

**V. SUBMISSION CONTENTS**

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

**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, assisted living, residential care. 6.
- 2. Corporate mission or vision statement. 7.
- 3. Certificates confirming professional affiliations, memberships or accreditations. 8.
- 4. References from:
  - Financial institution (letter) 9.
  - Community, religious, service or volunteer organization or agency familiar with the Operator’s developments (letter or name and telephone number of contact person) 10.

**3.1 PROPOSAL- SUMMARY INFORMATION**

Is this proposal for units in (please check one):

Existing building  
 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 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**

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 administrative staff 12.  
      Building maintenance staff 13.  
      Food preparation staff 14.  
      Personal care staff (where appropriate) 15.  
      Social / recreational staff 16.  
      Other (please specify): 17.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe you and your staff's ability to meet the diverse language needs of Tenants. 18.

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**Hospitality Services**

**Basic meal package includes** (check as appropriate):

- Breakfast 19.
- Lunch 20.
- Dinner 21.

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

- Scheduled seating 22.
- Open seating 23.
- Menu, typically with \_\_\_\_\_ main entrée choices 24.
- Ability to meet special dietary needs e.g. for diabetics 25.
- Prepared on-site 26.
- Prepared off-site; reheated on-site 27.
- Daily snacks/baking provided 28.
- Opportunity for Tenant input to menu 29.
- Capacity for Tenant's guests 30.

**Housekeeping services**

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

- vacuuming \_\_\_\_\_ per month 31.
- dusting \_\_\_\_\_ per month 32.
- cleaning kitchen and bathroom sinks, tubs, showers, and toilets \_\_\_\_\_ per month 33.
- washing all tile floors \_\_\_\_\_ per month 34.
- cleaning stove, refrigerator, microwave, etc. \_\_\_\_\_ per month 35.
- laundering towels and linens \_\_\_\_\_ per month 36.
- washing exterior windows \_\_\_\_\_ annually 37.

Other (please specify): 38.

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**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) 39.

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**Social and recreational activities**

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

- exercise classes  daily  weekly 40.
- newsletter  weekly  monthly 41.
- organized cards, darts, shuffleboard or bingo 42.
- musical entertainment/dancing  weekly  monthly 43.
- scheduled tea  weekly  44.
- special outings/trips  monthly  annually 45.
- weekly scheduled transportation to shopping 46.
- other 47.

**Description of Personal Care Services**

Operators have the option of proposing to provide personal care services themselves or in partnership with another agency.

Will personal care services be provided to Tenants by: 48.

Yes, the Operator  OR  a subcontracted third party

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(provide name of company)



Please provide a schedule for a complete week that indicates when personal care services are available, how many staff is available and their roles and functions, or complete the sample table below.

53.

<b>Position</b>	<b>Hours</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>
Assisted Living Worker	0700-1900	2	2	2	2	2	2	2
Assisted Living Worker	1900-2300	1	1	1	1	1	1	1

**Building Location****Surrounding land use:**

_____	Primarily residential	54.
_____	Mixed residential/commercial	55.
_____	Primarily commercial/institutional	56.

**Public transportation:**

_____	Within 300 meters of a bus stop	57.
_____	More than 300 meters to a bus stop. Specify distance: _____ meters	58.
_____	Not available in community	59.
_____	Other community transportation (please describe): _____	60.

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

_____	Drug store	61.
_____	Convenience store	62.
_____	Food shopping	63.
_____	Clothes/sundries	64.
_____	Bank	65.

**Health services:**

_____	Medical clinic or doctors' offices	66.
_____	Dentist	67.
_____	Hospital	68.

**Other services:**

_____	Seniors recreation/social centre e.g. community centre	69.
_____	Library	70.
_____	Place of worship	71.
_____	Park	72.
_____	Other (please describe): _____	73.

**Building Description**

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

**Number of storeys:** \_\_\_\_\_ 74.

**Number of elevators:** \_\_\_\_\_ 75.

\_\_\_\_\_ Specify cab size(s) 76.

\_\_\_\_\_ Automatic sliding doors 77.

\_\_\_\_\_ Chairs/benches next to elevator 78.

**Building construction type:**

\_\_\_\_\_ wood-frame 79.

\_\_\_\_\_ non-combustible 80.

**Age:** \_\_\_\_\_ years 81.

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

Main entrance \_\_\_\_\_ is at grade (no steps or ramps) 82.

\_\_\_\_\_ is accessible by ramp 83.

Main door \_\_\_\_\_ is manually opened 84.

\_\_\_\_\_ has automatic door opener 85.

\_\_\_\_\_ has standard door closer 86.

\_\_\_\_\_ has low resistance delayed action closer 87.

Corridor is \_\_\_\_\_ meters wide 88.

Corridor has \_\_\_\_\_ full length handrails 89.

Describe any changes in levels that occur within the building on the first floor of the building, e.g. any steps or ramps. 90.

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**Life-safety systems:**

- \_\_\_\_\_ Audible fire alarm system 91.
- \_\_\_\_\_ Visual fire alarm system 92.
- \_\_\_\_\_ Hard-wired smoke detectors in units 93.
- \_\_\_\_\_ Sprinkler system (**Mandatory**) 94.
- \_\_\_\_\_ On-call system (please describe): 95.

