

VI. SUBMISSION FORMAT

<p>(For internal use only) BCH # _____</p>

Societies responding to this call for Expressions of Interest must follow the order of the format below in their submissions. Whether using the provided form or creating an original document, the Society must use the headings and numbers provided.

1. SUMMARY INFORMATION

Sponsor

Name of Society: _____

Mailing address: _____

Contact person and position: _____

Telephone: _____ Fax: _____

E-mail address: _____

Incorporation number: _____

Canada Customs and Revenue Agency charity number (if applicable): _____

Letter of Committal

Every submission must include a Letter of Committal in the form presented in **Appendix A: Letter of Committal**.

Target Clientele

In brief, summarize the clientele, and if the proposal is for supportive housing, please describe the support services they will need.

Project Type and Size

Indicate the total gross floor area (GFA) of the Project, the number and size of the housing units, and the type of development proposed. (Insert extra rows or columns if necessary.)

Type of construction	Gross Floor Area	Studio units	Other units (specify)	Total units
New construction				
Renovation				
TOTAL				

Schedule

Target construction start _____

Target occupancy date _____

Financial Summary

The information provided below must be consistent with the capital and operating budgets submitted.

1. Total capital cost _____
2. Society and community equity _____
3. Mortgage financing required _____

Partnership Response

Please indicate here whether the Society has another significant funding partner already committed.

2. SOCIETY EXPERIENCE, ORGANIZATION AND DEVELOPMENT TEAM

Incorporation Documents

Please submit a copy of the Society’s Certificate of Incorporation, constitution and by-laws or application for incorporation and draft constitution and by-laws.

Officers, Directors, and Senior Staff Experience

Please summarize Board and management experience in the format below. Do not send individual resumes.

Name	Board position	Years on Board	End of Term	Occupation / qualifications & committee participation
	Chair or president			
	V-P			
	Secretary			
	Treasurer			
	Director			
	Director			
	Director			
	Director			
	Director			
	Executive Director (CEO)			
	Other (specify)			

Operating Experience

Please summarize the Society's existing operations as requested below.

Staffing

If the general staffing categories are inappropriate, substitute more appropriate terms.

Please use Full Time Equivalents ("FTEs") to count staff. FTE means the number of hours one person would work if they worked one shift (7 – 8 hours daily), five days a week all year minus all statutory holidays and vacation time.

- | | | |
|---|-------|------|
| 1. Program staff | _____ | FTEs |
| 2. Volunteer co-ordination
(paid staff co-ordinating volunteers) | _____ | FTEs |
| 3. Facilities management | _____ | FTEs |
| 4. Fund development | _____ | FTEs |
| 5. Administrative staff | _____ | FTEs |
| TOTAL | _____ | FTEs |

Client Base

Estimate the number of clients served annually:

- | | |
|--|-------|
| 1. Clients with similar needs to those the Project will house: | _____ |
| 2. Total of all clients | _____ |

Housing

Please outline the housing which the Society now operates:

- | | |
|-----------------------------------|-------|
| 1. Number of locations (projects) | _____ |
| 2. Total number of units | _____ |

If any of these are funded through an operating agreement with BC Housing or Canada Mortgage and Housing Corporation (CMHC), please list project file numbers, addresses, and the Society's contact person(s) at the funding agency.

BC Housing file # _____

Contact person _____ Telephone _____

CMHC file # _____

Contact person _____ Telephone _____

Financial Management Experience

Please outline the Society's financial experience and present status: (Do not attach the Society's audited financial report.)

- 1. Fiscal year end: _____
- 2. Date of last audit: _____

Please list the following according to your last audited financial report:

- 1. Assets: _____
- 2. Liabilities: _____
- 3. Retained earnings: _____
- 4. Total income:
 - a. income from clients / tenants _____
 - b. income from government agencies _____
 - c. fundraising and other sources (specify) _____
- 5. Total expenses:
 - d. mortgage expense or rent _____
 - e. payroll (including benefits) and service contracts _____
 - f. overhead _____
- 6. Last fiscal year's surplus (deficit): _____
- 7. Accumulated surplus (deficit): _____
- 8. Restricted reserves: _____
- 9. Last capital project:
 - g. nature of the project (e.g. housing, program space) _____
 - h. approximate total capital budget _____
 - i. completion date _____
- 10. Please provide the following:
 - j. last quarterly financial report presented to the Society's board;
 - k. contact information for a reference from a major funding partner; and
 - l. any management letters received from the Society's auditor in the past three years.

