

(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 or Company name:

(Legal entity which will enter into the operating agreements.)

Society or Company 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 society or 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.

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)
5. Disclosure of any litigation (criminal or civil) affecting the organization or key personnel over the last five years.
6. Disclosure of any information that may be contrary to Fraser Health's mission, vision, values, principles and service delivery standards. (See Fraser Health web site at www.fraserhealth.ca/About/Missions.asp)

7.

8.

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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:	13.
_____ Management and administration	14.
_____ Building maintenance	15.
_____ 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:	16.

Description of support services

Meal package will include:

_____ Breakfast	17.
_____ Lunch	18.
_____ Dinner	19.

Food services (check as appropriate):

_____ Scheduled seating	20.
_____ Open seating	21.
_____ Menu, typically with _____ main entrée choices	22.
_____ Ability to meet special dietary needs e.g. for diabetics	23.
_____ Prepared on-site	24.
_____ Prepared off-site; reheated on-site	25.
_____ Daily snacks/baking provided	26.
_____ Opportunity for Tenant input to menu	27.
_____ Capacity for Tenant’s guests	28.

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 29.
- _____ dusting _____ per month 30.
- _____ cleaning kitchen and bathroom sinks, tubs, showers, and toilets _____ per month 31.
- _____ washing all tile floors _____ per month 32.
- _____ cleaning stove, refrigerator, microwave, etc. _____ per month 33.
- _____ laundering towels and linens _____ per month 34.
- _____ washing exterior windows _____ annually 35.

Clean up after provision of care (please explain): 36.

Other (please specify): 37.

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) 38.

Description of recreational and social activities

Please check those activities organized by the Operator:

<input type="checkbox"/>	exercise classes	<input type="checkbox"/>	daily	<input type="checkbox"/>	weekly	39.
<input type="checkbox"/>	newsletter	<input type="checkbox"/>	weekly	<input type="checkbox"/>	monthly	40.
<input type="checkbox"/>	organized cards, darts, shuffleboard or bingo					41.
<input type="checkbox"/>	musical entertainment/dancing	<input type="checkbox"/>	weekly	<input type="checkbox"/>	monthly	42.
<input type="checkbox"/>	scheduled tea	<input type="checkbox"/>	weekly	<input type="checkbox"/>		43.
<input type="checkbox"/>	special outings/trips	<input type="checkbox"/>	monthly	<input type="checkbox"/>	annually	44.
<input type="checkbox"/>	weekly scheduled transportation to shopping					45.
<input type="checkbox"/>	other					46.

Description of personal care services

Will personal care services be provided to Tenants by the Operator? 47.

If “yes”, will they be:

<input type="checkbox"/>	scheduled only	48.
<input type="checkbox"/>	both scheduled and unscheduled	49.

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

<input type="checkbox"/>	10 hours per month	50.
<input type="checkbox"/>	15 hours per month	51.
<input type="checkbox"/>	20 hours per month	52.
<input type="checkbox"/>	30 hours per month	53.
<input type="checkbox"/>	Other (specify): _____	54.

Indicate the length of time each staff person providing personal care services has worked for the Operator: 55.

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

_____	Primarily residential	59.
_____	Mixed residential/commercial	60.
_____	Primarily commercial/institutional	61.

Public transportation:

_____	Within 300 meters of a bus stop	62.
_____	More than 300 meters to a bus stop. Specify distance: _____ meters	63.
_____	Not available in community	64.
_____	Other community transportation (please describe): _____	65.

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

_____	Drug store	66.
_____	Convenience store	67.
_____	Food shopping	68.
_____	Clothes/sundries	69.
_____	Bank	70.

Health services:

_____	Medical clinic or doctors' offices	71.
_____	Dentist	72.
_____	Hospital	73.

Other services:

_____	Seniors' recreation/social centre e.g. community centre	74.
_____	Library	75.
_____	Place of worship	76.
_____	Park	77.
_____	Other (please describe): _____	78.

General building and unit description

_____ **Total number of units in building** 79.

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			
		Total units			

Building construction type:

_____ wood-frame 80.

_____ non-combustible 81.

Age: _____ years 82.

Number of storeys: _____ 83.

Number of elevators: _____ 84.

_____ Specify cab size(s) 85.

_____ Automatic sliding doors 86.

_____ Chairs/benches next to elevator 87.

What is the greatest distance an apartment is from an elevator? _____ meters 88.

