

V. SUBMISSION CONTENTS

(For internal use only)
BCHMC # _____
IH # _____

1.1 Letter of Committal

Every 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

Company name: _____
 (Legal entity which will enter into the operating agreements.)

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 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.

Insurance

Summarize Operator’s existing insurance coverage limits below:

- “All Risks” Property: _____ 6.
- “All Risks” Business Interruption: _____ 7.
- Comprehensive Boiler and Machinery (if applicable): _____ 8.
- Automobile Liability: _____ 9.
- Comprehensive General Liability: _____ 10.
- Professional Liability: _____ 11.

Staff

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

- _____ Full Time Employees (FTEs) for _____ units (total in project), including: 12.
- _____ Management and administrative staff 13.
- _____ Building maintenance staff 14.
- _____ Other staff including social/recreational activities co-ordinator, food preparation and service staff, housekeeping staff (please describe): 15.
- _____
- _____
- _____
- _____
- _____

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 seniors, supportive housing/congregate living, residential care. | 18. |
| 2. References from: | |
| • Community, religious, service or volunteer organization or agency familiar with the Operator’s developments (letter or name and telephone number of contact person) | 19. |
| • Health authority, home support or medical staff (name and telephone number of person) | 20. |
| 3. Job descriptions and qualifications for all staff directly responsible for the Tenants including the manager and persons responsible for food preparation and the staff schedule. | 21. |
| 4. Description of all training programs the Operator delivers directly to its staff or any formal programs it requires that staff take. | 22. |
| 5. Mission statement or company philosophy. | 23. |

3.1 Proposal – Summary Information

This proposal is for units in (please check one):

_____ Existing building	_____ Number of units offered
_____ Building to be converted	_____ Estimated date for completion
_____ New building	_____ Estimated date for completion

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

Building location

Surrounding land use:

_____ Primarily residential	24.
_____ Mixed residential/commercial	25.
_____ Primarily commercial/institutional	26.

Public transportation:

_____ Within 300 meters of a bus stop	27.
_____ More than 300 meters to a bus stop. Specify distance: _____ meters	28.
_____ Not available in community	29.
_____ Other community transportation (please describe):	30.

If transportation is provided by the Operator, indicate costs: 31.

Proximity to (estimate distance in kilometers):

Commercial services:

_____	Drug store	32.
_____	Convenience store	33.
_____	Food shopping	34.
_____	Clothes/sundries	35.
_____	Bank	36.

Health services:

_____	Medical clinic or doctors' offices	37.
_____	Dentist	38.
_____	Hospital	39.

Other services:

_____	Seniors recreation/social centre e.g. community centre	40.
_____	Library	41.
_____	Place of worship	42.
_____	Park	43.
_____	Other (please describe): _____	44.

General building description

N.B. If the existing building is different from what is being proposed, please indicate the changes to be made in the Comment sections.

_____	Total number of units in building	<u>Comments</u>	45.
-------	--	------------------------	-----

Building construction type:

_____	Wood-frame	46.
_____	Non-combustible	47.

Age:	_____	Years	48.
-------------	-------	-------	-----

	<u>Comments</u>	
Number of storeys: _____	_____	49.

	<u>Comments</u>	
Number of elevators:	_____	50.
_____ Specify cab size(s)	_____	51.
_____ Automatic sliding doors	_____	52.
_____ Chairs/benches next to elevator	_____	53.

		<u>Comments</u>	
Greatest distance an apartment is from an elevator?	_____ meters	_____	54.
Greatest distance an apartment is from the exit stairs?	_____ meters	_____	55.
Greatest distance an apartment is from the dining room?	_____ meters	_____	56.
Greatest distance an apartment is from other common areas?	_____ meters	_____	57.

Building accessibility (check or insert data as appropriate):

		<u>Comments</u>	
Main entrance			
_____ Is at grade (no steps or ramps)	_____		58.
_____ Is accessible by ramp	_____		59.
Main door			
_____ Manually open	_____		60.
_____ Automatic door opener	_____		61.
_____ Standard door closer	_____		62.
_____ Low resistance delayed action closer	_____		63.

