

V. SUBMISSION CONTENTS

<p>(For internal use only) BC Housing# _____ IH # _____</p>
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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 B.

2.1 Operator – Summary Information

Company / Society Name:

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

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/ society (“Proponent”) 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 Proponent’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, 15.
- _____ food preparation and service staff, housekeeping staff (please describe):
- _____
- _____
- _____
- _____
- _____

2.2 Operator - Support Documentation

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|--|-----|
| 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, assisted 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. |
| 6. References from bank/financial institution. | 24. |

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 ILBC 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	25.
_____ Mixed residential/commercial	26.
_____ Primarily commercial/institutional	27.

Public transportation:

_____ Within 300 meters of a bus stop	28.
_____ More than 300 meters to a bus stop. Specify distance: _____ meters	29.
_____ Not available in community	30.
_____ Other community transportation (please describe):	31.

If transportation is provided by the Operator, indicate cost to Tenants:	32.
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Proximity to (estimate distance in kilometers):

Commercial services:

_____ Drug store	33.
_____ Convenience store	34.
_____ Food shopping	35.
_____ Clothes/sundries	36.
_____ Bank	37.

Health services:

_____	Medical clinic or doctors' offices	38.
_____	Dentist	39.
_____	Hospital	40.

Other services:

_____	Seniors recreation/social centre	41.
_____	Library	42.
_____	Place of worship	43.
_____	Park	44.
_____	Other (please describe): _____	45.

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>	46.
_____	Building construction type:		
_____	Wood-frame		47.
_____	Non-combustible		48.
Age:	_____ Years		49.
		<u>Comments</u>	
Number of storeys:	_____		50.

		<u>Comments</u>	
Number of elevators:			51.
_____	Specify cab size(s)	_____	52.
_____	Automatic sliding doors	_____	53.
_____	Chairs/benches next to elevator	_____	54.

		<u>Comments</u>	
Greatest distance an apartment is from an elevator	_____ meters	_____	55.
Greatest distance an apartment is from the exit stairs	_____ meters	_____	56.
Greatest distance an apartment is from the dining room	_____ meters	_____	57.
Greatest distance an apartment is from other common areas	_____ meters	_____	58.

Building accessibility (check or insert data as appropriate):

		<u>Comments</u>	
Main entrance			
_____	Is at grade (no steps or ramps)	_____	59.
_____	Is accessible by ramp	_____	60.
Main door			
_____	Manually open	_____	61.
_____	Automatic door opener	_____	62.
_____	Standard door closer	_____	63.
_____	Low resistance delayed action closer	_____	64.

Building accessibility (check or insert data as appropriate):

		<u>Comments</u>	
Corridor is	_____ Meters wide	_____	65.
Corridor has	_____ Full length handrails	_____	66.

Describe any changes in levels that occur within the building on the first floor of the building, i.e. any steps or ramps. 67.

Life-safety and security systems:

	<u>Comments</u>	
_____ Audible fire alarm system	_____	68.
_____ Visual fire alarm system	_____	69.
_____ Hard-wired smoke detectors in units	_____	70.
_____ Sprinkler system	_____	71.
_____ On-call system. (please describe):	_____	72.
_____	_____	
_____ Emergency generator	_____	73.
_____ Emergency lighting	_____	74.
_____ Appropriate exit signage	_____	75.
_____ Posted fire plans	_____	76.
_____ Alternate exits	_____	77.
_____ Areas of refuge	_____	78.
_____ Intercom/entry system	_____	79.
_____ Desk at main entrance	_____	80.
_____ Security camera(s)	_____	81.

Kitchen:

	<u>Comments</u>	
_____ Commercial standard full-service	_____	82.
_____ Served capacity only	_____	83.

Dining room(s) seating capacity:

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

Lounge(s) seating capacity:

	<u>Comments</u>	
_____ sq. m.	_____	85.

Bathing room(s):

	<u>Comments</u>	
_____ Indicate how many.	_____	86.
_____ sq. m.	_____	

Describe bathing equipment type: 87.

Laundry equipment:

Comments

Number of washing machines 88.

_____ units _____

Number of dryers 89.

_____ units _____

What laundry facilities are available on-site for the Tenant's personal use? Is there a charge to Tenants? Please explain. 90.

Other amenity space(s):

Comments

_____	TV room	_____	91.
_____	Library	_____	92.
_____	Hobby (arts and crafts) room	_____	93.
_____	Equipped exercise room	_____	94.
_____	Workshop	_____	95.
_____	Scooter storage	_____	96.
_____	Scooter charging	_____	97.
_____	Other (please describe):	_____	98.

Description of the apartments

Number of units by type:

Comments

_____	Bed sitting units	_____ sq. m.	_____	99.
_____	Studio units	_____ sq. m.	_____	100.
_____	One-bedroom units	_____ sq. m.	_____	101.
_____	Two-bedroom units	_____ sq. m.	_____	102.
_____	Total Units	_____	_____	103.

