MAKE ROOM

Siloam Mission MAKE ROOM Capital Campaign
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MAKE ROOM

Siloam Mission $17 Million

MAKE ROOM Capital Campaign

Funding Sources and Executive Summary

As of November 30, 2016

TOTAL GOAL $17 Million		
Confirmed Funding	***Amount***	***% of $17M***
City of Winnipeg TIFF grant (estimated net present value)	$ 700,000	4%
Federal Government (Homeless Partnering Strategy 2016, 2017)	$ 581,000	3%
Private/Foundation Donations	$5,920,869	35%
Confirmed Total	**$7,201,869**	**42%**
Left to Raise	**$9,798,131**	**58%**

Requests	***Amount***	***% of $17M***
City of Winnipeg	$2,300,000	14%
Province of Manitoba	$3,000,000	18%

NEED	**SOLUTION**
• **Make Room at the Table** - Current dining room seats 150 people. Insufficient space for 400 to 500+ people who come for meals three times daily and use drop-in services.	• Addition of 400 seats in new dining room (+ 150 existing)
• **Make Room to End the Line** - 350 people wait in line outside for every meal 365 days/year, 7 days/week, 3 times per day	• Expanded 400 seat dining room and expanded indoor waiting area means no one will have to wait outside again for a meal.
• **Make Room for a Place to Sleep** – We turn away 20-40 people nightly in the shelter. Increasing number of women requesting beds.	• Shelter expansion of 50 beds with a separate women's area for safety and privacy.

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Alignment with City of Winnipeg's Vision and Goals

- **Winnipeg Police and Fire Paramedic Savings**
  - Since taking over the Madison in 2011, the number of **calls to 201 Evanson Street by the Winnipeg Police Service has decreased 62%** from the six years prior. *(See attached Cost Savings to WPS at the Madison since 2011.)*
  - The average number of times police have been dispatched to the Madison has **decreased from 58.5 to 22 calls annually**. Assuming one dispatched call costs $1,000, the **cost savings to the WPS alone is $36,500 annually.**
  - Significant cost savings to Fire Paramedic Service at the Madison would also be realized with the decrease in WPS calls. **Savings combined are estimated to be $73,000 annually or $438,000 since Siloam began operating.**

- **Bringing People into the Downtown to make it Safer**
  - Siloam brings **8,857 volunteers, 94 school groups**, and thousands of people dropping off food and clothing into the downtown many times throughout year. All of these people have a changed perception and are no longer fearful of coming downtown.

- **Year of Reconciliation**
  - Of the 600 people that use Siloam Mission's services daily, **420 people or 70% are indigenous**. Siloam's plans to provide shelter 24/7/365 will add significant dignity, respect and safety.
  - The **400+ seat drop-in/dining room and 50 additional shelter beds** will provide essential services
  - Siloam's food services, shelter, housing, health centre, clothing room, transitional services, and employment services help stabilize and move people from homelessness back into the community.
  - Last year, **Siloam housed 15 Indigenous youth who have `aged out' of CFS.** We also **successfully moved 104 people into homes**.
  - Our **8,857 volunteers** demonstrate that every person matters and we are all in this together.

- **Cleaning the Downtown**
  - **10,033 hours spent collecting 2,379 bags of garbage to beautify downtown. A total of $110,363 paid by Siloam** to participants in our MOST (Mission: Off the Street Team) employment training program.

- **Heritage and Culture**
  - Siloam is working with the City of Winnipeg's Heritage department to preserve 300 Princess Street and to ensure Siloam's expansion will honour and enhance Winnipeg's Heritage.

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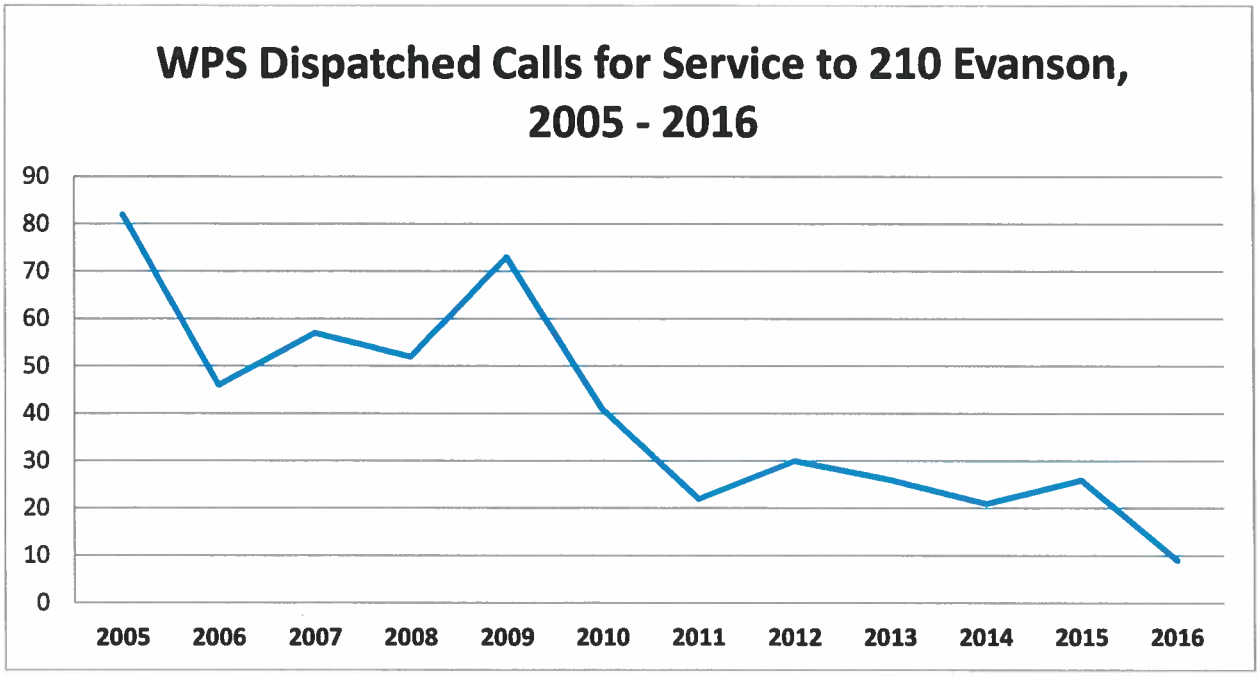
Cost Savings to Winnipeg Police Service at the Madison Since 2011