Building accessibility (check or insert data as appropriate):

Comments

Corridor is _____ Meters wide _____	64.
Corridor has _____ Full length handrails _____	65.

Describe any changes in levels that occur within the building on the first floor of the building, i.e. any steps or ramps. 66.

Life-safety and security systems:

Comments

_____ Audible fire alarm system _____	67.
_____ Visual fire alarm system _____	68.
_____ Hard-wired smoke detectors in units _____	69.
_____ Sprinkler system _____	70.
_____ On-call system. (please describe): _____	71.
_____ Emergency generator _____	72.
_____ Emergency lighting _____	73.
_____ Appropriate exit signage _____	74.
_____ Posted fire plans _____	75.
_____ Alternate exits _____	76.
_____ Areas of refuge _____	77.
_____ Intercom/entry system _____	78.
_____ Desk at main entrance _____	79.
_____ Security camera(s) _____	80.

Kitchen:

	<u>Comments</u>	
_____ Commercial standard full-service	_____	81.
_____ Servery capacity only	_____	82.

Dining room(s) seating capacity:

	<u>Comments</u>	
_____ size	_____	
_____ sq. m.	_____	83.

Lounge(s) seating capacity:

	<u>Comments</u>	
_____ size	_____	
_____ sq. m.	_____	84.

Bathing room(s):

	<u>Comments</u>	
_____ Indicate how many.	_____	
_____ size	_____	
_____ sq. m.	_____	85.

Describe bathing equipment type:

_____	86.

Laundry equipment:

	<u>Comments</u>	
Number of washing machines		87.
_____ units	_____	
Number of dryers		88.
_____ units	_____	

What laundry facilities are available on-site for the Tenant's personal use? Please explain. Is there a charge?

	89.

Other amenity space(s):

		<u>Comments</u>	
_____	TV room	_____	90.
_____	Library	_____	91.
_____	Hobby (arts and crafts) room	_____	92.
_____	Equipped exercise room	_____	93.
_____	Workshop	_____	94.
_____	Scooter storage	_____	95.
_____	Scooter charging	_____	96.
_____	Other (please describe):	_____	97.

Description of the apartments

Number of units by type:

		<u>Comments</u>	
_____	Bed sitting units	sq. m.	98.
_____	Studio units	sq. m.	99.
_____	One-bedroom units	sq. m.	100.
_____	Two-bedroom units	sq. m.	101.
_____	Total Units	_____	102.

Unit accessibility:

Comments

Suite entry door		
mm wide		103.
_____ lever passage set		104.
_____ low resistance delayed action door		105.
_____ closer		
Bathroom		
door _____mm wide		106.
_____ lever passage set		107.
_____ size _____sq. m.		108.
_____ sink taps lever		109.
_____ roll-in shower		110.
_____ step-in shower		111.
_____ hand-held shower head		112.
_____ side-entry bath		113.
_____ standard bath		114.
_____ bath / shower taps lever		115.
Grab bars		
bath / shower		116.
_____ next to toilet		117.

Bath / Shower bottom surface		
slip resistance		118.

Height of toilet		
mm		119.

Unit accessibility:

Comments

Kitchen

tap levers

120.

Please describe unit floor surface coverings:

121.

Unit appliances:

Comments

Refrigerator

bar size

122.

full size

123.

Stove/oven

124.

Stove over-ride switch

125.

Range top

126.

Microwave

127.

Dishwasher

128.

Washer/dryer

129.

Other:

Comments

Wired for telephone

130.

Wired for cable

131.

Wired for satellite

132.

Air conditioning

133.

Temperature control	134.
Enterphone system	135.
En-suite storage	136.
_____ sq. m.	

Description of outdoor amenity spaces

	<u>Comments</u>
Fenced lawn or courtyard	137.
Benches	138.
Lawn furniture	139.
Garden plots for Tenants	140.
Rooftop garden	141.
Other (please describe)	142.

