

1. Home and Contact Information

Legal Name of Licensee / Operator	Name of LTC Home	Facility ID#	Sector
Current Home Address	City/Town	Postal Code	
Proposed Site Address of Redeveloped Home (if different from current address)	City/Town	LHIN	
Contact (for this application)	Email	Phone	

2. Project Information

Eligible Beds	Bed type					
	New	A	B	C and Upgraded D	Temporary Beds	Total
	Current # of LTC beds (including Beds in Abeyance to be brought back into operation)					0
	Number of Beds Eligible for Redevelopment					0
	# of Eligible Beds <b>Not</b> Being Redeveloped (as per this application)					
Number of Eligible Beds to be Redeveloped					0	

Proposed Licence Transfers (if applicable)

# of Licenced Beds Proposed to be Transferred with Proposed Source Identified	
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Please indicate below classification and source of new beds and attach required documentation

Total Beds

Total Beds to Be Redeveloped in Project	0	<= sum of i25 + f28
Total # of beds (All classifications) in Home after Redevelopment		<= manual calculation required
Are there additional spaces (Self-Funded Construction) to be included in project? <div></div> If yes, please describe ↓		

Comments - (optional) on any bed number information

3. Development Information

Site description or plans to acquire site	Type of construction

Building Condition (Renovations Only)

The Applicant has obtained professional advice and conducted all such other investigations and inquiries as due diligence requires, and is satisfied that the current building structure, with any modifications that the Applicant will cause to be made during a state that is suitable for operation as a long-term care home in accordance with all applicable requirements, including the Design Manual 2015, for the duration of the expected 30 year licence term (subject to applicable licensing)

The Applicant has or will have, as necessary, plans and resources in place to appropriately manage and maintain the building, and components, throughout the new licence term, in a state that is suitable for operation as a long-term care home in accordance with all applicable requirements.

# of Beds proposed to be closed temporarily during construction		Comment (Optional) re Development Info e.g. need for bed closures and how these are proposed to be
Basic Accommodation Rate (%) in Eligible Beds		
Basic Accommodation Rate (%) for total beds in home after redevelopment		
LEED Silver intention		

4. Project Contingencies - if applicable

Is this project contingent on any other redevelopment project(s)?	
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If yes, provide explanation e.g. list other projects
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5. Proposed Project Schedule - if planning on phased construction

Is the construction proposed to be completed in phases? (i.e. where a subset of the redevelopment beds are completed and brought into operation before the others)	
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If yes, list phases/dates in Table 5a.

Table 5a				
Phase # or Phase Name		# of Beds	Projected First Resident Date	Comment/Explanation re Project Schedule (optional)
1				
2				
3				
4				
5				
6				

6. Short Stay Convalescent Care (CC) LTC Beds (Complete this section only if the home currently has CC beds.)

Current # of CC beds in home	
# CC Beds proposed to be operated in redeveloped home	
Is the LHIN aware of the proposal to continue/not continue offering CC Beds in the redeveloped home?	

Attached Documents Supporting Information on this page

Please indicate how many attached documents you are including that supports the information on this page.	
Please provide the file names of the attached documents in Section 7.	

7. Summary of Attached Documents Supporting this Application

Tab / Section	# of Documents
Baseline Information	0
F1 - Source of Funds	0
F2 - List of Debt (if applicable)	0
F3- Fundraising Experience	0
F4 - Estimated Project Costs	0
F5- Debt Capacity Analysis	0
D1- Project Schedule	0
Licence Application and Eligibility Attestation - attach signed PDF	
Applicant Declaration - attach signed PDF	
Other Documents	
Total # of documents indicated attached	0

In the DOCUMENT TABLE below, please indicate the file name of each attached document supporting this page or any of the schedules.

DOCUMENT TABLE

#	Section Supported by Document	File Name of Attached Document (Please provide exact name)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
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17		
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19		
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21		
22		
23		

SCHEDULE F1 - Source of Funds



Legal Name of Licensee / Operator	Name of LTC Home
0	0

Total Beds to Be Redeveloped in Project	0	Number of Eligible Beds to be Redeveloped	0
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Is this project contingent on any other redevelopment project(s)? <Please enter yes/no in cell f56 on the Baseline tab>

A. Equity (List all sources of Equity By Investor and Type)			
Source/Investor	Type	Restriction (if any)	Amount
Sub-Total Equity			\$0

B. Fundraising (Non-Profits only) Indicate the Proposed Fundraising by Initiative and Type		
Source/Initiative	Timing	Amount
Sub-Total Fundraising		\$0

C. Debt (List all Sources of Proposed Debt by Source and Type of Financing, e.g., Mortgage Financing*)			
Source of Debt	Type	Rate & Term	Amount
Sub-Total Debt			\$0

\*Construction financing should not be included as a source of debt. This amount will be reflected in the total cost of development and included in the mortgage.

