

**(For internal use only)**

**BC Housing #** \_\_\_\_\_

**Fraser Health #** \_\_\_\_\_

**VI. SUBMISSION CONTENTS**

**1.1 LETTER OF COMMITTAL**

The Proposal must be accompanied by a letter of committal. This letter should be on the letterhead or from the business address of the Proponent and over the signature of an authorized signatory of the Proponent. Please refer to the example outlined in Appendix C.

**2.1 OPERATOR – SUMMARY INFORMATION**

**Society name:** \_\_\_\_\_  
 (Legal entity which will enter into the operating agreements.)

**Society address:** \_\_\_\_\_  
 \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Building name:** \_\_\_\_\_

**Building address:** \_\_\_\_\_  
 \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Legal description and PID numbers:** \_\_\_\_\_  
 \_\_\_\_\_  
 (Full legal description of the land with PID numbers.)

**Experience**

Indicate the number of units and years the company has operated any of the following:

_____	Units of independent seniors housing for	_____ years	1.
_____	Units of supportive housing (including hospitality services) for	_____ years	2.
_____	Units of assisted living (including hospitality and personal care services) for	_____ years	3.
_____	Units of residential care (licensed facility with 24-hour access to medical services) for	_____ years	4.
_____	Other units (specify) _____ for	_____ years	5.

Summarize your organization's corporate mission or management philosophy as it relates to the provision of independent living.

6.

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**2.2 OPERATOR - SUPPORT DOCUMENTATION**

1. List of projects owned and operated by the Operator in the Province of BC, identifying the location, size, and type of project e.g. independent housing, assisted living, congregate living, residential care.
2. Corporate mission or vision statement.
3. Certificates confirming professional affiliations, memberships or accreditations.
4. References from:
  - Financial institution (letter)
  - Community, religious, service or volunteer organization or agency familiar with the Operator's developments (letter of name and telephone number of contact person)

7.

8.

9.

10.

**3.1 PROPOSAL- SUMMARY INFORMATION**

**Is this Proposal for units in** (please check one)

<input type="checkbox"/>	Existing building		
<input type="checkbox"/>	Building to be converted	<input type="text"/>	Estimated date for completion
<input type="checkbox"/>	New building	<input type="text"/>	Estimated date for completion

The standard operating agreement is five years; however, longer terms will be considered for proposals for new construction or renovation of existing privately owned and operated buildings. Please specify the minimum duration of the operating agreement [to a maximum of 10 years].  Years

## STAFFING AND SUPPORT

### Description of staffing

Existing staff of the building in which the proposed rent supplement apartments are located:

_____ Full Time Employees (FTEs) for _____ units (total in project), including:	11.
_____ Management and administration	12.
_____ Building maintenance	13.
_____ Other staff including social/recreational activities co-ordinator, food preparation and service staff, housekeeping staff and personal care staff. Please describe, indicating where applicable, the staff fulfilling multiple tasks:	14.
_____	
_____	
_____	
_____	
_____	

### Description of support services

#### Meal package will include:

_____ Breakfast	15.
_____ Lunch	16.
_____ Dinner	17.

#### Food services (check as appropriate):

_____ Scheduled seating	18.
_____ Open seating	19.
_____ Menu, typically with _____ main entrée choices	20.
_____ Ability to meet special dietary needs e.g. for diabetics	21.
_____ Prepared on-site	22.
_____ Prepared off-site; reheated on-site	23.
_____ Daily snacks/baking provided	24.
_____ Opportunity for Tenant input to menu	25.
_____ Capacity for Tenant's guests	26.

**Housekeeping services**

Please indicate which of the following tasks will be included in the basic housekeeping services within Tenants’ suites and the frequency of them being performed.

- \_\_\_\_\_ vacuuming \_\_\_\_\_ per month 27.
- \_\_\_\_\_ dusting \_\_\_\_\_ per month 28.
- \_\_\_\_\_ cleaning kitchen and bathroom sinks, tubs, showers, and toilets \_\_\_\_\_ per month 29.
- \_\_\_\_\_ washing all tile floors \_\_\_\_\_ per month 30.
- \_\_\_\_\_ cleaning stove, refrigerator, microwave, etc. \_\_\_\_\_ per month 31.
- \_\_\_\_\_ laundering towels and linens \_\_\_\_\_ per month 32.
- \_\_\_\_\_ washing exterior windows \_\_\_\_\_ annually 33.

