

(For internal use only) BCH # _____
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**PART 6: SUBMISSION FORMAT**

Societies responding to this call for Request for Proposal must follow the order of the format below in their submissions. Whether using the provided form, or creating an original document, the Society must use the headings and numbers provided.

**6.1 Summary Information**

**Sponsor**

Name of Society: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person and Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Incorporation Number: \_\_\_\_\_

Canada Customs and Revenue Agency Charity Number (if applicable): \_\_\_\_\_

***Letter of Committal***

Every submission must include a Letter of Committal in the form presented in Appendix A: Letter of Committal.

***Target Clientele***

In brief, describe the clientele and challenges being faced that may shorten their ability to remain in the independent living environment. The operator should be able to articulate the benefits of the Seniors' Supportive Housing Program for the proposed clientele.

**6.2 Project Summary**

Applicants are requested to provide a short written, one page description of the improvements to be undertaken to the building. Included should be whether the number of units in the existing building will remain the same, added to or reduced and the number proposed for upgrade. Applicants should also indicate whether the improvements are anticipated to require moving tenants.

Indicate the total gross floor area (GFA) of the Project – including any existing hospitality space, the number and size of the housing units, and the type of development proposed. (Insert extra rows or columns if necessary.)

Type of construction	Gross Floor Area	Total # of Units and Type*	Area of Units (Typical)	Hospitality Space	
				Existing	Proposed
Existing					
New construction / Addition					
Renovation					
<b>TOTAL</b>					

(\* Apartment type – e.g., studio, one bedroom)

**Schedule**

Target construction start \_\_\_\_\_

Target completion date \_\_\_\_\_

**Financial Summary**

The information provided below must be consistent with the capital and operating budgets submitted:

Financial Summary	Total Project Cost	Per Unit Cost
<b>Capital Costs</b>		
Total Capital Cost		
Work Financed by Society (if relevant)		
Capital Assistance Requested		
<b>Operating Costs</b>		
Total Housing Costs		
Total Hospitality Costs		
Total Operating Costs		
<b>Total Costs</b>		

### 6.3 Society Experience, Organization and Development Team

#### ***Incorporation Documents***

Please submit a copy of the Society's Certificate of Incorporation, constitution and by-laws or application for incorporation and draft constitution and by-laws.

#### ***Officers, Directors, and Senior Staff Experience***

Please summarize Board and management experience in the format below. Do not send individual resumes.

<b>Name</b>	<b>Board Position</b>	<b>Years on Board</b>	<b>End of Term</b>	<b>Occupation / Qualifications &amp; Committee Participation</b>
	Chair or President			
	V-P			
	Secretary			
	Treasurer			
	Director			
	Director			
	Director			
	Director			
	Director			
	Director			
	Executive Director (CEO)			
	Other (specify)			

## 6.4 Operating Experience

Please summarize the Society's existing operations as requested below. On a separate sheet, indicate if the society has experience with a supportive housing development, including the delivery of hospitality services.

### **Existing Staffing**

If the general staffing categories are inappropriate, substitute more appropriate terms.

Please use Full Time Equivalentents ("FTEs") to count staff. FTE means the number of hours one person would work if they worked one shift (7 – 8 hours daily), five days a week all year minus all statutory holidays and vacation time.

- |                                |            |
|--------------------------------|------------|
| 1. Administrator               | _____ FTEs |
| 2. Administrative Support      | _____ FTEs |
| 3. Maintenance                 | _____ FTEs |
| 4. Hospitality Staff (specify) | _____ FTEs |
| 5. Other (specify)             | _____ FTEs |
| TOTAL                          | _____ FTEs |

### **Client Base**

Estimate the number of clients served annually:

1. Clients with similar needs to those the Project will house: \_\_\_\_\_
2. Total number of all clients \_\_\_\_\_

### **Housing**

Please outline the housing that the Society now operates:

1. Number of locations (projects) \_\_\_\_\_
2. Total number of units \_\_\_\_\_

If the society receives, or has received, funding through any operating agreement, loan agreement, or grant agreement with BC Housing and/or Canada Mortgage and Housing Corporation, for the subject property please provide the BC Housing file number, or the CMHC file number.

**6.5 Financial Management Experience**

Please outline the Society's financial experience and present status: (Do not attach the Society's audited financial report.)

- 1. Fiscal year end: \_\_\_\_\_
- 2. Date of last audit: \_\_\_\_\_

Please list the following according to your last audited financial report:

- 3. Assets: \_\_\_\_\_
- 4. Liabilities: \_\_\_\_\_
- 5. Retained earnings: \_\_\_\_\_
- 6. Total income:
  - a. Income from clients / tenants \_\_\_\_\_
  - b. Income from government agencies \_\_\_\_\_
  - c. Fundraising and other sources (specify) \_\_\_\_\_
- 7. Total expenses:
  - a. Mortgage expense or rent \_\_\_\_\_
  - b. Payroll (including benefits) and service contracts \_\_\_\_\_
  - c. Overhead \_\_\_\_\_
- 8. Last fiscal year's surplus (deficit): \_\_\_\_\_
- 9. Accumulated surplus (deficit): \_\_\_\_\_
- 10. Restricted reserves: \_\_\_\_\_
- 11. Last capital project:
  - a. Nature of the project (e.g. housing, program space) \_\_\_\_\_
  - b. Approximate total capital budget \_\_\_\_\_
  - c. Completion date \_\_\_\_\_

- 12. Please provide the following:
  - a. Last quarterly financial report presented to the Society's board;
  - b. Contact information for a reference from a major funding partner; and
  - c. Any management letters received from the Society's auditor in the past three years.