D. Other Source(s) of Funds (List all other sources of funds e.g. donations, grants, revenue generating initiatives)			
Source of Funds	Type	Timing	Amount
Sub-Total Other Sources			\$0

E. Total Funds from All Sources	
Total Funds	\$0

Comments - optional - any additional information on sources of funds

Supporting Documents

Indicate how many attached docs you are including that supports information on this page

Provide the file names of the attached documents on the Baseline Tab, Section 7

SCHEDULE F2 - List of Existing Debt(s)



Legal Name of Licensee / Operator	Name of LTC Home
0	0
Total Beds to Be Redeveloped in Project	0
Number of Eligible Beds to be Redeveloped	0

A. Existing Debt (please list)					
Source of Debt	Type	Rate	Term	Amount	Term Sheet
Sub-Total Debt				\$0	

If the Applicant has Issued Debt e.g. bonds and debentures

This Schedule below is to be completed by every Applicant, where debt has been issued in the last five years. Indicate the description of debt, the debt rating and the name of the rating agency where available.

B. List of Debts			
Description of Debt	Debt Rating (if applicable)	Rating Agency	Comment/Explanation (Optional)

Supporting Documents	
Indicate how many attached documents you are including that supports the information on this page Provide the file names of the attached documents on the Baseline tab, Section 7	

SCHEDULE F3 - Fundraising

Note: Applicants who identified fundraising as a source of funds are required to complete this schedule.



Legal Name of Licensee / Operator	Name of LTC Home
0	0

Year Fundraising to Commence	
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Total Beds to Be Redeveloped in Project	0	Number of Eligible Beds to be Redeveloped	0
Total Amount of Fundraising (from F1)	\$0	Do you intend to borrow as part of your fundraising plan?	

If Yes, Please Explain

	Amount	Comment/Explanation
Current Year		
Projected Amount to be Raised		
Total Amount Raised to Date		
Fundraising Period (months)		
Anticipated % of self-sustainability		
Current Year + 1		
Projected Amount to be Raised		
Total Amount Raised to Date		
Fundraising Period (months)		
Anticipated % of self-sustainability		
Current Year + 2		
Projected Amount to be Raised		
Total Amount Raised to Date		
Fundraising Period (months)		
Anticipated % of self-sustainability		
Current Year + 3		
Projected Amount to be Raised		
Total Amount Raised to Date		
Fundraising Period (months)		
Anticipated % of self-sustainability		

History of Fundraising	Amount	Comment/Explanation
Last Year		
Last Year's Fundraising Goal		
Total Amount Raised		
Fundraising Period (months)		
% of self-sustainability		
Two Years Prior		
2 Year's Prior Fundraising Goal		
Total Amount Raised		
Fundraising Period (months)		
% of self-sustainability		

Comments - please provide any additional information about fundraising initiatives - e.g who was involved &

Supporting Documents	
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SCHEDULE F4 - Estimated Project Costs



Legal Name of Licensee / Operator	Name of LTC Home
0	0

Total Beds to Be Redeveloped in Project	0	Number of Eligible Beds to be Redeveloped	0
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Project information

Gross Floor Area (of redeveloped portion of home) Sq. Ft.		Land Area of site (acres) (if available)	
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Capital Costs

	Estimated Costs (\$)	Sq.ft. (\$)	Cost/Bed (\$)
1) Land and Development (Estimate)			
Purchase & Carrying Costs		\$0.00	\$0.00
Soils & Environmental		\$0.00	\$0.00
Planning		\$0.00	\$0.00
Zoning and Approvals		\$0.00	\$0.00
Other (please type in this space)		\$0.00	\$0.00
		\$0.00	\$0.00
Sub-Total Land and Development Costs	\$0	\$0.00	\$0.00

2) Construction

Construction Costs		\$0.00	\$0.00
Demolition		\$0.00	\$0.00
Site Work - if separate from construction costs e.g. survey		\$0.00	\$0.00
Furniture, Fixtures, and Equipment		\$0.00	\$0.00
Other (please type in this space)		\$0.00	\$0.00
		\$0.00	\$0.00
Sub-Total Construction Costs	\$0	\$0.00	\$0.00

