all supporting documentation) can be accessed at <https://www.cmhc-schl.gc.ca/en/nhs/demonstration-initiative> — see the **Submit your application section**.

If access to the platform for submitting is impossible, such as in remote regions for example, it will be possible to send proposed demonstration project applications, including all supporting documentation, by mail or courier. The provision to send applications in the mail is considered exceptional and is permitted only in situations where it is not possible to use the Web portal platform, and therefore applicants should consult with CMHC at Innovation-Research@cmhc-schl.gc.ca before submitting an application by mail.

Timely and correct submissions of NHS Demonstrations Initiative applications in the exact specified delivery platform is the sole responsibility of the applicant. All the risks and consequences of a failure to submit an application to CMHC are borne by the applicant. CMHC will not assume those risks or responsibilities under any circumstances.

The time of delivery for the purposes of this section is deemed to be the time recorded by the CMHC system receiving the application (or postal time-stamp for exception applications submitted by mail) and not the time the application was sent by the applicant.

Supplementary information can be considered as part of your application, such as support letters to the project from partners and other stakeholders, filled templates and additional documentation. These can be submitted along with the application through the same application intake portal, or by mail, in the case of remote regions as previously indicated.

Upon receipt of applications, an automated confirmation will be issued by CMHC to the sender's email address. It is strongly recommended that applicants follow up with the inquiries contact indicated in **Part E 2.5**, should they not receive a confirmation within 30 minutes of submission.

Only applications submitted via the NHS Demonstrations Initiative application portal (or on an exceptional basis as previously indicated, by mail where it is not possible to use the portal) will be considered for further evaluation.

E 2.3 Application opening, verification period, and deadlines

All NHS Demonstrations Initiative applications received will be opened and reviewed for verification by CMHC. If CMHC is unable to open an application, the applicant will be so advised and provided an opportunity to resubmit a version that can be opened **within 5 business days**.

The NHS Demonstrations Initiative follows a continuous intake process and as such, there is no fixed deadline for submitting an application; however, applicants should consider that funding decisions are made on a periodic basis and that the portal will remain open until CMHC has committed all of its fiscal-year funding. The intake portal will be closed once all funding will have been committed.

Applicants should also consider that additional themes might be added and considered for funding over time, so it is the applicant's responsibility to validate which themes are in scope when applying.

E 2.4 Inquiries

All questions regarding the NHS Demonstrations Initiative AIP must be sent by email to:

Innovation-Research@cmhc-schl.gc.ca

Subject: NHS Demonstrations Initiative

To receive updates on the NHS Demonstrations Initiative and current process, we invite you to check [CMHC's website](#)⁶ regularly.

CMHC reserves the right to modify this Applicant Guide at its sole discretion at any time without notice.

Changes to the AIP and Applicants' Guide document will only be effective if issued by CMHC in writing as described below. Applicants are therefore strongly cautioned to request that all clarification, direction and changes be provided in writing, as information given orally by any person within CMHC shall not be binding upon CMHC.

All written questions submitted, which in the opinion of CMHC raise an issue that has the potential to affect all applicants, will be answered by CMHC in writing and distributed to all applicants registered to the NHS Demonstrations Initiative list by email. The identity of the applicant making the inquiry will not be included in the response. Any questions of a proprietary nature must be clearly marked as such.

If it becomes necessary to revise any part of the AIP as a result of any inquiry or for any other reason, an addendum to this AIP will be provided to applicants by email.

CMHC has no obligation to respond to any inquiry, and will determine, at its sole discretion, whether it will respond to inquiries that are submitted. CMHC cannot guarantee a reply to inquiries in less than **seven (7) business days** and it could be more depending on volume.

E 2.5 Communication

During application evaluations, CMHC reserves the right to contact or meet with any individual applicant to clarify their application, including the scope of services offered. Any such communication is limited to clarification purposes only, and applicants will not be allowed to revise their application during this process.

Generally, CMHC can proactively communicate with applicants with an application already in the system (whether in draft or complete mode) to inform them on updates to the Application Intake Process or clarifications on the criteria.

E 2.6 Applicant contact

The applicant you identified in your application, including their name and contact information, shall be the primary contact for CMHC during the application process and evaluation period.

E 2.7 Offering period

It is a deemed a condition of every application that the terms of the application shall remain valid and binding on the applicant until such time as an agreement is negotiated and executed. The offering period shall not to exceed **ninety (90) days** following the application submitting date.

⁶ <https://www.cmhc-schl.gc.ca/professionals/project-funding-and-mortgage-financing/funding-programs/all-funding-programs/nhs-demonstrations-initiative>

E 2.8 Changes to an application

It is strongly suggested that applicants take the time to review their application prior to submission to minimize the need to make changes.