Description of support services

Briefly describe Tenants whom the Operator anticipates will be living in the *Independent Living BC* units and the type of hospitality services they will require.

	143.

N.B. If the hospitality services that the Operator is delivering at present are different from what the Operator is proposing to deliver, please explain in the Comment sections below.

Basic meal package includes (check as appropriate):

	<u>Comments</u> (Describe how meals are served.)	
Breakfast		144.
Lunch		145.
Dinner		146.

Food services (check as appropriate):

	<u>Comments</u>	
Scheduled seating (indicate time periods for breakfast, lunch and dinner)		147.
Open seating (indicate time periods for breakfast, lunch and dinner)		148.
Menu, typically with		149.
_____ Main entrée choices		
Ability to meet special dietary needs e.g. for diabetics		150.
Prepared on-site		151.
Prepared off-site; reheated on-site		152.

Daily snacks/baking provided	153.
Capacity for Tenant's guests and family dining	154.
Opportunity for Tenant input to menu (Please describe.)	155.

How are meals provided to Tenants who are ill? Please explain. 156.

Explain how the Operator ensures the nutritional requirements of the Tenants are met. 157.

Housekeeping services

Please indicate which of the following tasks will be included in the regular basic housekeeping services within **Tenant's suites** and the frequency of them being performed.

	<u>Comments</u>	
Vacuum		158.
_____ per _____		
Dust		159.
_____ Per _____		
Clean kitchen and bathroom sinks, tubs, showers, and toilets		160.
_____ per _____		
Wash all tile floors		161.
_____ per _____		
Clean stove, refrigerator, microwave, etc.		162.
_____ per _____		

Launder towels and linens		163.
_____ per _____		

Other (Please specify.): 164.

Please indicate which of the following tasks are included with the regular housekeeping services for the **common areas** and the frequency of them being performed.

	<u>Comments</u>	
_____ Clean dining room _____ per _____	_____	165.
_____ Vacuum common hallways _____ per _____	_____	166.
_____ Vacuum common room _____ per _____	_____	167.
_____ Clean common bathrooms _____ per _____	_____	168.
_____ Wash tile flooring _____ per _____	_____	169.
_____ Clean common care spaces _____ per _____	_____	170.
_____ Wash exterior windows _____ per _____	_____	171.
_____ Clean common area fridges, microwaves, stoves, coffee makers, etc. _____ per _____	_____	172.

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) 173.

Are any or all of the hospitality services sub-contracted? Please provide details. 174.

Description of recreational and social activities

Please check which of the following activities are organized by the Operator:

	<u>Comments</u>	
exercise classes		175.
_____ weekly	_____	
_____ monthly	_____	
newsletter		176.
_____ weekly	_____	
_____ monthly	_____	
organized cards, darts, shuffleboard or bingo		177.
_____ weekly	_____	
_____ monthly	_____	
musical entertainment/ dancing		178.
_____ weekly	_____	
_____ daily	_____	
scheduled tea		179.
_____ weekly	_____	
special outings/trips		180.
_____ monthly	_____	
_____ annually	_____	
scheduled transportation to shopping		181.
_____ weekly	_____	
_____ monthly	_____	
other		182.
_____	_____	
How is the provision of these services communicated to Tenants?		183.
_____	_____	
_____	_____	

What special equipment or resources (if any) is available to facilitate these activities? 184.

Please outline any costs to the Tenant for accessing social and recreational activities. 185.

Please indicate the skill levels of individuals offering these services and any specialized training that they may receive. 186.

Description of personal care services

Will personal care services be provided: 187.

_____ No
_____ Yes, by the Operator OR _____ Yes, by subcontracted third party

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 188.

_____ 15 hours per month 189.

_____ 20 hours per month 190.

_____ 30 hours per month 191.

_____ Other (specify): _____ 192.

Please describe the Operator's philosophy of care. 193.

Briefly describe the type of Tenants who the Operator anticipates will be occupying the units and the kind of care that they will require. 194.