WINNIPEG POLICE SERVICE - DISPATCHED CALLS FOR SERVICE

TO 201 EVANSON STREET (Madison) 2005-2016

EVENT TYPE	2005	2006	2007	2008	2009	2010	Pre-Madison	2011	2012	2013	2014	2015	2016	Madison	EVENT TOTAL
ASSAULT	3		5	4	8	1	21		1	1	2	3		7	28
ASSAULT WITH WEAPON			1			2	3	1						1	4
ASSISTANCE REQUIRED	9	2			2	1	14	1		1		1	1	4	18
B&E COMMERCIAL	1						1								1
B&E RESIDENTIAL	2	1	3			1	7								7
DAMAGE	1	1					2	1					1	2	4
DISPUTE		2				1	3								3
DISTURBANCE	12	4	6	6	10	3	41	3	2	4	1	2	2	14	55
DOMESTIC DISTURBANCE	1	3	5	1	3		13		2	1	1	2	1	7	20
FIGHT	2	1		1	1	1	6			1				1	7
FIRE			1			2	3					1		1	4
INDECENT BEHAVIOUR	1						1		1					1	2
IPDA						1	1	4		1	1	1		7	8
LOST & FOUND			1				1		1					1	2
MEDICAL CALL	10	2	9	10	7	5	43	1	2			2		5	48
MENTAL HEALTH CALL	6	6	1	3	10	4	30	1	3	1				5	35
MISSING PERSON ASSIST	1	1					2	1	2	1	1	2	1	8	10
NOISE					1		1								1
NOTIFICATIONS TO CITIZENS		2					2								2
OTHER STATUTE VIOLATION		1		1			2								2
SAFEKEEPING/DISPOSAL GUN									1					1	1
SEXUAL ASSAULT	1		1				2			3	1	2		6	8
SPECIAL ATTENTION	1	1					2								2
SUSPICIOUS PERSON	2	2	1		2	1	8		4	2				6	14
THEFT	1					1	2			1				1	3
THREAT REPORTED	7	2	6	2	1		18		2	1	4	5		12	30
VICE				2	1	1	4								4
WEAPONS NON-FIREARM	1	1	1				3	2		1				3	6
WARRANT	2			1	1		4		2					2	6
BREAK AND ENTER - OTHER	1			1			2								2
EMERGENCY 911 HANGUP			2				2			1	1			2	4
SUICIDE THREAT	5	7	3	5	13	10	43	2	1			1		4	47
FAMILY TROUBLE	0				1	1	2					1		1	3
SUDDEN DEATH								1	3		1		1	6	6
GUN SEEN	1						1								1
ROBBERY - PERSON				1	1		2								2
FRAUD	2	1			2		5								5
STABBING REPORTED			1				1			1	1			2	3
WELLBEING	9	6	10	14	9	5	53	4	3	5	7	3	2	24	77
ANNUAL TOTAL	82	46	57	52	73	41	351	22	30	26	21	26	9	134	485

From 2005 - 2010 the WPS was called 351 times. From 2011 - 2016 the WPS was called 134 times. **This is a 62% decrease since Siloam Mission began operating the Madison.** This is a significant cost savings to the Winnipeg Police Service and additionally the costs of dispatching Fire Paramedic Services.



2005 - 2010 Pre-Siloam Operated	2011 - 2016 Siloam Operated (Madison)

MAKE ROOM

How Siloam Mission is Aligned with the End Homelessness Plan and Related Investment

Siloam Mission aligns with the End Homelessness Plan and has taken action on eight initiatives:

- **Prevention - "Aging out" youth**
  - Siloam has developed 12 units of supportive housing and supports another 12 in scattered housing
  - **Siloam's investment $125,000 annually**
- **Hospital Discharges to the street**
  - Siloam has developed a discharge arrangement with HSC to ensure appropriate discharges with shelter provision.
  - **Siloam's investment ~$10,000 annually**
- **Housing First**
  - Siloam has become a Housing First provider and helped 103 people move into housing last year.
  - **Siloam's investment $250,000 annually**
- **Siloam Mission provides food, security, shelter, clothing, health services, "One stop" resource for those experiencing homelessness**
  - Case management, employment services, Housing and Housing First services.
  - **Siloam's investment in case management and annual employment services totals $346,000 annually**
- **"Person centred" services**
  - Siloam's case management accesses and then individualizes goals to help each person move forward. No requirement for program participation.
- **Cultural proficiency**
  - Siloam, in recent years, has hired several Indigenous Frontline Workers
  - Cultural training has become part of the ongoing development for staff
  - Several cultural activities are offered for those who wish to participate
- **Increase the affordable supportive housing stock**
  - Siloam has plans to add 60 units of supportive housing in the next 3 years
  - Madison opened in 2013 with 85 units of supportive housing
  - **Siloam Mission invests $750,000 annually as well as $1.5 million invested in renovations**
- **Data Collection**
  - Siloam is working jointly with other shelters to track shelter users. Siloam participated and provided volunteer coordination for the Point in Time Count of Winnipeg's Homeless on October 25, 2015.
  - **Siloam's investment ~$25,000 annually**

Siloam's Total CAPITAL Investment Aligned with End Homelessness $1,500,000

Siloam's Annual OPERATING Investment Aligned with End Homelessness $1,506,000

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Adult Emergency Program
GF201 – 820 Sherbrook Street
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jsokal@hsc.mb.ca

Health Sciences Centre
Winnipeg

March 14, 2016

To Whom it may concern,

As the Medical Director of the Health Sciences Adult Emergency Department (HSCED), I am writing to you in support of the Siloam Mission's application for expansion. I strongly support Mr. Perras' request to fund Siloam Mission's capital expansion. This expansion would provide a dining area for an additional 400 people, a larger kitchen, an expanded health center with two-day beds, a shower for delousing, 36 additional shelter beds, and 60 case-managed supportive housing units. I believe that this request is reasonable and timely, and that granting this request will enhance the capacity for services in many sectors of inner-city Winnipeg including the HSCED, but more importantly, it will provide better and more seamless care to the vulnerable citizens who utilize both the services of the Siloam Mission and the HSCED.

As you are no doubt aware, the needs of Winnipeg's most vulnerable citizen cannot be met by the healthcare system alone. Indeed, our own system's capacity to address the healthcare needs of this population is dependent on multi-sectorial commitment and co-operation. It is heartening to see that Siloam Mission is taking a lead amongst its counterparts in setting a clear direction and example of tangible efforts to maximize our collective efforts, and I hope that other organizations in their role will follow this direction as well.

Siloam Mission is an example of an organization that has clearly signaled its leadership in partnering with other organizations that serve our inner-city populations. Several years ago, Mr. Perras contacted me with an invitation to open a dialogue about how we could work better together to meet the needs of our mutual clients. Up until that time, there had been little communication between our organizations and little opportunity for shared capacity building. Since that time, I have come to appreciate the services offered by the Siloam Mission as well as the relationship that has evolved between the Mission and the HSCED. The results of this partnership are tangible: Over the past 10 years, I have noticed a steady decrease in the number of HSCED visits by core-area homeless individuals with recalcitrant substance abuse. I attribute this to the many interventions made by programs such as those offered by the Siloam Mission.

Over the past several years, the leadership teams of the HSCED and Siloam Mission have been meeting on a regular basis to develop strategies to enhance our services to inner-city citizens. Excellent two-way communication between our staff members is the result. Together, we have come up with solutions to some of the difficulties experienced by our mutual clients.

One such example is the health centre at Siloam Mission. The health centre provides ongoing services to patients who are treated at the HSCED. Processes that enhance the flow of communication in both directions regarding the health needs of these patients are being continually discussed and improved. Over time, I have noticed that many of these patients seem to have a greater ability to advocate for their own care, an important factor in independence and self-regulation.