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- \_\_\_\_\_ Emergency generator 96.
  - \_\_\_\_\_ Emergency lighting 97.
  - \_\_\_\_\_ Appropriate exit signage 98.
  - \_\_\_\_\_ Posted fire plans 99.
  - \_\_\_\_\_ Alternate exits 100.
  - \_\_\_\_\_ Areas of refuge 101.
  - \_\_\_\_\_ Intercom/entry system 102.
  - \_\_\_\_\_ Desk at main entrance 103.
  - \_\_\_\_\_ Security camera(s) 104.

**Kitchen:**

- \_\_\_\_\_ Commercial standard full-service 105.
- \_\_\_\_\_ Servery capacity only 106.

**Dining room(s) seating capacity:** \_\_\_\_\_ size: \_\_\_\_\_ sq. m. 107.

**Lounge(s) seating capacity:** \_\_\_\_\_ size: \_\_\_\_\_ sq. m. 108.

**Number of bathing rooms:** \_\_\_\_\_ 109.

**Describe bathing equipment type:** \_\_\_\_\_ 110.

\_\_\_\_\_

**Laundry equipment:**

Number of washing machines \_\_\_\_\_ to \_\_\_\_\_ units 111.

Number of dryers \_\_\_\_\_ to \_\_\_\_\_ units 112.

**Other amenity space(s):**

\_\_\_\_\_ TV room 113.

\_\_\_\_\_ Library 114.

\_\_\_\_\_ Hobby (arts and crafts) room 115.

\_\_\_\_\_ Equipped exercise room 116.

\_\_\_\_\_ Workshop 117.

\_\_\_\_\_ Scooter storage 118.

\_\_\_\_\_ Scooter charging 119.

\_\_\_\_\_ Other (please describe): \_\_\_\_\_ 120.

\_\_\_\_\_

**Outdoor amenity space(s):**

\_\_\_\_\_ Fenced lawn or courtyard 121.

\_\_\_\_\_ Benches 122.

\_\_\_\_\_ Lawn furniture 123.

\_\_\_\_\_ Garden plots for tenants 124.

\_\_\_\_\_ Rooftop garden 125.

\_\_\_\_\_ Other (please describe): \_\_\_\_\_ 126.

\_\_\_\_\_

**Unit description**

**Appliances:**

_____ Refrigerator	_____ bar size	127.
	_____ full size	128.
_____ Stove/oven		129.
_____ Stove over-ride switch		130.
_____ Range top		131.
_____ Microwave		132.
_____ Dishwasher		133.
_____ Washer/dryer		134.

**Other:**

_____ Wired for telephone		135.
_____ Wired for cable		136.
_____ Wired for satellite		137.
_____ Air conditioning		138.
_____ Temperature control		139.
_____ Enterphone system		140.
_____ En-suite storage	_____ sq. m.	141.

**Please describe unit floor surface coverings:** 142.

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**3.2 PROPOSAL - SUPPORT DOCUMENTATION**

- 1. Job descriptions, staff qualifications and staffing schedules for all staff directly responsible for the Tenants including the manager and persons responsible for food preparation and personal care services. 143.
- 2. Description of all training programs the Operator delivers directly to its staff or any formal programs it requires that staff take. 144.
- 3. Neighbourhood plan indicating proximity of building to amenities, including food shopping, medical offices, public transportation, and social/recreational centres. 145.
- 4. Ground floor (or amenity floor) plan. 146.
- 5. Dimensioned unit plan(s), preferably with schematic furniture layouts. 147.
- 6. Description of the social / recreational programs available for Tenants in this building. (Please attach Tenant bulletins or newsletters.) 148.
- 7. Fire / emergency plan for the building. 149.
- 8. Typical menu over a monthly cycle. 150.

**4.1 SCHEDULE OF UNIT AVAILABILITY**

VCH requires four months to fill the units contracted. Please indicate which months the Operator’s units can begin to be made available:

_____ (month, year)	_____	Number of units
_____ (month, year)	_____	Number of units
_____ (month, year)	_____	Number of units
_____ (month, year)	_____	Number of units
_____ (month, year)	_____	_____

Present level of vacancies is \_\_\_\_\_ units.

Average annual turnover is \_\_\_\_\_ units out of a total of \_\_\_\_\_ units.

**5.1 PRICE - SUMMARY INFORMATION**

1. Base monthly accommodation and hospitality charge:

- \$ \_\_\_\_\_ Studio
- \$ \_\_\_\_\_ One-bedroom
- \$ \_\_\_\_\_ Two-bedroom

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

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

3. Monthly personal care services. Personal care services should be based on providing an average of 36 minutes of personal care per Tenant per day.

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

4. Extra monthly cost for double occupancy

- \$ \_\_\_\_\_ without personal care services for the second person
- \$ \_\_\_\_\_ with personal care services for the second person

5. Any costs not otherwise specified (e.g. vacant unit charge, damage deposit)

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

## **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.

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

### **Evaluation**

BC Housing and VCH will use the evaluation criteria and weighting outlined in Appendix D to evaluate the proposals received. As part of the evaluation process, the evaluation team (representatives of BC Housing and VCH) 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 VCH reserve the right to request the clarification of the contents of any proposal. BC Housing and VCH 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 VCH are not obliged to seek clarification of any aspect of a proposal.

Any written information received by the BC Housing and VCH 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 VCH, if any. Neither BC Housing nor VCH 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 VCH reserve the right at their sole discretion to cancel this Request for Proposals 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(s), all proponents will be informed of the decision by BC Housing and VCH. 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 VCH 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**

VCH and BC Housing will monitor the contractual agreements through a combination of building and services reviews to ensure compliance with the operating agreements.