

Application for Long-Term Care Home Development and Redevelopment

Health Capital Division
Long-Term Care Home Renewal Branch
Ministry of Health and Long-Term Care

Date: February 2018

Application Version 1.0

Version Control Tracking

| Version # | Date Approved | Approved By | Changes (describe) |
|-----------|---------------|-------------|--------------------|
| V 1.0 | | | |
| | | | |
| | | | |

Table of Contents

| | |
|---|-----------|
| Version Control Tracking..... | 2 |
| About the Application | 5 |
| Instructions about the Application Form and Assessment Process..... | 6 |
| Part A : Applicant Information A..... | 7 |
| Part A: Section 1 - Applicant Details | 8 |
| A1.1 Applicant Details | 10 |
| A1.2 Applicant Associates/Affiliates | 11 |
| A1.3 Bankruptcy, Receivership and Creditor Information..... | 12 |
| Part B: Project Information | 13 |
| Part B: Section 1 – Project Details | 14 |
| B1.1 Development/Redevelopment Information | 16 |
| B1.2 Project Description..... | 19 |
| B1.3 Proposed Long-Term Care Home Details..... | 23 |
| B1.4 Bed Development and Redevelopment Summary | 25 |
| B1.5 Design Variance Standards | 27 |
| B1.6 Project Dependencies..... | 29 |
| Part B: Section 2 - Estimated Project Costs | 30 |
| B2.1 Gross Floor Area..... | 31 |
| B2.3 Hard Construction Costs..... | 32 |
| B2.4 Soft Costs | 33 |
| B2.5 Interest Costs..... | 34 |
| B2.6 Ancillary Project Costs | 34 |
| B2.7 Total Project Costs..... | 34 |
| Part B: Section 3 - Source of Funds | 35 |
| B3.1 Capital/Equity..... | 37 |
| B3.2 Debt | 37 |
| B3.3 Other Source(s) of Funds | 38 |
| B3.4 Fundraising Projections (non-profits only)..... | 38 |
| B3.5 Total Funds From All Sources | 39 |
| B3.6 Projected and Historical Financial Information | 40 |

| | |
|---|-----------|
| Part B: Section 4 - Project Schedule | 42 |
| B4.1 Key Proposed Project Milestones | 44 |
| B4.2 Proposed Phased Project Schedule | 45 |
| Applicant Declaration..... | 46 |
| Part C: Application Instructions | 50 |
| C1.1 Important Notes | 51 |
| C1.2 Filling out the Application | 51 |
| C1.3 How to Digitally Sign your Application | 51 |
| C1.4 Submission of Application..... | 52 |
| Appendix A: Glossary | 53 |

About the Application

This Application form is to be used by an existing or prospective [Operator](#) of a long-term care home in Ontario who is applying to the Long-Term Care Home Renewal Branch of the Ministry of Health and Long-Term Care (the ministry) to do one of the following:

- Redevelop existing eligible long-term care beds to current design standards under a ministry-funded program, for example under the Enhanced Long-Term Care Home Renewal Strategy (Enhanced Strategy);
- Develop new long-term care beds to current design standards under a ministry-funded program, for example under [Aging with Confidence: Ontario's Action Plan for Seniors](#) (Action Plan);
- Redevelop existing long-term care beds and develop new long-term care beds to current design standards as part of the same project, under a ministry-funded program; or
- Redevelop existing long-term care beds outside of a ministry funded program.

Current design standards are described in the [Long-Term Care Home Design Manual, 2015 \(Design Manual, 2015\)](#).

Any eligible organization that intends to submit this Application form under one of the categories listed above ("Applicant") should complete the following steps:

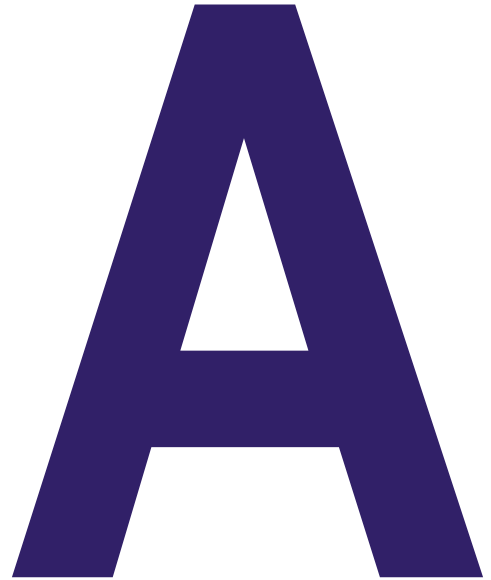
- 1) Review the following reference materials before completing this Application form:
 - *Aging with Confidence: Ontario's Action Plan for Seniors: Guidelines for Submitting Applications for New Long-Term Care Bed Capacity*
 - Current ministry policies, including:
 - [Design Manual, 2015](#)
 - [Construction Funding Subsidy Policy for Long-Term Care Homes, 2015 \(CFS Policy, 2015\)](#)
 - [Long-Term Care Homes Act, 2007](#) (LTCHA) and [Regulation 79/10](#)
 - [Glossary of terms](#) found in Appendix A of this Application form
 - [Application Instructions](#) found in Part C of this Application form, which describe how to complete this Application form
- 2) Review and complete this Application form
 - Applicants are encouraged to discuss their proposed project and local long-term care needs with any affected [Local Health Integration Network\(s\)](#) (LHIN) prior to submitting this Application form