The reciprocity between the two organization is evident in other ways as well. It is often the case that homeless patients receiving treatment at the HSCED require shelter upon discharge. In the past, we have had these patients remain in our department until the morning: While they no longer required medical care, they would have been unsafe if discharged to the streets. This approach created flow-through issues in the HSCED, as the beds they occupied in the HSCED were and still are sorely needed for other sick patients who require emergent care. It is clear that this is a situation that is untenable, as it does not use our resources in the best ways. In response, Siloam has begun providing the HSCED with ready and seamless access to shelter for such individuals. Given this significant demand, the initiative has been greatly appreciated by our staff. Thus we strongly support the current need for the addition of 60 housing units to their facility and stress the need for more. Housing is one of the most significant and impactful needs of this vulnerable community, and addressing this need will contribute to addressing the current and emergent flow-through problems at the HSCED both through preventative enhancements to quality of life as well as access to safe refuge upon hospital discharge. While the HSCED issues with patient flow are far from solved, the addition of safe housing for discharged homeless patients will make an appreciable impact on this problem.

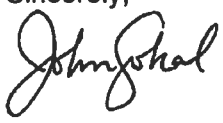
Likewise, when Siloam finds that the medical needs of their clients exceed their capacity, they have reached out the develop solutions that utilize more appropriate health services. For example, several years ago a number of the individuals who had been long-term residents in The Madison supportive housing complex developed needs that exceeded that which could be provided in the complex. These individuals often ended up in the HSCED to have their community resources needs determined, and some ended up staying in the HSCED for many days. These individuals' needs exceeded the capacities of Madison supportive housing, but were not emergent. Again, flow-through issues were exacerbated by long-term emergency stays when other settings would have been more appropriate. In response, our HSCED staff worked with Siloam Mission to identify their clients whose needs were increasing. Contacts with community resources were strengthened so that these citizens were offered other supports that allowed them to gain the care they needed while avoiding an unnecessary hospital stay. However, despite ensuring that these vulnerable patients are assessed and treated in more suitable settings than the HSCED, our volumes and patient demands continue to rise. Without initiative such as those proposed by Siloam Mission, the demands would be even more extreme.

The impacts of community initiative such as those undertaken and those proposed by Siloam Mission have helped to improve the flow-through in the HSCED. At a time when healthcare costs are of concern, the role that Floyd Perras and his team have played in advocating for their clients has saved substantial resources, time, and distress to their

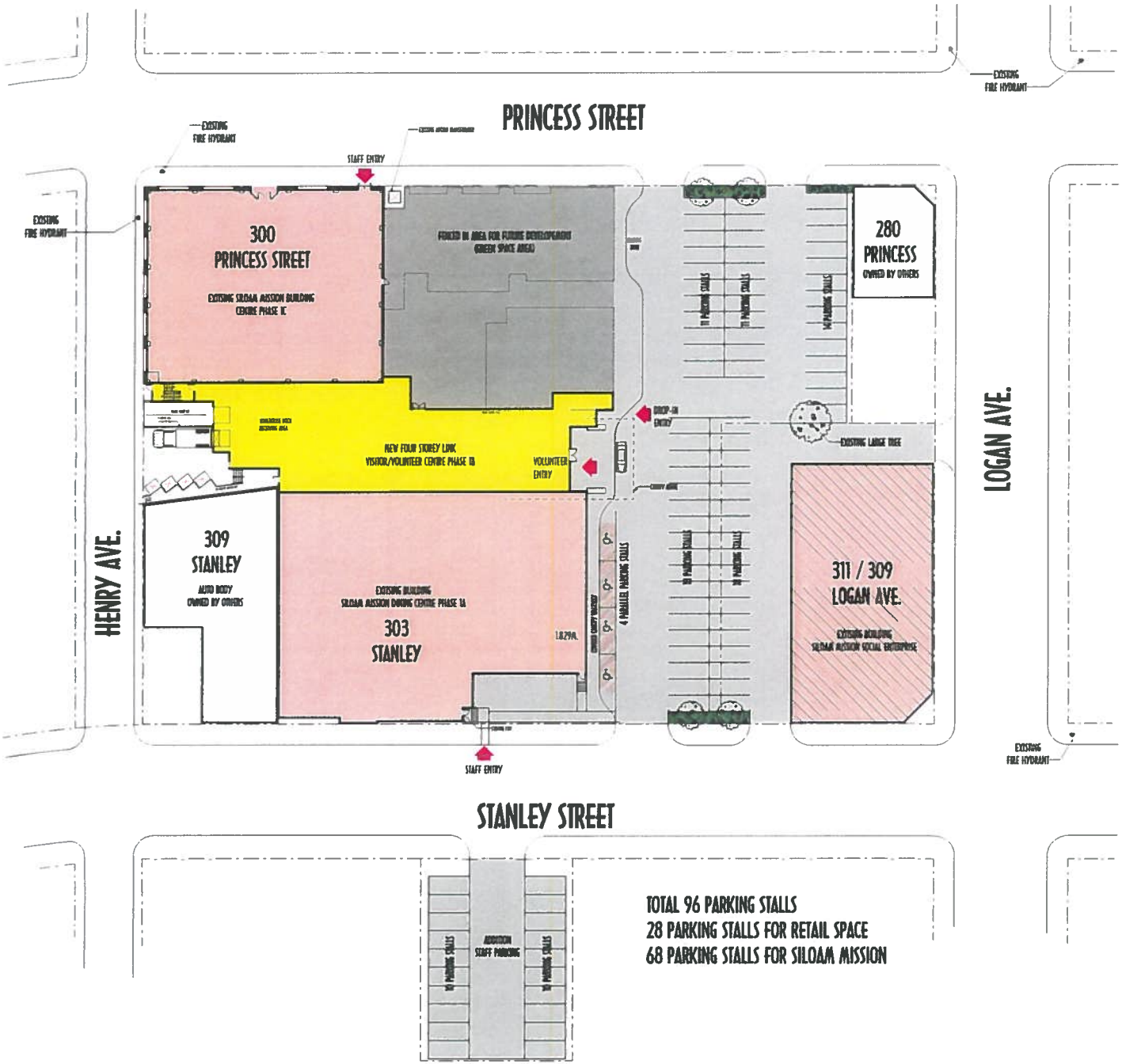
clients. Although we are far from solving the flow-through issues at the HSCED, initiatives such as these allow us to utilize healthcare resources more effectively while striving to meet our goal of safe, effective healthcare for all of our citizens.

In closing, the Siloam Mission has had a significant impact on the health status of the homeless population in Winnipeg, and their staff members are strong advocates for our mutual patient population. I offer my unreserved support to this application. I would like to add that both the Chief Executive Officer of the HSC, Mr. Dana Erickson, and well as the Chief Medical Officer of the HSC, Dr. Perry Gray, have reviewed this letter and support the statements made herein.