Indicate the education and training of staff persons providing the personal care services. 195.

Indicate the ongoing training and education plan that would be undertaken to ensure that all staff remains current in developments related to the provision of care for Tenants. 196.

Indicate the length of time each staff person providing personal care services has worked for the Operator. 197.

Briefly describe the personal care services that staff can provide to Tenants. Are these personal care services combined with hospitality services in multi-task roles? 198.

Outline how the Tenants will be involved in decisions that effect them. 199.

Outline the role of family, friends and other caregivers in the provision of care. 200.

Indicate the Operator's policies for development, implementation, and monitoring of Managed Risk Agreements. 201.

3.2 Proposal - Support Documentation

- 1. Neighbourhood plan indicating proximity of building to amenities, including food shopping, medical offices, public transportation, and social/recreational centres. 202.
- 2. Proposed ground floor (or amenity floor) plan. 203.
- 3. Proposed dimensioned unit plan(s), preferably with schematic furniture layouts. 204.
- 4. Description of the social/recreational programs that are proposed for Tenants in this building. 205.
- 5. Fire / emergency plan for the building. 206.
- 6. Typical menu over a monthly cycle. 207.

4.1 Schedule of unit availability

IH requires three months to fill the units contracted. The target is to begin placing Tenants in Fall 2004. Please estimate which months the Operator’s units can begin to be made available:

<u>Month</u>	<u>Number of Units</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5.1 Price – Summary Information

- 1. Base monthly accommodation charge includes rent and base hospitality services

- \$ _____ Bed-sitting room
- \$ _____ Studio
- \$ _____ One-bedroom
- \$ _____ Two-bedroom

- 2. Additional hospitality services not included in basic package (if any):

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

\$ _____
 \$ _____

3. Scheduled and unscheduled personal care services for all Tenants (if provided):

Cost per service	Description of personal care services
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

It is recognized that some proponents may choose to use their resources to support more than one element of the services, for example, multi-tasking support workers across hospitality and personal care or managers across housing and hospitality. This creativity and flexibility is encouraged and proponents in these circumstances are requested to identify this in their operating plan and to allocate nominal costs across the components in this section.

Unit type	Number of units	Unit price	Double occupancy
Bed-sitting room			
Studio			
One bedroom			
Two bedroom			
Total			

Number of units — List the number of units of each type being offered. If the Operator 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 — This should be the total price for single occupancy with all charges for the unit type including basic package, rent, utilities, and hospitality services.

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

Total — This is the total number of units offered.

VI. EVALUATION OF THE PROPOSALS, CONTRACT AWARD AND ADMINISTRATION

Evaluation

BC Housing and IH will use the criteria and weighting attached to evaluate the proposals received. As part of the evaluation process, the evaluation team (representatives of BC Housing and IH) may tour the building being proposed and may request an interview with the Operator's manager responsible for the building where the units are located. This visit will be organized through the contact person indicated in the proposal.

Clarification of Proposal

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

Any written information received by the BC Housing and IH 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 each Operator responding and incorporated into each Operator's proposal by this reference.

Operator's Expenses

Operators are solely responsible for their own costs and expenses in preparing or presenting their proposal and for subsequent negotiations with BC Housing and IH, if any. Neither BC Housing nor IH is liable to pay such costs and expenses or to reimburse or compensate an Operator under any circumstances.

Cancellation and non-award

BC Housing and IH reserve the right at their sole discretion to cancel this RFP and to not award a contract for rent supplement units to any of the Operators responding.

Notifying all proponents of the outcome

Following the evaluation of the proposals and selection of the successful Operator, all proponents will be informed of the decision by BC Housing and IH. 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 IH will each enter into an agreement with the Operator for 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 operating agreements (See Appendix E for BC Housing's Operating Agreement.) will set out each party's responsibilities and obligations, the standards of service to the Tenants, the admissions and exit procedures, 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 IH will regularly inspect and review the building, the rent supplement apartments, and the services provided to ensure compliance with the operating agreements.