- 3) Submit a completed application package (the “Application”) to the ministry via email at LTCHomeRenewalBranch@ontario.ca by March 2, 2018 5PM. The Application must include:
- A completed Application form;
 - A signed [Applicant Declaration](#)

Instructions about the Application Form and Assessment Process

At the beginning of each section of the Application form, Applicants will find instructions about the information required in that section. Additional instructions are available in [Part C](#) of the Application form and on the [ministry's website](#). Applicants can also contact the Long-Term Care Home Renewal Branch at LTCHomeRenewalBranch@ontario.ca regarding this Application form and the assessment process. All questions will be acknowledged within one business day. Responses may be posted on the [ministry's website](#).

Part A : Applicant Information



Part A: Section 1 - Applicant Details

1

Section 1 – Applicant Details

The Applicant Details section includes the following components:

- A1.1 Applicant Details

- A1.2 Applicant Associates/Affiliates

- A1.3 Bankruptcy, Receivership and Creditor Information

A1.1 Applicant Details

Please provide details about the [licensee](#) who is proposed to operate the long-term care home, Applicant contact information and the names of up to three (3) authorized contact persons for this Application. For existing long-term care home operators, Applicant information must be consistent with details in the current licence or municipal approval.

Name of Proposed Licensee/ Applicant

| |
|--|
| |
|--|

Name of Proposed Licensee/ Applicant Representative (e.g. CEO, Chair)

| |
|--|
| |
|--|

Mailing Address of Applicant

Unit/ Suite and Street Address

City/Town

Postal Code

| | | |
|--|--|--|
| | | |
|--|--|--|

Please indicate if the proposed licensee is a for-profit, non-profit or municipal organization.

For Profit

Non-Profit
(non-municipal)

Municipal

Authorized Contact Name(s)

Email

Phone Number

| | | |
|--|--|--|
| | | |
| | | |
| | | |

A1.2 Applicant Associates/Affiliates

Is the proposed licensee an existing long-term care home [Operator](#) in Ontario?

Yes

No

How many long-term care homes does the proposed licensee operate?

If the proposed licensee is not currently an Operator of a long-term care home in Ontario, please describe how the proposed licensee will bring the necessary expertise, experience and resources to operate a long-term care home and how the proposed licensee will meet the requirements under s.98 of the [LTCHA](#).

Please complete **Schedule 1: Applicant Corporate Structure and Affiliates**, attached to this form.

A1.3 Bankruptcy, Receivership and Creditor Information

Please provide bankruptcy, receivership and creditor information, including:

- Any voluntary or involuntary bankruptcy, receivership, assignment for the benefit of creditors, creditor protection or principal forgiveness within the last seven years of the Applicant;
- Any person or entity with a controlling interest in that Applicant at the relevant time(s); and
- Officers and directors of that Applicant at the relevant time(s).

Part B: Project Information

B

Part B: Section 1 – Project Details

1

Section 1 – Project Details

The Project Details section includes the following components:

- B1.1 Development/Redevelopment Information
- B1.2 Project Description
- B1.3 Proposed Long-Term Care Home Details
- B1.4 Bed Development and Redevelopment Summary
- B1.5 Design Variance Standards
- B1.6 Project Dependencies

In this section, the Applicant identifies their plans for the proposed project, including:

- The type of proposed construction as defined in the CFS Policy, 2015
- Intention to build [LEED](#) Silver
- The proposed site for the long-term care home
- Information about the percentage of beds the Applicant proposes to offer at the basic accommodation rate in the long-term care home.
- Details about beds that are proposed to be taken out of operation temporarily during the project or closed permanently and measures proposed to manage resident displacement
- Information about proposed design variance(s).
- Information about any project dependencies that could impact the successful completion of the proposed project

B1.1 Development/Redevelopment Information

Name of project.....

Total number of long-term care beds proposed to be developed and redeveloped...