Sincerely,



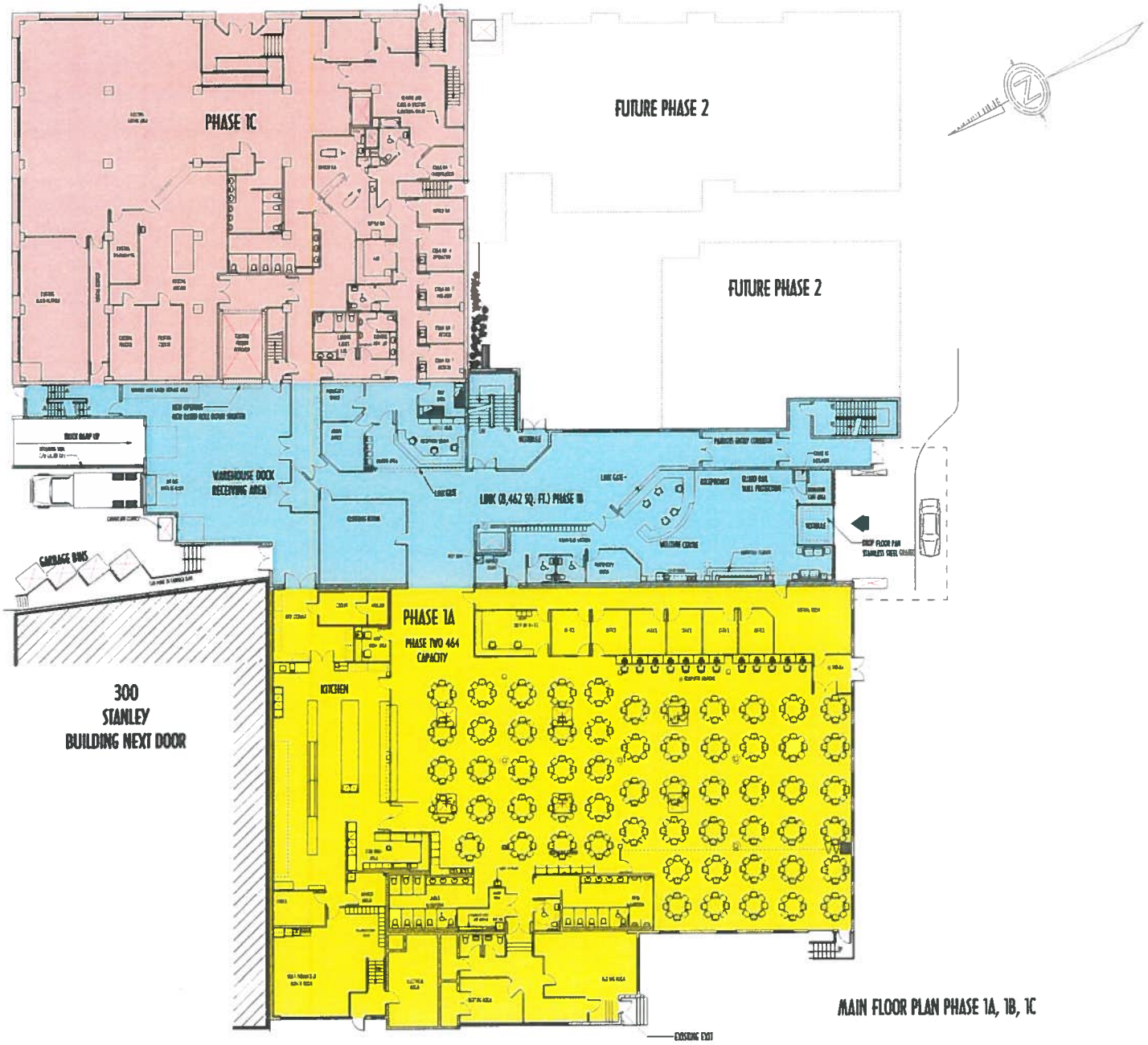
John Sokal, MD, CCFP(EM)



SITE PLAN

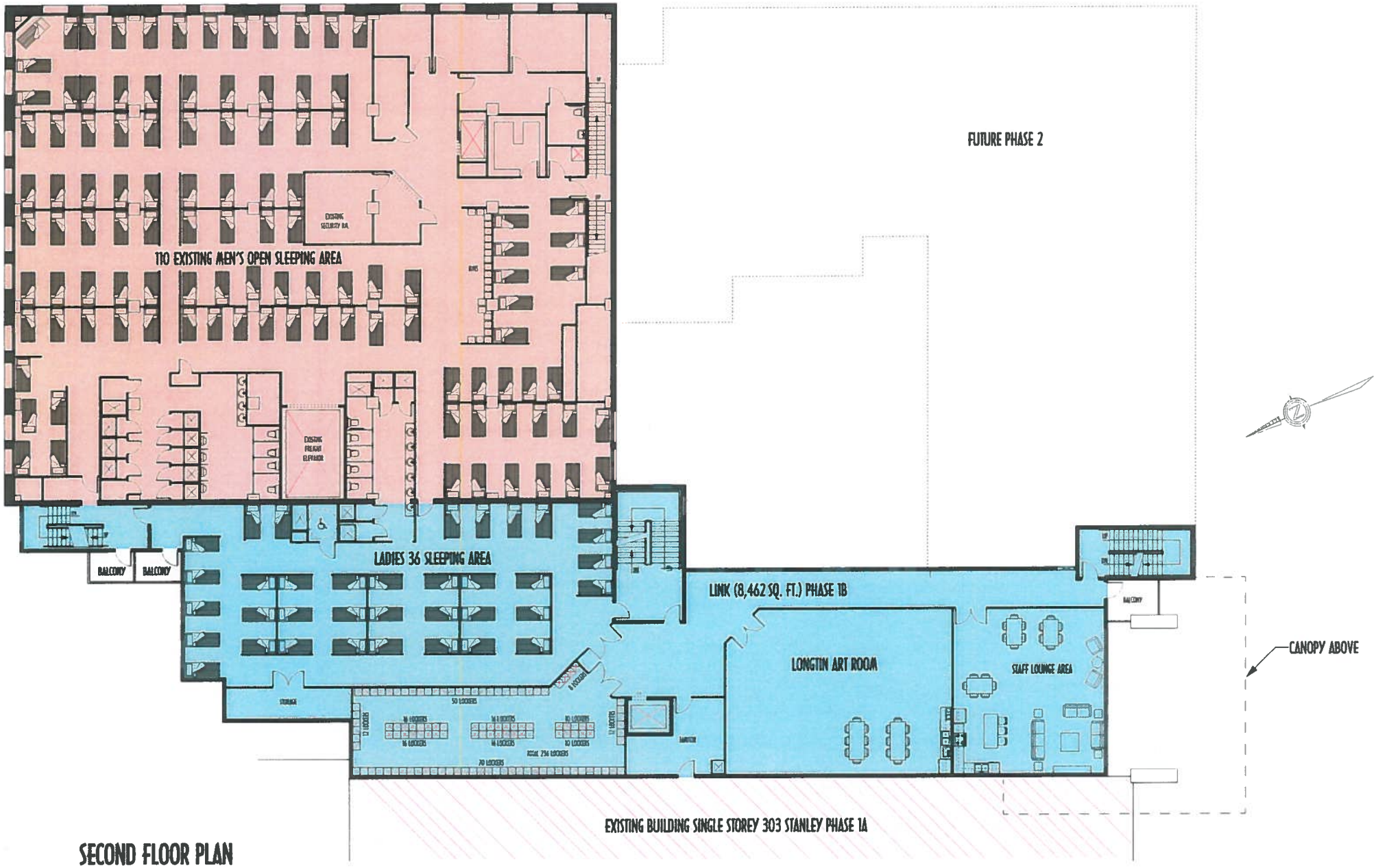
300 PRINCESS EXISTING SILOAM MISSION BUILDING 4 STOREYS PHASE 1C 303 STANLEY EXISTING BUILDING 1 STOREY SILOAM MISSION DINING CENTRE PHASE 1A	11,401 SQ. FT PER FLOOR (1059 SQ. M.) 15,768 SQ. FT. (1464.895 SQ. M.)
ADDITION SILOAM MISSION BUILDING 4 STOREY LINK PHASE 1B	1ST & 2ND FLOOR 6,829 SQ. FT (634.43 SQ. M.) 3RD & 4TH FLOOR 6,494 SQ. FT (603.31 SQ. M.)
311/309 LOGAN EXISTING SILOAM MISSION BUILDING 1 STOREY DROP-IN-CENTRE	8,753 SQ. FT (813.18 SQ. M.)