Clean up after provision of care (please explain): 34.

\_\_\_\_\_  
\_\_\_\_\_

Other (please specify): 35.

\_\_\_\_\_  
\_\_\_\_\_

**Monitoring and 24-hour on-call emergency response system comprises:** (indicate call system, staff backup and specific location of staff, either on-site or distance off-site or indicate if providing access to 24-hour personal assistance as a substitution for 24-hour monitoring) 36.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of recreational and social activities**

Please check those activities organized by the Operator:

- exercise classes  daily  weekly 37.
- newsletter  weekly  monthly 38.
- organized cards, darts, shuffleboard or bingo 39.
- musical entertainment/dancing  weekly  monthly 40.
- scheduled tea  weekly  41.
- special outings/trips  monthly  annually 42.
- weekly scheduled transportation to shopping 43.
- other 44.

**Description of personal care services**

Will personal care services be provided to Tenants by the Operator?  45.

If “yes”, will they be:

- scheduled only 46.
- both scheduled and unscheduled 47.

If the Operator currently provides personal care services to the existing Tenants, indicate the approximate average number of hours provided per Tenant:

- 10 hours per month 48.
- 15 hours per month 49.
- 20 hours per month 50.
- 30 hours per month 51.
- Other (specify): \_\_\_\_\_ 52.

Indicate the length of time each staff person providing personal care services has worked for the Operator: 53.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**BUILDING SERVICES****Building location****Surrounding land use:**

_____	Primarily residential	57.
_____	Mixed residential/commercial	58.
_____	Primarily commercial/institutional	59.

**Public transportation:**

_____	Within 300 meters of a bus stop	60.
_____	More than 300 meters to a bus stop. Specify distance: _____ meters	61.
_____	Not available in community	62.
_____	Other community transportation (please describe): _____	63.

**Proximity to** (estimate distance in kilometers):**Commercial services:**

_____	Drug store	64.
_____	Convenience store	65.
_____	Food shopping	66.
_____	Clothes/sundries	67.
_____	Bank	68.

**Health services:**

_____	Medical clinic or doctors' offices	69.
_____	Dentist	70.
_____	Hospital	71.

**Other services:**

_____	Seniors' recreation/social centre e.g. community centre	72.
_____	Library	73.
_____	Place of worship	74.
_____	Park	75.
_____	Other (please describe): _____	76.

**General building and unit description**

\_\_\_\_\_ **Total number of units in building** 77.

Total Number of Units in Building			Total Number of Units Offered		
Square Footage	Number		Square Footage	Number	Date Available
		Bed-sitting rooms			
		Studios apartments			
		One bedroom apartments			
		Two bedroom apartments			
		<b>Total units</b>			

**Building construction type:**

\_\_\_\_\_ wood-frame 78.

\_\_\_\_\_ non-combustible 79.

**Age:** \_\_\_\_\_ years 80.

**Number of storeys:** \_\_\_\_\_ 81.

**Number of elevators:** \_\_\_\_\_ 82.

\_\_\_\_\_ Specify cab size(s) 83.

\_\_\_\_\_ Automatic sliding doors 84.

\_\_\_\_\_ Chairs/benches next to elevator 85.

What is the greatest distance an apartment is from an elevator? \_\_\_\_\_ meters 86.

What is the greatest distance an apartment is from the exit stairs? \_\_\_\_\_ meters 87.

What is the greatest distance an apartment is from the dining room? \_\_\_\_\_ meters 88.

What is the greatest distance an apartment is from other common areas? \_\_\_\_\_ meters 89.

**Building accessibility** (check or insert data as appropriate):

Main entrance _____ is at grade (no steps or ramps)	90.
_____ is accessible by ramp	91.
Main door _____ is manually opened	92.
_____ has automatic door opener	93.
_____ has standard door closer	94.
_____ has low resistance delayed action closer	95.
Corridor is _____ meters wide	96.
Corridor has _____ full length handrails	97.

Describe any changes in levels that occur within the building on the first floor of the building, i.e. any steps or ramps. 98.