Unit accessibility:

	<u>Comments</u>
Suite entry door	
_____ mm wide	104.
_____ lever passage set	105.
_____ low resistance delayed action door closer	106.
Bathroom	
_____ door _____ mm wide	107.
_____ lever passage set	108.
_____ size _____ sq. m.	109.
_____ sink taps lever	110.
_____ roll-in shower	111.
_____ step-in shower	112.
_____ hand-held shower head	113.
_____ side-entry bath	114.
_____ standard bath	115.
_____ bath / shower taps lever	116.
Grab bars	
_____ bath / shower	117.
_____ next to toilet	118.
Bath / Shower bottom surface	
_____ slip resistance	119.
Height of toilet	
_____ mm	120.
Kitchen	
_____ tap levers	121.
Please describe unit floor surface coverings:	122.

Unit appliances:

Comments

_____	Refrigerator	_____ bar size	_____	123.
_____		_____ full size	_____	124.
_____	Stove/oven		_____	125.
_____	Stove over-ride switch		_____	126.
_____	Range top		_____	127.
_____	Microwave		_____	128.
_____	Dishwasher		_____	129.
_____	Washer/dryer		_____	130.

Other:

Comments

_____	Wired for telephone	_____	_____	131.
_____	Wired for cable	_____	_____	132.
_____	Wired for satellite	_____	_____	133.
_____	Air conditioning	_____	_____	134.
_____	Temperature control	_____	_____	135.
_____	Enterphone system	_____	_____	136.
_____	En-suite storage	_____	_____	137.
_____	_____ sq. m.	_____	_____	

Description of outdoor amenity spaces

Comments

_____	Fenced lawn or courtyard	_____	_____	138.
_____	Benches	_____	_____	139.
_____	Lawn furniture	_____	_____	140.
_____	Garden plots for Tenants	_____	_____	141.
_____	Rooftop garden	_____	_____	142.
_____	Other (please describe)	_____	_____	143.

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.

	144.

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	_____	145.
_____ Lunch	_____	146.
_____ Dinner	_____	147.

Food services (check as appropriate):

	<u>Comments</u>	
_____ Scheduled seating (indicate time periods for breakfast, lunch and dinner)	_____	148.
_____ Open seating (indicate time periods for breakfast, lunch and dinner)	_____	149.
_____ Menu, typically with _____ Main entrée choices	_____	150.
_____ Ability to meet special dietary needs e.g. for diabetics	_____	151.
_____ Prepared on-site	_____	152.
_____ Prepared off-site; reheated on-site	_____	153.
_____ Daily snacks/baking provided	_____	154.
_____ Capacity for Tenant’s guests and family dining	_____	155.
_____ Opportunity for Tenant input to menu (Please describe.)	_____	156.

Explain how are meals provided to Tenants who are ill. 157.

Explain how the Operator ensures the nutritional requirements of the Tenants are met. 158.

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 _____ per _____	_____	159.
_____ Dust _____ Per _____	_____	160.
_____ Clean kitchen and bathroom sinks, tubs, showers, and toilets _____ per _____	_____	161.
_____ Wash all tile floors _____ per _____	_____	162.
_____ Clean stove, refrigerator, microwave, etc. _____ per _____	_____	163.
_____ Launder towels and linens _____ per _____	_____	164.

Other (Please specify.): 165.

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	_____	166.
_____ per _____	_____	
_____ Vacuum common hallways	_____	167.
_____ per _____	_____	
_____ Vacuum common room	_____	168.
_____ per _____	_____	
_____ Clean common bathrooms	_____	169.
_____ per _____	_____	
_____ Wash tile flooring	_____	170.
_____ per _____	_____	
_____ Clean common care spaces	_____	171.
_____ per _____	_____	
_____ Wash exterior windows	_____	172.
_____ per _____	_____	
_____ Clean common area fridges, microwaves, stoves, coffee makers, etc.	_____	173.
_____ per _____	_____	
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.

Please describe the quality and performance indicators utilized for hospitality services. 187.

Description of personal care services

Will personal care services be provided: 188.

_____ by the Operator OR _____ 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 189.

_____ 15 hours per month 190.

_____ 20 hours per month 191.

_____ 30 hours per month 192.

_____ Other (specify): _____ 193.

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) 194.

Please describe the Operator’s philosophy of care. 195.

Briefly describe the type of Tenants who the Operator anticipates will be occupying the units and the kind of care that they will require. 196.

Indicate the education and training of staff persons providing the personal care services. 197.

Indicate the ongoing training and education plan that would be undertaken to ensure that all staff remain current in developments related to the provision of care for Tenants. 198.

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

199.

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?

200.

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

201.

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

202.

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

203.

Please describe the quality and performance indicators utilized for personal care services.

204.

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. 205.
- 2. Proposed ground floor (or amenity floor) plan. 206.
- 3. Proposed dimensioned unit plan(s), preferably with schematic furniture layouts. 207.
- 4. Description of the social/recreational programs that are proposed for Tenants in this building. 208.
- 5. Fire / emergency plan for the building. 209.
- 6. Typical menu over a monthly cycle. 210.

4.1 Schedule of unit availability

IH requires three months to fill the units contracted. 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

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 costs among the components.

Unit Description	Number of Units	Price per Unit (\$)
Studio		
One-bedroom		

X. 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 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.

Award and terms of the agreement

BC Housing and IH will each enter into an agreement with the Operator for five years for an existing facility, and a ten-year agreement for a newly constructed facility.

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 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.