Development Team

Development Consultant and/or Project Manager: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Indicate below if the Society has chosen any members of its development team.

Architect: (firm and contact) _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Design-build Developer: (firm and contact) _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Developer's Architect: (firm and contact) _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Construction Management

Construction manager: (contact) _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

3. DESCRIPTION OF TARGET POPULATION AND OPERATING PLAN

Description of Tenants

Please describe the tenants in relation to the objectives of the **Aboriginal Housing Initiative**:

1. What are the indicators that the target tenants are a priority in the community? Please make reference to any community studies on housing, for example, Supporting Community Partnerships Initiative-funded studies, municipal or regional declarations of support, etc.
2. How will tenants be identified, by whom, and using what criteria?
3. What will be the legal relationship between the Society and the tenant? Will tenancy be conditional on engagement in a program to address the issues which have made the tenant eligible for the housing?
4. Which communities will be served by the Project?

Support Services

If proposing a housing project with Support Services, please

1. Outline the Society’s understanding of the best practices appropriate to working with its target population and what ongoing evaluation approach it will use to gauge success.
2. Summarize in the format below the range of support services which the Society intends to make available to its tenants, how those services will be made available, and the funding source. Include “case management / tenant identification” as a support service.

Nature of support service	On-site		Off-site / delivery agency and contact person
	Aboriginal Housing funding	Other funding: (specify)	

3. Describe the strategy / relationships with other organizations / resources for helping tenants stabilize their lives.

Staff Plan

If support services are part of your project, please outline the staff plan for the Project, using a format similar to the one below and provide the following additional information:

- A general rationale for the staff coverage required in relationship to the needs of the target tenants, including justification for the enhanced presence of any housing staff beyond what is required for property management in permanent housing.
- A key defining the hours for each shift, e.g. morning = 8:00 a.m. to 4:00 p.m.; afternoon = 4:00 p.m. to 12:00 midnight, etc.
- Insert in the schedule the job title abbreviation for the time/shift when that incumbent is on site.
- Provide a brief description for each job title if the function of the job is not obvious. (E.g. “bookkeeper” would not need definition, “community development worker” would.)
- Summarize the total number of FTE’s required for each staff category – housing and support – to maintain this staffing plan over one year.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total (hrs/wk)
Housing staff:								
Morning								
Afternoon								
Midnight								
Total Housing Staff (hrs/wk)								
Support staff:								
Morning								
Afternoon								
Midnight								
Total Support Staff (hrs/wk)								

Operating Budget

Please provide an integrated operating budget for the Project in the general format below. Expense items in each column should equal revenue in that column. See **Appendix B: Operating Budget Guidelines**.

Revenue	Housing A	Other: (specify) B	Total C
Tenant rent			
Other funding: specify source			
TOTAL REVENUE			

Expense	Housing A	Support B	Total C
Support Services: Staff (specify)			
SUBTOTAL: Support Services Staff			
Support Services Expenses: Non-staff (specify)			
SUBTOTAL: Support Services Non-staff			
Housing			
Maintenance			
Utilities			
Property tax			
Insurance (building)			
Other: specify			
SUBTOTAL: Housing			
Administration			
Management:			
On-site manager			
Clerical support / reception			
Bookkeeping			
Corporate management			
HR programs / education			
Office overhead / supplies			
Audit / legal			
Miscellaneous: specify			
SUBTOTAL: administration			
Principal & Interest			
TOTAL EXPENSES			

Operating Partnerships

Please list the contact information for all the operating or financial partners whose participation is essential to the functioning of the Project. Provide copies of all written commitments which should detail the support in terms of the FTEs and positions being funded or provided directly.

If the project is a supportive housing project, and the support services are now being provided by the Society, indicate how those services are funded (e.g. funding source, contact person, stability of funding, etc.).

4. HOUSING PROPOSAL

Site Description

Please provide the following information for the Project's site.