hildebrandarchitectureinc



MAIN FLOOR PLAN PHASE 1A, 1B, 1C

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SECOND FLOOR PLAN

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Summary of Findings

Winnipeg Street Census 2015.

We matter. We count.

The Winnipeg Street Census marks the first ever attempt at a comprehensive view of homelessness in Winnipeg. We sought to ask not only how many people are homeless, but to learn why and to hear their stories. On the night of October 25, 2015, there were at least 1,400 people experiencing homelessness in Winnipeg.

Over 24 hours from October 25-26, 300 volunteers attended, or data was gathered from: 7 emergency, domestic violence and youth shelters, 9 transitional housing sites, 10 bottle depots, and 29 community agencies or drop-in locations for Winnipeg's first ever Street Census. Surveyors also walked almost 140km of inner city streets.

For this large-scale survey, everyone encountered was asked about their housing situation to evaluate the magnitude of homelessness in the city. Everyone whose circumstances fit the definition of homelessness was asked to complete a 19 question interview about them and their experiences.

Where people stayed

On the night of October 25, 2015, there were at least 1,400 people experiencing homelessness in Winnipeg.

OUTSIDE	EMERGENCY SHELTERS	ANOTHER'S HOME	TRANSITIONAL HOUSING	INSTITUTION	
132	347	333*	281	242***	65**
132 individuals were unsheltered, that is, staying in a public space like a bus shelter or park, in a tent, a car, or walking around all night to stay safe	347 people stayed in an emergency shelter, domestic violence shelter or youth shelter	333 people stayed at a friend's, family's or stranger's place temporarily because they didn't have a home of their own	281 individuals stayed in transitional housing for people who have been, or would otherwise be, homeless	242 people were in an institutional setting and did not have a permanent home to return to*** (includes addictions treatment and detox, health, and mental health programs)	65 people stayed at a hotel / motel

479 people in absolute homelessness

921 people provisionally accommodated

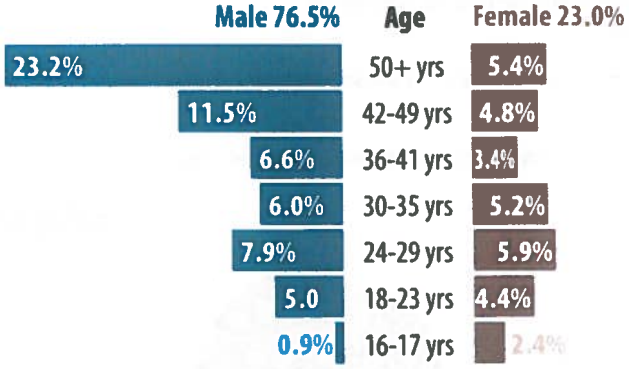
The age breakdown does not iclude residents of the Salvation Army emergency or transitional housing programs, while the gender breakdown does, which explains the slight differences. No one under the age of 16 was surveyed and dependent children were not included in the age/gender breakdown.

The median age of people experiencing homelessness was 43.

There were 225 youth (26.5%), under the age of 30, and at least 18 seniors, aged 65 or older.

There were 121 children with their parents/guardians.

Age/Gender



0.25%identifiedastransgenderand0.25%astwospirit

* This is the number of survey respondents staying temporarily at someone else's place with no guarantee of returning each night. Because people stay in these circumstances throughout Winnipeg and often do not utilize any services, this SHOULD NOT be seen an estimate of the population in this circumstance.

** This is the number of survey respondents staying in a hotel or motel without a permanent home to return to. People staying monthly in hotels do not have tenancy agreements or legal protection. Surveys from respondents staying at the Bell Hotel were excluded because it is considered to be permanent housing.

*** Data from all institutional settings has not yet been received. Requests have been made for data on people experiencing homelessness in the Corrections system, youth and children in emergency placements through Child and Family Services, and people receiving hotel vouchers due to flooding or fires. Therefore, this number is likely an undercount.

Events leading to homelessness

Youth homelessness leads to adult homelessness. The median age at which people **first became homeless** was **24** years, and the most **frequent** age was **18** years.

Of those experiencing homelessness for 10+ years, the majority (70%) **first became homeless** when they were **18** years or younger.

The most common reason people experienced homelessness for the first time was **family conflict or breakdown**. **39.4%** became homeless for this reason, and **1/4** of them experienced family violence.

Key Circumstances

Almost half, **49.2%** of people spent time in foster care or group homes.