Applicants are permitted to make additions, deletions, edits and changes to the application form at any time **before** selecting the Submit button of the application portal.

Please note that changes or additions to applications **after** submitting an application are not permitted and therefore will not be accepted in the intake portal.

Subject to CMHC's written authorization, changes to an application submission are permitted, provided that they are received as an addendum to, or clarification of, a previously submitted application, or as a new application that replaces and supersedes the application that was previously submitted. In all cases, changes or additions to a previously submitted application must be fully completed prior to being evaluated by CMHC—no modifications will be allowed during the evaluation process.

Part F — General terms and conditions

By submitting an application to the NHS Demonstrations Initiative, the applicant hereby agrees to the terms and conditions outlined below. A subsequent agreement may vary these terms and conditions. CMHC reserves the right to modify any of these terms and conditions at any time without notice.

1. The applicant must at all times meet the eligibility requirements set out in this Applicant Guide. It is the applicant's responsibility to ensure they meet any provincial requirements for entering into an agreement with CMHC, a federal Crown Corporation.
2. The applicant shall comply with all applicable laws.
3. The applicant must ensure that its application, including all information and documents submitted under it, are true and accurate, sufficiently detailed, and legible. Original, supporting, and/or additional documentation may be requested by CMHC at any time during the Initiative. The applicant's eligibility and completeness of the application will be determined by CMHC at its sole discretion and CMHC will not be required to request that the applicant provide missing or additional information to support the application.
4. The applicant is responsible for obtaining third-party professional advice, including, but not limited to, legal, tax, insurance, and financial advice, as appropriate.
5. CMHC does not guarantee, nor take responsibility for, any services or advice provided by outside consultants or experts working with CMHC, or any other third parties.
6. CMHC has the sole discretion to cancel the NHS Demonstrations Initiative or any part thereof at any time. CMHC will not be liable for any costs or obligations incurred by an applicant arising from this application.
7. Even if an application meets all eligibility and evaluation criteria, the submission of an application creates no obligation on the part of CMHC to select or provide funding to an applicant. Further, the selection of the applicant does not guarantee receipt of funding.
8. Receipt of funding following any stage is subject to the terms of this Applicant Guide and any additional or modified terms and conditions that may be set out in separate, subsequent agreements issued by CMHC.
9. The NHS Demonstrations Initiative and any related documentation, including but not limited to this Applicant Guide, shall be governed in accordance with the laws of the Province of Ontario and any applicable federal laws.
10. All applications and submitted related materials become the property of CMHC upon submission and will not be returned to applicants. Applicants are not entitled to any compensation for any work related to, or materials supplied in, the preparation of their applications.

11. CMHC reserves the right to translate the applicant's application and any additional documentation/information submitted as part of the application process for CMHC's employees, agents, evaluators, service providers, contractors, the Government of Canada, and outside consultants/experts working with CMHC, as may be required for the administration of the NHS Demonstrations Initiative.
12. The applicant understands and authorizes CMHC to summarize documents submitted through the application process and to publish these summaries.
13. Applicants may not mark an entire application confidential.
14. Applicants agree that they will not make any use whatsoever of CMHC's name, logo or other official marks, without the express written consent of CMHC.

15. Intellectual property

(a) The applicant must be able to demonstrate ownership of or permission to use any intellectual property (IP) used in the NHS Demonstrations Initiative. Participating in the NHS Demonstrations Initiative does not affect any pre-existing rights the applicant may have in the assets described in their application. In the event the application incorporates IP belonging to a third party, the applicant is responsible for meeting any and all requirements established by the third-party owner.

(b) Notwithstanding the above, the applicant will not be required to demonstrate ownership of aspects of traditional knowledge, which shall continue to vest in the Indigenous groups or communities to which they pertain. The applicant acknowledges that the Indigenous group or community to which the traditional knowledge pertains shall maintain all relevant ownership, control, access, and possession rights in the traditional knowledge.

16. Gratuities. By submitting an application, the applicant certifies that no representative of the applicant, or any individual or entity associated with the applicant, has offered or given a gratuity (for example, an entertainment or gift) or other benefit to any CMHC employee, Board member or Governor-in-Council appointee with the intention of obtaining favourable treatment from CMHC.