1. Address: _____

2. Current registered owner: _____

3. Legal Description (including PID): _____

4. Area of site: _____ sq. ft.

5. Interest in land

Fee Simple Leasehold Strata Air Space

Other: _____

6. If the Society does not now own the site, please indicate what its interest is (e.g. contract of purchase and sale, option to purchase, municipal resolution, etc.)

7. Is the lot fully serviced to the lot line? _____

8. List any appraisal, environmental, or geo-technical reports available for the site:

9. Charges currently on title: _____

10. Current zoning designation: _____

Is re-zoning required? _____

11. Proximity to public transportation:

Type	Distance from Building
_____	_____ Km

12. Proximity to commercial services:

Type	Distance from Building
_____	_____ Km
_____	_____ Km
_____	_____ Km

13. Proximity to public services/amenities:

Type	Distance from Building
_____	_____ Km
_____	_____ Km
_____	_____ Km

14. Proximity to health or support services:

Type	Distance from Building
_____	_____ Km
_____	_____ Km
_____	_____ Km

Please attach a map of the location of the site in relationship to the rest of the community.

Housing Concept

Drawings

Societies are asked to submit two sets of the following drawings, if available, as part of their submissions:

1. Site plan which lists municipal land use restrictions (e.g. coverage, setbacks, parking, etc.);
2. Floor plans for each floor which has a different configuration; and
3. Unit plans for all typical unit types, noting dwelling unit area and dimensions of each room.

Detailed specifications are not required at this stage.

Renovation or Conversion Projects

For projects which involve the renovation or conversion of an existing building, please see **Appendix D: Renovation or Conversion Project Description**.

Capital Budget

Please submit a draft capital budget in a format similar to that below and explain in note form the estimates provided. (See **Appendix C: Capital Budget Completion Guidelines.**)

Project Name: _____

Society: _____

Project Address: _____

Charitable Status (No.): _____ If not applicable, please check

GST Registration (No.): _____

	Total	Per Unit
1. Appraisals / studies		
2. Acquisitions and servicing		
3. Municipal services		
4. Utility fees		
5. Design consultants		
6. Consultants		
7. Miscellaneous soft costs		
8. Borrowing costs		
9. Construction		
10. Building start-up		
11. Contingencies		
12. Total Capital Budget		
13. Deductions (Equity Contributions)		
NET CAPITAL BUDGET		

Society and Community Equity Contributions

Societies are expected to mobilize local financial support for their Projects. Please summarize those contributions below, identifying the source and nature of the contribution under "Description". For example, a Society might donate the land, a municipal government might provide a grant equivalent to Development Cost Charges (the "DCCs") or might lease a site at a nominal cost.

Source	Description (including any conditions)	Value
Society		
Municipal government		
Other community partners		
Other		
TOTAL		

Please submit copies of any written commitments for financial support from community supporters, including municipal resolutions and letters of conditional support from service clubs or foundations.

Schedule

As part of the EOI Submission, the Society must estimate when it will be able to achieve the major milestones toward completion and occupancy.

The first stage is reaching the point where BC Housing can give the Society Final Project Commitment and includes achieving the following items:

- confirmation of all local land use approvals, i.e. zoning, Development Permit, building permit;
- verification of the capital budget satisfactory to BC Housing;
- agreement on an operating budget satisfactory to BC Housing;
- design drawings and commitment to appropriate specifications satisfactory to BC Housing; and
- confirmation of all required support service funding.

The second stage spans all the work required from Final Project Commitment by BC Housing to completion and occupancy.

The schedule can be in a format similar to that below or as a Gantt chart.

Assume July 1, 2007, as the start date for all activities which the Society will initiate once a PPA is received from BC Housing.

Schedule from EOI Submission to Project Occupancy

Activity	Date of Completion	Time Required (in weeks) for Task and any Comments
1. Land / lease negotiations complete		
2. Feasibility, scope development and costing completed		
3. Design drawings and outline specifications completed		
4. Municipal land use approvals achieved, including DP		
5. Capital budget development completed		
6. Detailed support services plan completed and funding approved		
7. Operating budget completed and approved		
8. Review of working drawings by BC Housing		
9. Final Project commitment from BC Housing		
10. Completion and execution of contract documents		
11. Building permit issued		
12. Execution of lease, mortgage, operating agreements		
13. Construction start		
14. First construction advance		
15. Substantial completion		
16. Interest Adjustment Date		
17. Occupancy		