What is the greatest distance an apartment is from the exit stairs? _____ meters 89.

What is the greatest distance an apartment is from the dining room? _____ meters 90.

What is the greatest distance an apartment is from other common areas? _____ meters 91.

Building accessibility (check or insert data as appropriate):

Main entrance _____ is at grade (no steps or ramps)	92.
_____ is accessible by ramp	93.
Main door _____ is manually opened	94.
_____ has automatic door opener	95.
_____ has standard door closer	96.
_____ has low resistance delayed action closer	97.
Corridor is _____ meters wide	98.
Corridor has _____ full length handrails	99.

Describe any changes in levels that occur within the building on the first floor of the building, i.e. any steps or ramps. 100.

Life-safety systems:

_____ Audible fire alarm system	101.
_____ Visual fire alarm system	102.
_____ Hard-wired smoke detectors in units	103.
_____ Sprinkler system (Mandatory)	104.
_____ Wireless on-call system (Mandatory) (please describe):	105.

_____ Emergency generator	106.
_____ Emergency lighting	107.
_____ Appropriate exit signage	108.
_____ Posted fire plans	109.
_____ Alternate exits	110.
_____ Areas of refuge	111.
_____ Intercom/entry system	112.
_____ Desk at main entrance	113.
_____ Security camera(s)	114.

Kitchen:

_____ Commercial standard full-service 115.
 _____ Servery capacity only 116.

Dining room(s) seating capacity: _____ size: _____ sq. m. 117.

Lounge(s) seating capacity: _____ size: _____ sq. m. 118.

Number of bathing rooms: _____ 119.

Describe bathing equipment type: _____ 120.

Laundry equipment:

Number of washing machines _____ to _____ units 121.

Number of dryers _____ to _____ units 122.

On what basis are the laundry machines accessible to Tenants for additional laundry beyond the hospitality services provided? Please explain. 123.

Other amenity space(s):

_____ TV room 124.

_____ Library 125.

_____ Hobby (arts and crafts) room 126.

_____ Equipped exercise room 127.

_____ Workshop 128.

_____ Scooter storage 129.

_____ Scooter charging 130.

_____ Other (please describe): _____ 131.

Description of the apartments being offered**Unit accessibility:**

Suite entry door	_____ mm wide	132.
	_____ lever passage set	133.
	_____ low resistance delayed action door closer	134.
Bathroom door	_____ mm wide	135.
	_____ lever passage set	136.
Kitchen taps	_____ lever	137.
Bathroom size	_____ sq. m.	138.
Bathroom sink taps	_____ lever	139.
Roll-in shower	_____	140.
Step-in shower	_____	141.
Hand-held shower head	_____	142.
Side-entry bath	_____	143.
Standard bath	_____	144.
Bath / shower taps	_____ lever	145.
Grab bars	_____ bath / shower	146.
	_____ next to toilet	147.
Bath / Shower bottom surface	_____ slip resistance	148.
Height of toilet	_____ mm	149.
Please describe unit floor surface coverings:		150.

Unit appliances:

_____ Refrigerator	_____ bar size	151.
	_____ full size	152.
_____ Stove/oven		153.
_____ Stove over-ride switch		154.
_____ Range top		155.
_____ Microwave		156.
_____ Dishwasher		157.
_____ Washer/dryer		158.

Other:

_____	Wired for telephone	159.
_____	Wired for cable	160.
_____	Wired for satellite	161.
_____	Air conditioning	162.
_____	Temperature control	163.
_____	Enterphone system	164.
_____	En-suite storage _____ sq. m.	165.

Description of outdoor amenity spaces

_____	Fenced lawn or courtyard	166.
_____	Benches	167.
_____	Lawn furniture	168.
_____	Garden plots for Tenants	169.
_____	Rooftop garden	170.
_____	Other (please describe): _____	171.

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.	172.
2.	Neighbourhood plan indicating proximity of building to amenities, including food shopping, medical offices, public transportation, and social/recreational centres.	173.
3.	Ground floor (or amenity floor) plan.	174.
4.	Dimensioned unit plan(s), preferably with schematic furniture layouts.	175.
5.	Description of the social/recreational programs available for Tenants in this building. (Please attach Tenant bulletins or newsletters.)	176.
6.	Fire / emergency plan for the building.	177.
7.	Typical menu over a monthly cycle.	178.

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.