**6.6 Development Team**

Development Consultant and/or Project Manager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Indicate below if the Society has chosen any members of its development team.

Architect: (firm and contact) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Construction Management

Construction manager: (contact) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## 6.7 Description of Target Population and Operating Plan

### **Description of Tenants**

Please describe the tenants in relation to the objectives of the *Seniors' Supportive Housing Program*:

1. How will tenants be identified?
2. Expected number of tenants eligible and interested in accessing hospitality services within the existing building \_\_\_\_\_
3. Which geographic communities will be served by the Project?

### **Description of Hospitality Plan**

Please provide a list with a short written summary of the services required and how the society intends to provide the hospitality services for the project.

Detailed staffing and operation costs are to be provided in the staffing plan and operating budget.

Describe the strategy/relationships with other organizations/resources who will provide hospitality and support services to the tenants.

### **Staff Plan**

Please outline the staff plan for the Project, using a format similar to the one below and provide the following additional information:

- A general rationale for the staff coverage required in relationship to the needs of the target tenants, including justification for the enhanced presence of any housing staff beyond what is required for property management in permanent housing.
- A key defining the hours for each shift, e.g. morning = 8:00 a.m. to 4:00 p.m.; afternoon = 4:00 p.m. to 12:00 midnight, etc.
- Insert in the schedule the job title abbreviation for the time/shift when that incumbent is on site.
- Provide a brief description for each job title if the function of the job is not obvious. (E.g., "bookkeeper" would not need definition, "community development worker" would.)
- Summarize the total number of FTE's required for each staff category – housing and support – to maintain this staffing plan over one year.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total (hrs/wk)
<b>Housing Management Staff:</b>								
Morning								
Afternoon								
Midnight								
<b>Total Housing Staff (hrs/wk)</b>								
<b>Hospitality Staff (or contract):</b>								
Morning								
Afternoon								
Midnight								
<b>Total Hospitality Staff (hrs/wk)</b>								

## 6.8 Operating Budget

Please provide an integrated annual operating budget for the Project in the general format below. Expense items in each column should equal revenue in that column. See Appendix B: *Operating Budget Guidelines*.

	Revenue		Housing	Hospitality	Total Annual
1	Tenant rent				
2	BC Housing subsidy				
3	Other funding: specify source				
<b>4</b>	<b>TOTAL REVENUE</b>				

	Operating Expense	FTE's	Housing	Hospitality	Total Annual
	<b>Staff Wages</b>				
5	Administrator				
6	Administrative Support				
7	Maintenance				
8	Hospitality Staff or contract (specify)				
9	Other				
<b>10</b>	<b>Subtotal Wages</b>				
	<b>Other Staff Costs</b>				
11	Staff Benefits				
12	Staff Vacation Relief				
<b>13</b>	<b>Total Staffing Costs</b>				
	<b>Hospitality Services Expenses: Non-staff (specify)</b>				
14	Food				
15	Kitchen Supplies				
16	Housekeeping Supplies				
17	Laundry Supplies				
18	Recreational Supplies				
19	Emergency Response System				
20	Hospitality Services Reserve Fund				
<b>21</b>	<b>Total Hospitality Costs</b>				
	<b>Office and Overhead</b>				
22	Audit / Accounting Services / Legal				
23	Courier / Postage				
24	Employee Education / HR Programs				
25	Office Supplies				
26	Travel and Vehicle				
27	Miscellaneous (specify)				
<b>28</b>	<b>Total Office and Overhead Costs</b>				

	Operating Expense	FTE's	Housing	Hospitality	Total Annual
	<b><i>Housing</i></b>				
29	Property Tax				
30	Building Maintenance				
31	Grounds Maintenance				
32	Service Contracts				
33	Utilities				
34	Hydro				
35	Gas				
36	Water				
37	Sewer				
38	Garbage				
39	Cablevision				
40	Insurance (building)				
41	Replacement Reserve				
42	Contingency for Vacancy Loss				
43	Other: specify				
<b>44</b>	<b>Total Housing Costs</b>				
<b>45</b>	<b>TOTAL EXPENSES</b>				

<b>Cost Summary</b>	
<b>Total per unit per month housing cost</b>	<b>\$</b>
<b>Total per unit per month hospitality cost</b>	<b>\$</b>
<b>Total per unit per month, all costs</b>	<b>\$</b>

**6.9 Housing Proposal**

**Site Description**

Please provide the following information for the Project's site.