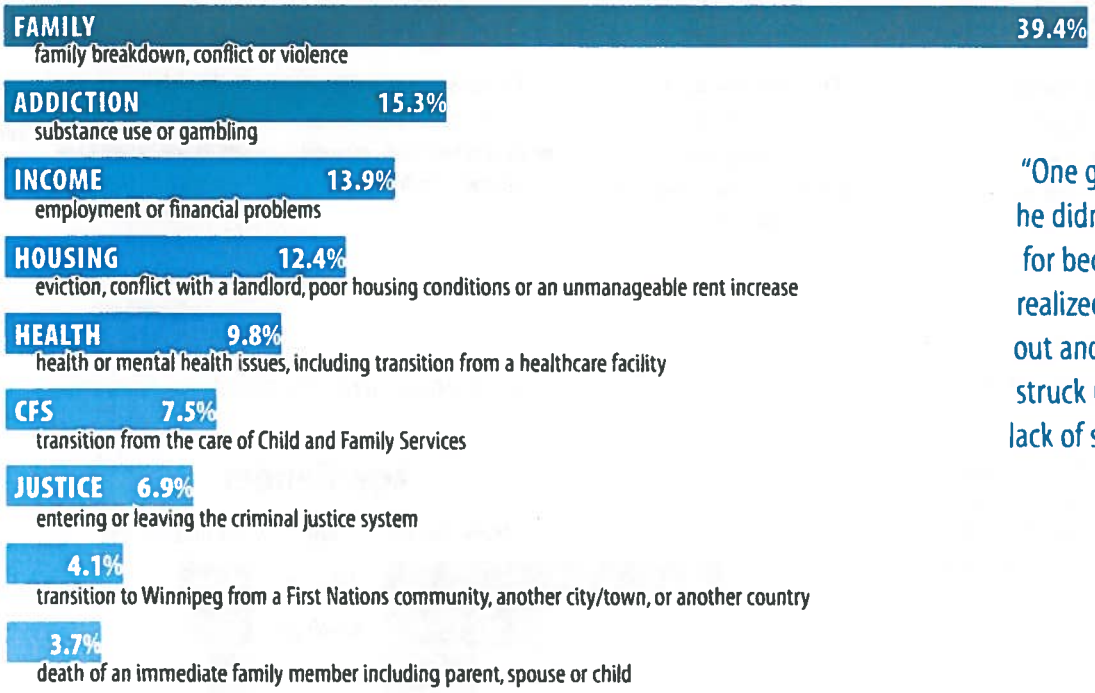
6.0% have served in the military or RCMP.

10.8% are part of LGBTQ community overall. 23.1% of youth (age 29 or under) are part of the LGBTQ community.

1.8% are recent immigrants or refugees (in Canada for 5 years or less).

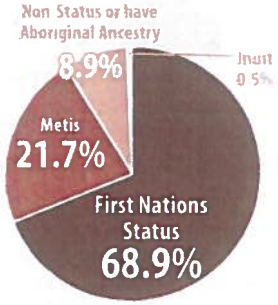
Reasons for first experience of homelessness

(Participants could select more than one reason)



"One gentleman was telling me he didn't have a concrete reason for becoming homeless, he just realized one day that it was cold out and he had nowhere to go. It struck me how, just because of a lack of support, homelessness can suddenly happen."

71.1% of respondents identify as Indigenous.



Indigeneity

49.9% of First Nations people grew up in a First Nations community.

57.9% of Indigenous people surveyed have been in foster care or group homes.

"He told his story simply even though it was filled with tragedy. From the 60's scoop, residential school, and foster homes until CFS said "good-bye" at age 18, when he first became homeless. He had a family but it fell apart. They stayed in communication until his son was murdered and he lost it all... having his own place means he would live alone – he talked a while about how lonely that would be."

Length of Time Homeless

People move in and out of homelessness as their life circumstances and supports change.

The average length of most recent time homeless was 9 months.

The average cumulative length of time spent homeless over a lifetime was 24 months.

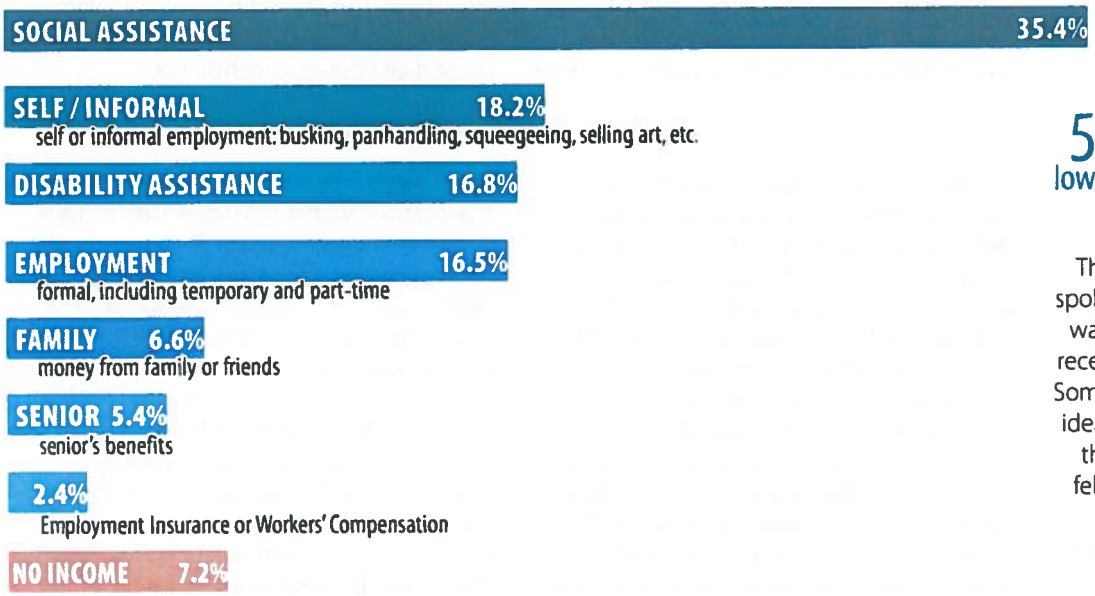
354 people experienced homelessness for 6 months or longer.

181 people experienced homelessness 3 or more times in the past three years.

"I spoke with someone who was homeless for the first time when he was two. His mother struggled with alcoholism and as a result he struggles with FASD. His income of EIA disability isn't enough for him to get a place of his own on a permanent basis but he periodically has a stable home thanks to the help of his siblings."

Income

Income sources (respondents could choose more than one)

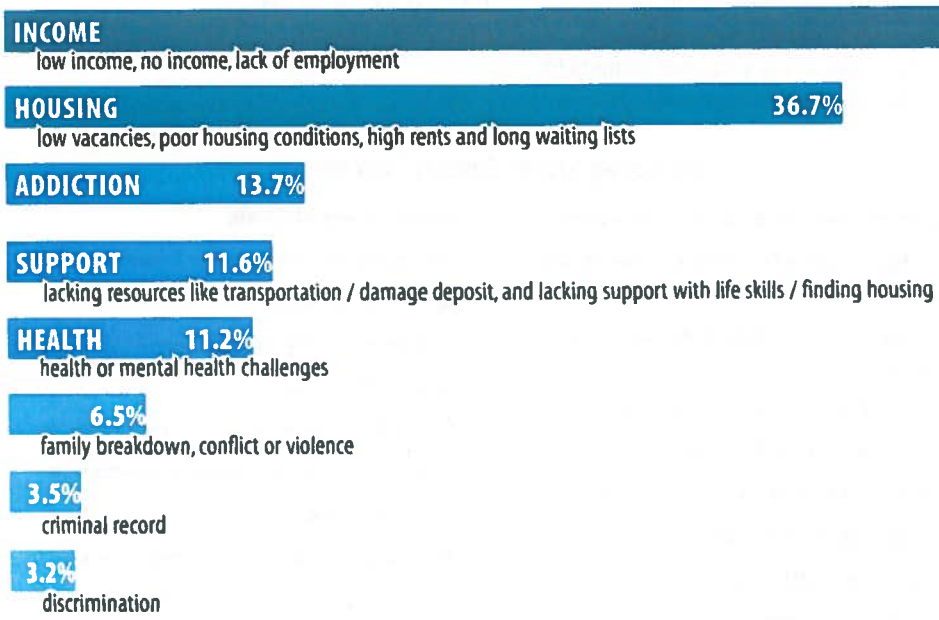


50.9% said that low income is a barrier to finding housing.

