

Ontario Autism Program Workforce Capacity Fund Applicant Checklist

Please answer the following questions to see if you are eligible to apply for either of the Ontario Autism Program (OAP) Workforce Capacity Fund's funding streams. If you are confident you meet all eligibility requirements, please proceed to the full application form.

Service Provider Expansion Stream

Basic Eligibility

I am applying on behalf of a children's service provider (public or private).

My organization is based in Ontario.

My organization has legal status (e.g., organizations established by or under legislation; federally or provincially incorporated; band councils established under the *Indian Act*; or other Indigenous organizations that are incorporated).

Exception: If you are applying on behalf of a First Nation, you do not need to attach these documents.

My organization is not in default of the terms and conditions of any grant or loan agreement with any ministry or the Government of Ontario.

My organization has or is able to obtain at least \$2 million commercial general liability insurance coverage, before the legal service agreement is executed.

Organizational Capacity

My organization has the relevant organizational knowledge, skills and experience to deliver high-quality clinical services in the OAP.

My organization is committed to delivering clinical services in the OAP in 2023-24 and beyond.

Project Description and Impact

I am seeking funding support to expand my organization's capacity to deliver **clinical services in the OAP**.

I will use funding for one of the following activities:

- Staff Training
- Hiring more staff (clinical or non-clinical)
- Increasing the hours of staff (clinical or non-clinical) already employed by my organization
- Purchasing clinical supervision
- Purchasing technology that directly supports virtual service delivery
- Travel to serve children in rural and remote areas

These activities will directly result in my ability to serve more children in the OAP.

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Sustainability

I have a plan to sustain this increase in my organization's capacity beyond the grant funding period.

Implementation Plan

My proposed activities will take place over a 12-month period.

I am ready to move quickly to implement activities in 2024-25 and can deliver results within 12-months.

I have a strategy to manage risks that could affect the successful delivery of my proposed activities.

Evaluation Plan

I have a plan to track progress and measure the success of my proposed activities.

Budget

My proposed budget is cost-effective and proportional to the scale and complexity of my proposed activities.

My proposed budget is between \$25,000 and \$200,000.

Financial Statements

I have attached an audited financial statement or a review engagement covering the most recent fiscal year.

- If audited statements or a review engagement are not available, please refer to the Fund's guidelines about what alternative documentation can be accepted.
- The ministry will **not** accept income tax statements in place of an audited financial statement or review engagement.

Exception: If you are applying on behalf of a First Nation, you do not need to attach these documents. However, the ministry may request to see your most recent audited financial statements if they are not available online.

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Sector Innovation Stream

Basic Eligibility

I am applying on behalf of one of the following organization types:

- Children’s service provider (public or private)
- Indigenous organization
- Post-secondary institutions (in partnership with children’s service providers)
- Professional associations and regulatory colleges (in partnership with children’s service providers)
- Not-for-profit organizations and community groups (in partnership with children’s service providers)

My project will be delivered by a group of organizations or consortium.

My organization has legal status (e.g., organizations established by or under legislation; federally or provincially incorporated; band councils established under the *Indian Act*; or other Indigenous organizations that are incorporated).

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My organization is not in default of the terms and conditions of any grant or loan agreement with any ministry or the Government of Ontario.

My organization has or is able to obtain at least \$2 million commercial general liability insurance coverage, before the legal service agreement is executed.

Organizational Capacity

My organization has relevant organizational experience and expertise with respect to delivering clinical services in the OAP.

My organization is committed to supporting the delivery of clinical services in the OAP in 2023-24 and beyond.

For my partner organizations / consortium:

I can identify each member and their role.

I have a plan for how we will work together to achieve project goals.

Project Description and Impact

My project is focused on **clinical services in the OAP**.

My project will involve developing and testing an innovative solution to a workforce or service system challenge.

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My project will align with at least one of the OAP Workforce Capacity Fund's key objectives:

- **Workforce:** Build, retain, and grow the OAP clinical workforce.
- **Organizations:** increase the skills and knowledge of service provider organizations to deliver OAP services, including core clinical services, and/or to operate within a fee-for-service market.
- **Delivery models:** strengthen service delivery models that improve service access for families.

I have clear and compelling evidence to support the need for my proposed project and can demonstrate how it will respond to a workforce or service system challenge to deliver clinical services in the OAP.

My project will have a collective positive impact for a community, region(s), or the province as a whole.

Sustainability

Capacity built as a result of my project can be sustained by the community, region, or province beyond the grant funding period.

Implementation Plan

My project will take place over a 12-month period.

I am ready to move quickly to implement my project in 2024-25 and can deliver results within 12-months.

I have a strategy to manage risks that could affect the successful delivery of my proposed activities.

Evaluation Plan

I have a plan to track progress and measure the success of my proposed activities.

Budget

My proposed budget is cost-effective and proportional to the scale and complexity of my project.

My proposed budget is between \$25,000 and \$300,000.

Financial Statements

I have attached an audited financial statement or a review engagement covering the most recent fiscal year.

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