17. Conflict of interest

(a) The applicant and its principals, employees and agents shall avoid any real, potential or apparent conflict of interest during their participation in the Demonstrations Initiative, and upon becoming aware of a real, potential or apparent conflict, shall immediately declare the conflict to CMHC by sending a notification to innovation-research@cmhc-schl.gc.ca with subject: Conflict of interest — NHS Demonstrations Initiative. The applicant shall then, as directed by CMHC, take steps to eliminate the conflict, potential conflict or perception that a conflict of interest exists. In the event that a conflict of interest, real, potential or perceived, cannot be resolved to the satisfaction of CMHC, CMHC shall have the right to immediately disqualify the applicant from consideration or to terminate the resulting agreement, if applicable. Upon such elimination or termination, CMHC shall have no obligation of any nature or kind to the applicant and all funding distributed to the applicant shall be immediately repayable to CMHC.

18. Insurance. In submitting a Demonstrations Initiative application, the applicant understands and acknowledges that should the project be accepted, the applicant shall, at its own expense, procure and maintain or cause to be procured and maintained insurance coverage which is commercially reasonable and customary for businesses of similar industry practices which shall be in force for the duration of the project. CMHC reserves the right, at its sole and absolute discretion, to conduct insurance requirement negotiations with the applicant. Depending on the level of risk exposure of the project, various insurance coverage and insurance limits may be required and/or adjusted accordingly.

- 19. Monitoring and reporting.** If successful, the applicant will be required to provide, at a minimum, annual reports as well as a final report on their project activities and results. Additional reports might be requested depending on project specificities, such as length, level of risk or complexities/dependencies. To inform program-level outcomes, the applicant will also be requested to complete an annual survey after project completion until 2033, to collect data on demonstration outcomes from their project (such as, but not limited to, target audience awareness, knowledge and acceptance of the demonstrated innovation[s]). Should the project be accepted, details related to monitoring and reporting will be captured in the contribution agreement.
- 20. Case study.** If the project is successful, the applicant will be required to produce a case study on their demonstrated solution. Should the project be accepted, details related to the case study requirements will be captured in the contribution agreement.

APPENDIX 1 — NATIONAL HOUSING STRATEGY PRIORITY AREAS, POPULATIONS AND SHARED OUTCOMES

To align the NHS Demonstrations Initiative project proposals within the NHS, CMHC is seeking applications for demonstrations to showcase and disseminate knowledge on innovative approaches to cultivate an economically, environmentally and socially sustainable affordable housing sector that fit within one or more of the following priority areas:

Priority areas

Housing for those in greatest need

Improve housing and supports for the most vulnerable, including those who are homeless and those with distinct needs

Improve affordability of housing for low-income households

Community housing sustainability

Improve sustainability of community housing and build capacity

Indigenous housing

Improve housing conditions among First Nations, Métis and Inuit households

Increase Indigenous autonomy and capacity for housing

Northern housing

Improve housing conditions in Canada's territories

Sustainable housing and communities

Improve building performance, durability and energy efficiency of housing

Increase housing options near transportation and transit, work, supports and services, as part of mixed income, age-friendly, accessible communities

Balanced supply of housing

Increase Canada's supply of rental housing

Preserve and renew existing rental housing

Meet evolving homeownership needs of Canadians

NHS priority populations

- Women and children fleeing domestic violence
- Seniors
- Young adults
- Indigenous peoples
- People with disabilities
- People dealing with mental health and addiction issues
- Veterans
- LGBTQ2+
- Racialized groups
- Recent immigrants, especially refugees
- People experiencing homelessness

Please go to cmhc-nhs.ca for more detailed information regarding the NHS priority areas and the NHS priority population groups.

NHS shared outcomes

Overall, the NHS has 9 shared outcomes:

- Homelessness is reduced year over year
- Housing is affordable and in good condition
- Affordable housing promotes social and economic inclusion for individuals and families
- Housing outcomes in Canada's territories are improved year over year
- The housing needs of Indigenous groups are identified and improved
- Affordable housing contributes to environmental sustainability
- The National Housing Strategy contributes to Canadian economic growth
- Partnerships are built, strengthened, and mobilized to achieve better outcomes
- Collaboration/alignment across the federal government results in more holistic responses to housing issues

APPENDIX 2

An example of a template of Statement of Work (SOW) and Knowledge Mobilization (with Budget), is available [online](#)⁷

⁷ <https://assets.cmhc-schl.gc.ca/sites/cmhc/professional/project-funding-and-mortgage-financing/funding-programs/all-funding-programs/nhs-demonstrations-initiative/demonstrations-initiative-statement-of-work-en.xlsx>

APPENDIX 3

Example of filled Performance Measurement Framework template

Considering the nature of your innovative solution and the features of your demonstration project, please indicate your expected targets, outcomes, and indicators used to determine the project impact. See example **below** for reference—actual targets and indicators would vary depending on the demonstration projects.