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**Life-safety systems:**

_____ Audible fire alarm system	99.
_____ Visual fire alarm system	100.
_____ Hard-wired smoke detectors in units	101.
_____ Sprinkler system ( <b>Mandatory</b> )	102.
_____ On-call system (please describe):	103.
<hr/>	
_____ Emergency generator	104.
_____ Emergency lighting	105.
_____ Appropriate exit signage	106.
_____ Posted fire plans	107.
_____ Alternate exits	108.
_____ Areas of refuge	109.
_____ Intercom/entry system	110.
_____ Desk at main entrance	111.
_____ Security camera(s)	112.

**Kitchen:**

- \_\_\_\_\_ Commercial standard full-service 113.
- \_\_\_\_\_ Servery capacity only 114.

**Dining room(s) seating capacity:** \_\_\_\_\_ size: \_\_\_\_\_ sq. m. 115.

**Lounge(s) seating capacity:** \_\_\_\_\_ size: \_\_\_\_\_ sq. m. 116.

**Number of bathing rooms:** \_\_\_\_\_ 117.

**Describe bathing equipment type:** \_\_\_\_\_ 118.

\_\_\_\_\_

**Laundry equipment:**

Number of washing machines \_\_\_\_\_ to \_\_\_\_\_ units 119.

Number of dryers \_\_\_\_\_ to \_\_\_\_\_ units 120.

On what basis are the laundry machines accessible to Tenants for additional laundry beyond the hospitality services provided? Please explain. 121.

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**Other amenity space(s):**

- \_\_\_\_\_ TV room 122.
  - \_\_\_\_\_ Library 123.
  - \_\_\_\_\_ Hobby (arts and crafts) room 124.
  - \_\_\_\_\_ Equipped exercise room 125.
  - \_\_\_\_\_ Workshop 126.
  - \_\_\_\_\_ Scooter storage 127.
  - \_\_\_\_\_ Scooter charging 128.
  - \_\_\_\_\_ Other (please describe): \_\_\_\_\_ 129.
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## Description of the apartments being offered

### Unit accessibility:

Suite entry door	_____ mm wide	130.
	_____ lever passage set	131.
	_____ low resistance delayed action door closer	132.
Bathroom door	_____ mm wide	133.
	_____ lever passage set	134.
Kitchen taps	_____ lever	135.
Bathroom size	_____ sq. m.	136.
Bathroom sink taps	_____ lever	137.
Roll-in shower	_____	138.
Step-in shower	_____	139.
Hand-held shower head	_____	140.
Side-entry bath	_____	141.
Standard bath	_____	142.
Bath / shower taps	_____ lever	143.
Grab bars	_____ bath / shower	144.
	_____ next to toilet	145.
Bath / Shower bottom surface	_____ slip resistance	146.
Height of toilet	_____ mm	147.
<b>Please describe unit floor surface coverings:</b>		148.

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### Unit appliances:

_____ Refrigerator	_____ bar size	149.
	_____ full size	150.
_____ Stove/oven		151.
_____ Stove over-ride switch		152.
_____ Range top		153.
_____ Microwave		154.
_____ Dishwasher		155.
_____ Washer/dryer		156.

**Other:**

_____	Wired for telephone	157.
_____	Wired for cable	158.
_____	Wired for satellite	159.
_____	Air conditioning	160.
_____	Temperature control	161.
_____	Enterphone system	162.
_____	En-suite storage _____ sq. m.	163.

**Description of outdoor amenity spaces**

_____	Fenced lawn or courtyard	164.
_____	Benches	165.
_____	Lawn furniture	166.
_____	Garden plots for Tenants	167.
_____	Rooftop garden	168.
_____	Other (please describe): _____	169.

**3.2 PROPOSAL - SUPPORT DOCUMENTATION**

1.	Job descriptions, staff qualifications and staffing schedules over the 24 hour day for all staff directly responsible for the Tenants including the manager, personal support staff, and persons responsible for food preparation. The number of hours of direct personal support that will be available on a per client basis daily to meet both scheduled and unscheduled support needs.	170.
2.	Neighbourhood plan indicating proximity of building to amenities, including food shopping, medical offices, public transportation, and social/recreational centres.	171.
3.	Ground floor (or amenity floor) plan.	172.
4.	Dimensioned unit plan(s), preferably with schematic furniture layouts.	173.
5.	Description of the social/recreational programs available for Tenants in this building. (Please attach Tenant bulletins or newsletters.)	174.
6.	Fire / emergency plan for the building.	175.
7.	Typical menu over a monthly cycle.	176.

#### 4.1 SCHEDULE OF UNIT AVAILABILITY

Please give a schedule indicating when the units being offered will be available for occupancy for Tenants referred by Fraser Health.