Those with no income spoke about being cut-off, waiting for, or unable to receive income assistance. Some lacked the necessary identification. Others said they were eligible but felt too proud to ask for assistance.

Barriers and Challenges

The main challenges people faced in finding housing were:



"The individual and their wife and three children moved to Winnipeg. Depressed, he turned to drugs and had his kids taken into CFS like he was as a child. He felt like a failure and wanted to end his life by jumping off a bridge. A woman talked him down and got him help at a hospital. He was diagnosed with bipolar disorder and kept returning to drugs without knowing why."

WINNIPEG STREET CENSUS 2015

We matter.
We count.

StreetCensusWpg.ca

The Winnipeg Street Census

The Winnipeg Street Census is a survey conducted over a 24 hour period to gather information about the extent and nature of homelessness in Winnipeg. This information can be used to improve decision-making for funders, governments, and community organizations. Over time, it will be used to track progress on ending homelessness.

The Street Census follows an approach used by cities around the world. The method has been adapted to Winnipeg's local context based on input from local researchers, service providers, outreach teams, police and safety patrols, and people with experience of homelessness. On the night of October 25, trained volunteers went to Winnipeg's emergency and transitional shelters to survey the individuals and families spending the night. The next day, volunteers surveyed people in places where people who are homeless spend their time: breakfast and lunch programs, libraries, resource centres, and more. From 4pm-7pm they walked 27 different routes to survey everyone they encountered about their housing circumstances.

Methods, Data & Limitations

The Winnipeg Street Census utilized the Canadian Observatory on Homelessness definition and typology of homelessness and housing exclusion. In addition to survey data, administrative data about bed use on the night of October 25th has been gathered from emergency shelters, youth shelters, shelters for individuals and families impacted by domestic violence, and interim housing for people who are homeless (transitional housing). Some data has been provided by institutional, residential treatment, and community mental health residential programs for individuals who were homeless upon entering the residential setting, lost housing while in the setting, or will exit the program to homelessness.

Though the methods used in this project were comprehensive, it is virtually impossible to get an exact count of the homeless population. Invisibility is a survival strategy for people experiencing homelessness. This was a voluntary survey and data is self-reported. The locations and routes where surveys took place were concentrated in the inner city and decided based on feedback from outreach teams, community agency staff and people who have experienced homelessness, however people experience homelessness and spend their time in other neighbourhoods too. The method vastly undercounts those who are staying temporarily with family, friends, or strangers and efforts were not made to identify overall numbers of those staying in hotels who do not have a permanent home. **Results should not be seen as an estimate of the hidden homeless population.**

More details about methodology, limitations and definitions is available in the full report http://streetcensuswpg.ca.

Winnipeg Street Census Partners

Aboriginal Health and Wellness Centre

Canadian Centre for Policy Alternatives - Manitoba

Canadian Mental Health Association Winnipeg

EAGLE Urban Transition Centre

Institute of Urban Studies

John Howard Society of Manitoba

Lived Experience Circle

Macdonald Youth Services

Main Street Project

Ma Mawi Wi Chi Itata Centre

Mount Carmel Clinic

Resource Assistance for Youth

Rossbrook House

Salvation Army Booth Centre Winnipeg

Siloam Mission

Social Planning Council of Winnipeg

Spence Neighbourhood Association

Sunshine House

West Central Women's Resource Centre

Winnipeg Poverty Reduction Council/ End Homelessness Winnipeg

The Winnipeg Street Census was funded by the Government of Canada's Homelessness Partnering Strategy, administered by the City of Winnipeg. It is estimated that project partners donated at least an additional 1500 hours of staff time to the project.

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Social Planning Council of Winnipeg, 2016

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MAKE ROOM

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MAKE ROOM

A CAPITAL CAMPAIGN FOR SILOAM MISSION

Siloam Mission


YOU CAN
HELP US
MAKE
ROOM

The number of people facing homelessness in Canada has grown since the mid-90s and is now reported at 200,000 people in 2013.[1] It is a crisis that has not left Winnipeg untouched. The Winnipeg Street Census revealed that on the night of October 25, 2015, there were at least 1,400 people experiencing homelessness in our city.[2]

Siloam Mission has been both a witness to this crisis, as well as a place of hope, where vulnerable people can find the help they need. They find it in the form of a hot meal, a warm jacket, access to health care, shelter for a night and the support they need to secure social services to transition to permanent housing, education, work and more.

Siloam Mission has been a connecting point between the compassionate and Winnipeg's less fortunate.

But now, nearly three decades after the beginning of our mission, we are reaching the limits of our ability to help.





WE NEED YOU TO HELP US MAKE ROOM.

We have an expansion plan to help change the lives of Winnipeggers who are experiencing homelessness and suffering trauma every day, right now.

OUR GOAL IS TO RAISE $15 MILLION.

MAKE ROOM TO END THE LINE

THE PROBLEM Siloam Mission serves 400 to 500+ meals, three times per day to people in need. The rise to 500,000 meals per year reflects an 80% increase from 2010 to 2015, with 2016 expected to see an increase as well.

Approximately 350 people are left waiting outside at every meal. The line-ups don't stop, even when the mercury drops to -30 or rises to +30.

OUR PLAN To increase dining capacity, from 150 seats to 550. With 400 additional seats, a larger kitchen is required to allow us to prepare and serve more meals to meet the ever-increasing demand. The expansion allows for increased cooler and freezer space, as well as a new loading dock. This will give us additional capacity to accept and receive vital donations.

MAKE ROOM FOR A PLACE TO SLEEP

THE PROBLEM With only 110 beds available in Hannah's Place Emergency Shelter, we find ourselves turning away 10–30 people every night. Currently, the women share the shelter with the men; this can make them feel unsafe.

OUR PLAN To add 36 more shelter beds, raising the capacity from 110 to 146, so no one is turned away. This includes a private area for women where they can feel safe.