Note: Applicants might not tackle *all* types of outcomes or indicators at once as part of their projects; mandatory indicators are clearly identified within the PMF template. For other indicators, focus might differ depending on the nature of the innovative solution. Simply mark “Not applicable” where indicators don’t seem to apply to your projects.

Indicator	Intended target (submitted at the proposal stage)	Actual target reached* (to be completed at the project end)
(OUTCOME 001) Innovative solutions that support the NHS priority areas and/or populations and outcomes are showcased in affordable housing projects, assessed and disseminated so that others can replicate them		*Do not fill this column when submitting your proposal. Only projects selected for funding will be asked to fill that column at the end of the project, to compare intended vs. actual targets reached.
001.1 NHS Results/Impacts. (mandatory)	Community Housing Sustainability: the solution will improve sustainability of community housing and build the capacity of providers, as we demonstrated our solution provides units ranging from 30% to 50% of average market rates and allows us to preserve affordable units in perpetuity. The solution's unique design will meet the specific needs of seniors and veterans.	
001.2 Case studies are made available that highlight significant NHS projects. (mandatory)	1 case study is produced by the demonstration project to highlight the benefits of the demonstrated solution and how best to adopt/ implement it. (mandatory—do not change)	
001.2 Case studies are made available that highlight significant NHS projects. (mandatory)	1 case study is produced by the demonstration project to highlight the benefits of the demonstrated solution and how best to adopt/ implement it. (mandatory—do not change)	
001.3 Percentage and type of participants who would consider implementing innovations in their own projects. (mandatory)	70% of community housing providers attending demonstrations activities would consider adopting the demonstrated solution.	

Indicator	Intended target (submitted at the proposal stage)	Actual target reached* (to be completed at the project end)
<p>(OUTCOME 001) Innovative solutions that support the NHS priority areas and/or populations and outcomes are showcased in affordable housing projects, assessed and disseminated so that others can replicate them</p>		<p>*Do not fill this column when submitting your proposal. Only projects selected for funding will be asked to fill that column at the end of the project, to compare intended vs. actual targets reached.</p>
<p>001.4 Number of knowledge mobilization activities/products available for consultation, with scope of availability (regional/national/other). (mandatory)</p>	<p>National dissemination: 1 video, 1 case study, 1 website, 2 capacity-building activities implemented with 2 provinces outside of the demonstration’s origin province.</p> <p>Provincial dissemination: Presentations at 2 provincial conferences.</p> <p>Regional dissemination: 3 workshops and direct mentorship.</p>	
<p>(OUTCOME 002) Information and tools demonstrating how to implement and/or replicate innovative solutions for the affordable housing sector are increased</p>		
<p>002.1 Number of housing stakeholders who participated in or accessed knowledge mobilization and capacity-building activities. (mandatory)</p>	<p>300 diverse stakeholders from the community housing sector access knowledge mobilization products. At least 40 community housing providers participate in capacity-building workshops.</p>	
<p>002.2 Number of times per type of housing stakeholders have replicated, adapted, or expanded your innovative solution (including times where your own organization performed such scaling), as applicable. (mandatory)</p>	<p>By the end of the demonstration project, our organization will have replicated the solution in at least 4 housing sites, and at least 5 other community housing providers will be implementing the solution in their own housing sites.</p>	
<p>(OUTCOME 003) Business, community and stakeholder collaboration opportunities are developed</p>		
<p>003.1 Number of partnerships implemented through the demonstrations. (mandatory)</p>	<p>5 new partnerships will be implemented through the demonstration.</p>	
<p>003.2 Amounts (\$) of third-party investments (for example, grants, contributions, equity investments) and in-kind supports promoting the growth of the demonstrated solution within 1 to 3 years of completing the demonstration project.</p>	<p>Anticipated \$2M in capital investment gathered 1 year after completion of the demonstration project, \$5M within 3 years.</p>	

Indicator	Intended target (submitted at the proposal stage)	Actual target reached* (to be completed at the project end)
(OUTCOME 004) Increased housing units		<p>*Do not fill this column when submitting your proposal. Only projects selected for funding will be asked to fill that column at the end of the project, to compare intended vs. actual targets reached.</p>
004.1 Number of new/renovated units offered within 1 to 3 years of completing the demonstration project.	An estimated 100 new housing units would be provided within 3 years of completing the demonstration project.	
004.2 Number of units rented out as affordable units (for example, below median market rent).	An estimated 30 new housing units would be rented out as affordable units within 3 years of completing the demonstration project.	