3) Soft Costs

Architecture & Engineering Fees		\$0.00	\$0.00
Legal		\$0.00	\$0.00
Other Consultants		\$0.00	\$0.00
Project Management Fees		\$0.00	\$0.00
Development Fees		\$0.00	\$0.00
Property Taxes During Construction		\$0.00	\$0.00
Insurance and Bonding		\$0.00	\$0.00
Approvals, Inspections and Permits		\$0.00	\$0.00
Municipal Levies & Charges, Building Permits		\$0.00	\$0.00
Pre-Opening Expenses - Commissioning		\$0.00	\$0.00
Fees for loans e.g. CMHC Fees		\$0.00	\$0.00
HST (less any rebate)		\$0.00	\$0.00
Financing Fees		\$0.00	\$0.00
Other (list)		\$0.00	\$0.0
		\$0.00	\$0.0
		\$0.00	\$0.0
Contingency		\$0.00	\$0.0
Sub-Total Soft Costs	\$0	\$0.00	\$0.00

4) Interest

Interest expense during construction		\$0.00	\$0.0
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Sub Total (Sum of 1+2+3+4 above)	\$0	\$0.00	\$0.00
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5) Other Project Costs

Other (list)		\$0.00	\$0.0
Other (list)		\$0.00	\$0.0
Sub-Total Other Project Costs	\$0	\$0.00	\$0.00

Total Project Costs (Line 58 +Line 63)	\$0	\$0	\$0
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Supporting Documents

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Legal Name of Licensee / Operator	Name of LTC Home
0	0

*Note: All information provided should not consider inflationary adjustments.*

Total Beds to Be Redeveloped in Project	0	Number of Eligible Beds to be Redeveloped	0
Total Project Cost	\$0	Estimated New Loan Term (years)	
Equity Available for the Project	\$0	Estimated Annual Interest Rate	
Debt Amount Required	\$0		
How many months after the project is completed will you reach stabilization?			
Will the principal repayment for the new debt start post construction?			

Describe below the plan to manage the cash flow to cover debt before stabilization is reached.

Indicate annualized average over-expenditures over the past 5 years.		Describe the plan to manage over-expenditures of flow-through envelopes i.e. source of funds.
↓		

Provide actual and stabilization forecast information below. Enter N/A if cell is not applicable.	Actual Annualized Financial Position - Pre-redevelopment	Stabilization Annualized Forecast - Post-redevelopment
Structural Compliance Premium (SCP)		
Previous Construction Funding Subsidy (CFS) (from a construction project completed in the home with respect to other beds)		
Forecast Enhanced Strategy CFS for eligible beds proposed to be redeveloped under this application		
Net Contribution from Other Accommodation (OA) Envelope		
Net Contribution from Preferred Accommodation Revenue (all beds)		
Municipal Contributions (average of past 5 years)		
Donations (average of past 5 years)		
Other Sources of Revenue (list)		
Note: Municipal Homes are exempt from completing the items below		
Total EBITDA (Earnings before interest, taxes, depreciation and amortization)		
Annual debt service on existing debt (principal and interest)		
Annual debt service on new debt (principal and interest)		
Total Annual Debt Service	\$0	\$0
Debt Service Coverage Ratio (DSCR)	0.0	0.0

Comments

Supporting Documents

If applicable, indicate how many attached documents you are including that support the information on this page.	
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SCHEDULE D1 - Project Schedule



Legal Name of Licensee / Operator	Name of LTC Home
0	0

Total Beds to Be Redeveloped in Project	0
Number of Eligible Beds to be Redeveloped	0

	Completion Date <sup>1</sup> (dd-mmm-yyyy)
<b>Activity Objective</b>	
<b>Acquisition of Site</b>	
Zoning (if applicable)	
Severance (if applicable)	
Request for minister to approve site	
<b>Preliminary Plans Submission</b>	
Comment (optional)	
<b>Submission of Operational Plan</b>	
<b>Working Drawings Submission</b>	
<b>Public Tender for General Contractor/Construction Manager</b>	
Invitation to Tender	
Deadline for Bids	
Submission of Top Bids to Minister for Approval	
<b>Construction</b>	
Construction Start Date	
Construction Schedule <sup>2</sup>	
Notify Ministry 30 Days prior to expected Total Completion	
Total Completion Date	

<sup>1</sup>Project dates forward from the date of ministry approval of your site.

<sup>2</sup>The dates in the Construction Schedule to be agreed upon between the Applicant and the general contractor or construction manager will be automatically incorporated here by reference.

<b>Supporting Documents</b>	
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