If you are offering units in an existing building, please indicate the present level of vacancies and the average annual turnover, i.e. number of units which change residents in the year.

If you are offering units in a building now in the planning or construction stage, please provide a schedule showing present status and projected completion.

#### 5.1 PRICE – SUMMARY INFORMATION

##### 1. Base monthly charge

Unit type	No. of units	Unit price	Double occupancy	Cost for vacancy
Bed-sitting room				
Studio				
One bedroom				
Two bedroom				

**Number of units** — List the number of units of each type being offered. If the proponent is prepared to make available a mix of units, list the range by type and give the total number of units being proposed. For example 0–7 studios, 1–10 one-bedrooms, 0–2 two-bedrooms; maximum total of 12 units.

**Unit price** — The price for the apartment and the basic hospitality package required by ILBC, not including personal care services.

**Double occupancy** — Specify the extra charge for a second person occupying a unit.

**Cost for vacancy** — Specify the monthly charge if a unit is vacant.

##### 2. Please indicate any costs not otherwise specified (e.g. damage deposit):

Cost per service	Description of additional charges
\$ _____	_____
\$ _____	_____
\$ _____	_____

**3. Please indicate cost of additional hospitality services not included in basic package**  
(e.g. third meal, extra load of laundry, meal delivery to room due to illness, etc.):

Cost per service	Description of additional hospitality services
\$ _____	_____
\$ _____	_____
\$ _____	_____

**5.2 PRICE - SUPPORT DOCUMENTATION**

1. Copy of the Tenant agreement/contracts governing the provision of accommodation and services to existing Tenants in the Operator’s buildings.
2. Schedule of extra services and costs for Tenants.

## **VII. EVALUATION OF THE PROPOSALS, CONTRACT AWARD AND ADMINISTRATION**

### **Evaluation**

BC Housing and Fraser Health will use the criteria and weighting outlined in Appendix D to evaluate the Proposal received. As part of the evaluation process, the evaluation team (representatives of BC Housing and Fraser Health) may tour the building being proposed and may request an interview with the Operator's manager responsible for the building where the units being offered are located.

Unless otherwise requested in the proposal, this visit will be organized through the contact person listed in the Proposal.

### **Clarification of Proposal**

BC Housing and Fraser Health reserve the right to request the clarification of the contents of the Proposal. BC Housing and Fraser Health may require the Operator to submit supplementary documentation clarifying any matters contained in their Proposal and may seek the respective Operator's acknowledgement of that interpretation. BC Housing and Fraser Health are not obliged to seek clarification of any aspect of a proposal.

Any written information received by the BC Housing and Fraser Health from an Operator pursuant to a request for clarification as part of the RFP process shall be considered as an integral part of the Proposal.

### **Deemed Acceptance of Provisions**

All of the terms, conditions and provisions of this RFP are deemed to be accepted by the Operator responding and incorporated into the Operator's proposal by this reference.

### **Operator's Expenses**

The Operator is solely responsible for their own costs and expenses in preparing or presenting the Proposal and for subsequent negotiations with BC Housing and the Fraser Health, if any. Neither BC Housing nor Fraser Health is liable to pay such costs and expenses or to reimburse or compensate the Operator under any circumstances.

### **Cancellation and non-award**

BC Housing and Fraser Health reserve the right at their sole discretion to cancel this RFP and to not award a contract for rent supplement units to the Operator responding.

### **Notifying all proponents of the outcome**

Following the evaluation of the Proposal and selection of the successful Operator, the Proponent will be informed of the decision by BC Housing and Fraser Health. This notification will occur in writing no later than 30 business days after the submission deadline.

### **Award and terms of the agreement**

BC Housing and Fraser Health will each enter into an agreement with the Operator for a minimum of five years.

The move-in of Tenants will be staggered over the first four months following the execution of the operating agreements, in a manner and schedule mutually agreed to by the three parties.

These two agreements (See Appendices E and F.) will set out each party's responsibilities and obligations, the standards of service to the Tenants, the entrance and exit criteria, the process for adjusting assistance based on changes in the Tenants' incomes, the monitoring and accountability requirements, and the termination clause.

### **Performance and accountability**

BC Housing and Fraser Health will regularly inspect and review the building, the rent supplement apartments, and the services provided to ensure compliance with the operating agreements.