1. Address: \_\_\_\_\_

2. Current registered owner: \_\_\_\_\_

3. Legal Description (including PID): \_\_\_\_\_

4. Area of site: \_\_\_\_\_ sq. ft.

5. Interest in land \_\_\_\_\_

Fee Simple       Leasehold       Strata       Air Space

Other: \_\_\_\_\_

6. Charges currently on title: \_\_\_\_\_

7. Current zoning designation: \_\_\_\_\_  
Is re-zoning required: \_\_\_\_\_

8. Proximity to public transportation:

Type	Distance from Building
_____	_____ Km

9. Proximity to commercial services:

Type	Distance from Building
_____	_____ Km
_____	_____ Km
_____	_____ Km

10. Proximity to public services/amenities:

Type	Distance from Building
_____	_____ Km
_____	_____ Km
_____	_____ Km

12. Proximity to health or support services:

Type	Distance from Building
_____	_____ Km
_____	_____ Km
_____	_____ Km

Please attach a map of the location of the site in relationship to the rest of the community.

**6.10 Building Description**

1. Number of existing units: \_\_\_\_\_
2. Typical unit type (include a sketch layout)
3. Area of building (site coverage): \_\_\_\_\_
4. Construction type:  
Wood Frame \_\_\_ Concrete Block \_\_\_ Concrete \_\_\_  
Structural Steel \_\_\_ Steel Studs \_\_\_
5. Building height: \_\_\_\_\_
7. No. of floors: \_\_\_\_\_ Basement: Yes \_\_\_ No \_\_\_
8. Gross floor area (GFA) of existing building: \_\_\_\_\_ sq.ft.
9. No. of elevators: \_\_\_\_\_
10. No. of underground parking stalls: \_\_\_\_\_
11. No. of surface parking stalls: \_\_\_\_\_
12. Describe heating and ventilation systems: \_\_\_\_\_
13. Fire suppression sprinkler system: Yes \_\_\_ No \_\_\_
14. List indoor/outdoor on-site amenities (e.g. lounge, dining room, patio):  
\_\_\_\_\_  
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**6.11 Housing Illustrations**

Societies are asked to submit plans showing an existing typical unit, the existing ground floor building plan, and an existing typical upper floor building plan.

Photos of the common areas (lounge, kitchen, hallways, etc.) and a typical unit type should be included.

Where additional amenities are proposed, for example a new dining room, a floor plan identifying the location should be included.

**6.12 Phasing Plan**

Societies should include a phasing plan for the construction work, if this is necessary. Arrangements for moving tenants if necessary should be included.

**6.13 Capital Budget**

Please submit a draft capital budget in a format similar to that below and explain in note form the estimates provided. (See Appendix C: Capital Budget Completion Guidelines.)

**Project Name:** \_\_\_\_\_

**Society:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

Charitable Status (No.): \_\_\_\_\_ If not applicable, please check

**GST Registration (No.):** \_\_\_\_\_

Capital Budget Item	Total	Per Unit
1. Municipal services		
2. Utility fees		
3. Design consultants		
4. Consultants		
5. Miscellaneous soft costs		
6. Construction ( inc Const Manager)		
7. Vacancy Loss (if relevant)		
8. Tenant Relocation Costs		
9. Contingencies		
10. Total Capital Budget		
11. Deductions*		
<b>NET CAPITAL BUDGET</b>		

\* E.g. community contributions

**Society and Community Equity Contributions**

Societies may mobilize local financial support to finance other capital work for their project outside that to be financed under this program. Please summarize those contributions below, identifying the source and nature of the contribution under "Description."

<b>Source</b>	<b>Description</b> (including any conditions)	<b>Value</b>
Society		
Municipal government		
Other community partners		
Other		
<b>TOTAL</b>		

**6.14 Schedule**

As part of the RFP submission, the Society must estimate when it will be able to achieve the major milestones toward completion and occupancy.

The first stage is reaching the point where BC Housing can give the Society a Provisional Project Approval. This will be followed by BC Housing giving a Project Commitment and that will include the society achieving the following items:

- confirmation of all local land use approvals, i.e. Zoning, Development Permit / Variances, Building Permit;
- verification of the capital budget satisfactory to BC Housing;
- agreement on an operating budget satisfactory to BC Housing;
- design drawings and commitment to appropriate specifications satisfactory to BC Housing; and
- confirmation of all required support service funding.
- phasing plan; and
- safety plan

The third stage spans all the work required from Project Commitment by BC Housing to building completion.

**The schedule can be in a format similar to that below or as a Gantt chart.**

**Assume January 30, 2008 as the start date for capital related activities which the Society will initiate once a PPA is received from BC Housing.**

Schedule from RFP Submission to Project Occupancy. If phasing necessary please indicate.

Activity	Date of Completion	Time Required (in weeks) for Task and any Comments
1. Feasibility, scope development and costing completed		
2. Design drawings and outline specifications completed		
3. Municipal land use approvals achieved if necessary		
4. Capital budget development completed		
5. Detailed hospitality services plan completed and funding approved		
6. Operating budget completed and approved		
7. Review of working drawings by BC Housing		
8. Project commitment from BC Housing		
9. Completion and execution of contract documents		
10. Building permit issued		
11. Execution of forgivable mortgage, operating agreements		
12. Construction start		
13. First construction advance		
14. Substantial completion		
15. Support Services commence		