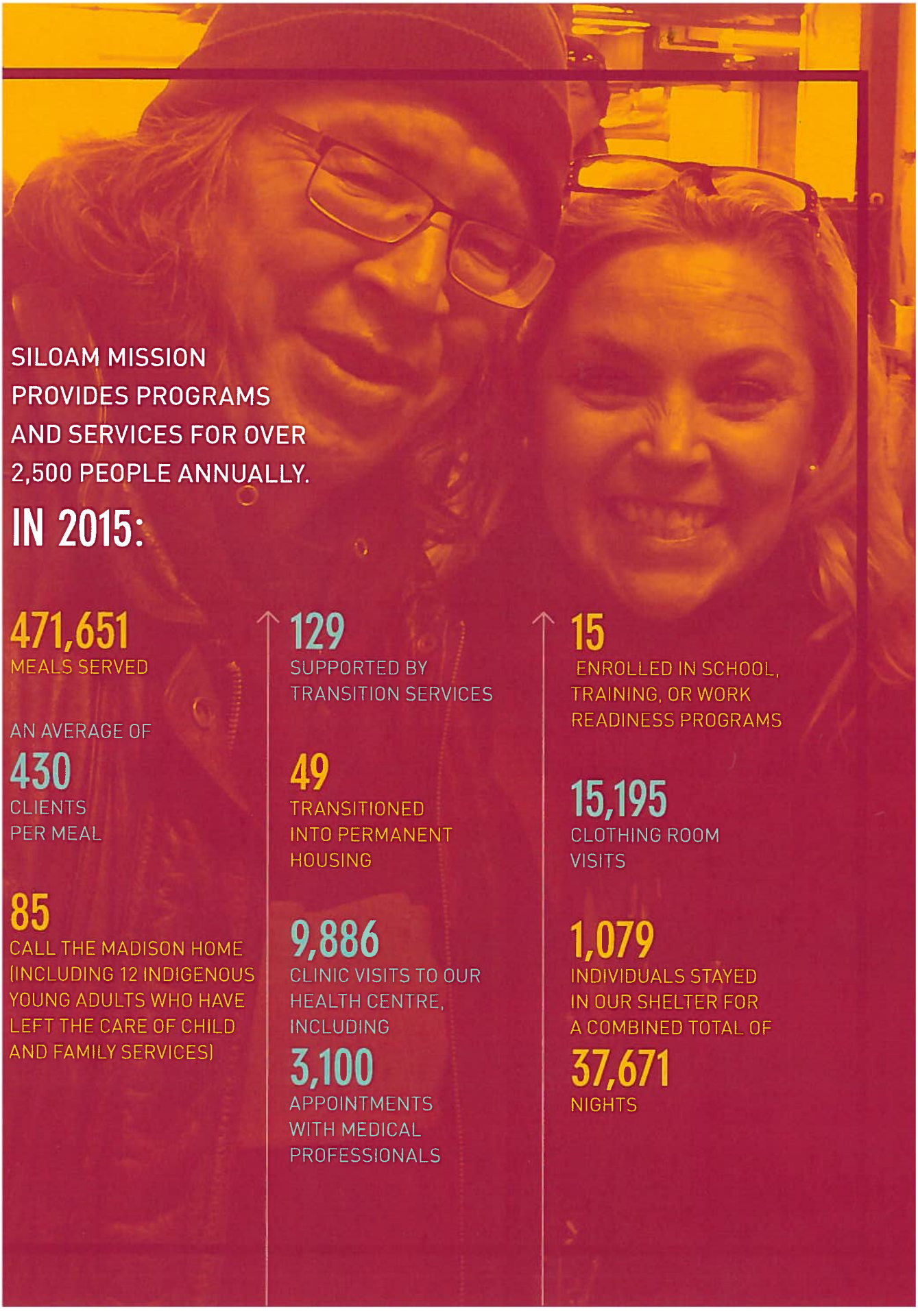


WHY MAKE ROOM FOR SILOAM?

SILOAM MISSION IS UNIQUELY POSITIONED TO MAKE A DIFFERENCE.

Since 1987, Siloam Mission has become an essential service for those experiencing homelessness in Winnipeg. Operating 24/7 with shelter, meals, clothing, health services, transition services, employment training, supportive housing and recreational activities, Siloam Mission is a full service organization for those in need.

- Since 2011, Siloam Mission has been successfully operating The Madison – an 85-unit recovery-based supportive housing community for individuals who have experienced homelessness. The Madison's room and board model sustains an operational cost of just $26 per person per day.
- Siloam Mission is supported by a community of over 1,252 businesses, 30,468 donors, 565 organizations, and 96 churches.
- In 2015, $8.2 million in funding was received. An additional $2.2 million was contributed by volunteer hours and donated food and clothing. 11% of our operating budget was received from federal and provincial government.
- 85 cents out of every dollar goes directly back into programs and services.
- We have purchased the land and buildings surrounding our current 300 Princess Street location to make room.



SILOAM MISSION PROVIDES PROGRAMS AND SERVICES FOR OVER 2,500 PEOPLE ANNUALLY.

IN 2015:

471,651
MEALS SERVED

AN AVERAGE OF
430
CLIENTS PER MEAL

85
CALL THE MADISON HOME (INCLUDING 12 INDIGENOUS YOUNG ADULTS WHO HAVE LEFT THE CARE OF CHILD AND FAMILY SERVICES)

129
SUPPORTED BY TRANSITION SERVICES

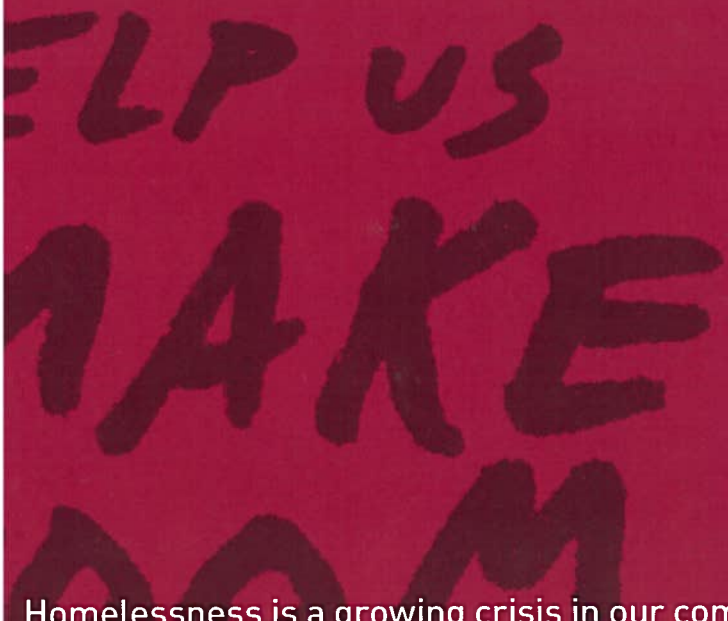
49
TRANSITIONED INTO PERMANENT HOUSING

9,886
CLINIC VISITS TO OUR HEALTH CENTRE, INCLUDING
3,100
APPOINTMENTS WITH MEDICAL PROFESSIONALS

15
ENROLLED IN SCHOOL, TRAINING, OR WORK READINESS PROGRAMS

15,195
CLOTHING ROOM VISITS

1,079
INDIVIDUALS STAYED IN OUR SHELTER FOR A COMBINED TOTAL OF
37,671
NIGHTS



Homelessness is a growing crisis in our community.
We need to grow to meet the needs of this vulnerable population.
The problems faced by people experiencing homelessness
are not going away. They need our help - and yours.

HELP US MAKE ROOM. PLEASE GIVE TODAY.

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MAKE ROOM

A CAPITAL CAMPAIGN
FOR SILOAM MISSION

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1 The State of Homelessness in Canada 2013Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver
2 Winnipeg Street Census http://streetcensuswpg.ca/