Type of Project (check all that apply)

Redevelopment of eligible existing long-term care beds, under a ministry-funded program.....

Development of new long-term care beds, under a ministry-funded program.....

Development and/or redevelopment outside of a ministry-funded program.....

Type of Construction*

New construction.....

Renovation of a long-term care home within the existing building's footprint.....

Renovation of a long-term care home outside the existing building's footprint.....

Renovation of a long-term care home both within and outside of the existing building's footprint.....

*See [Glossary](#) for the definitions of each construction type

LEED Silver Certification

Is the Applicant intending that the proposed long-term care home will meet [LEED](#) Silver standards?

Yes

No

Proposed Location of the Long-Term Care Home

Please provide as much information as possible about the location of the proposed long-term care home in the fields below.

| Unit/ Suite and Street Address | City / Town | Postal Code |
|--------------------------------|-------------|-------------|
| | | |

Is there an existing long-term care home on the proposed site?

Yes

No

Is the Applicant affiliated with a Hospital?

Yes

No

[LHIN](#) of the Proposed Long-Term Care Home.....

Size of the Proposed Site (acres if available).....

| |
|--|
| |
|--|

Does the Applicant own the proposed site?

Yes

No

If a site for the proposed long-term care home has not been identified or purchased, please provide the estimated timeline for the acquisition of a site as well as the proposed site(s) being considered. Additionally, please provide comments with respect to zoning, servicing and any other factors that may impact site readiness.

| |
|--|
| |
|--|

Construction Not Eligible for a Construction Funding Subsidy (CFS)

Will the project include construction that is not eligible for the CFS? This may include, but is not limited to, the redevelopment of existing long-term care beds that are not currently eligible for CFS, retirement apartments, or space for adult day programs.

Yes

No

If yes, please describe.

| |
|--|
| |
|--|

If you are unsure if the proposed project includes construction that is not eligible for the CFS please review the [ministry's website](#) or contact the Long-Term Care Home Renewal Branch at LTCHomeRenewalBranch@ontario.ca

B1.2 Project Description

1. In 3000 characters (500 words) or less please provide a summary of the proposed project.

2. In 6000 characters (1000 words) or less please provide details about how the proposed project aligns with and supports the priorities of the government of Ontario as referenced in [*Patients First: Action Plan for Health Care*](#), including:

- Access – Providing faster access to the right care;
- Connect – Delivering better coordinated and integrated care in the community, closer to home;
- Inform – Providing education, information and transparency patients need to make the right decisions about their health; and
- Protect – Making decisions based on value and quality, to sustain the system for generations to come.

3. In 6000 characters (1000 words) or less please provide details on how the proposed project aligns with and supports the priorities of the government of Ontario as referenced in the [Action Plan](#) including:

- Enabling the placement of Ontarians with the highest need into long-term care homes and/or reducing the number of Ontarians designated Alternative Level of Care (ALC) in hospitals that are awaiting long-term care; and
- New LTC bed capacity serving culturally specific needs, francophone, and Indigenous populations.
 - Please provide details on the Indigenous population(s) intended to be served (First Nations, Metis, Inuit, urban Indigenous). Please also include a list of any service agreements or Memoranda of Understanding with Indigenous organizations or communities that demonstrate care pathway partnerships between the proposed long-term care home and Indigenous communities.

4. In 6000 characters (1000 words) or less please provide details on how the proposed project aligns with the priorities of the affected LHIN(s).

- Applicants are encouraged to discuss their proposed project and local long-term care needs with affected LHIN(s) prior to submitting this Application form.

B1.3 Proposed Long-Term Care Home Details

Total number of beds proposed to be operated in the long-term care home after construction (excluding any temporary licenced beds).....

Number of Regular Licenced Beds

Long stay.....

Short stay

Interim.....

Convalescent Care (CC).....

Respite.....

Other.....

Number of Temporary Licenced Beds

Long stay.....

Short stay

Interim.....

Convalescent Care (CC).....

Respite.....

Other.....

Percentage of long-term care beds being developed and redeveloped as part of the project that will be offered as basic accommodation (as a percentage %)....

Percentage of the total number of long-term care beds in the proposed long-term care home that will be offered as basic accommodation (as a percentage %).....

Number of long-term care beds proposed to be taken out of operation temporarily during the project

Total number of days for all beds to be temporarily taken out of operation.....

If there are any beds to be taken out of operation and/or may result in the displacement of residents during or after construction, please describe the measures proposed to manage resident displacement.

B1.4 Bed Development and Redevelopment Summary

In the table below, please list the proposed source(s) of all beds that will be developed and redeveloped as part of the proposed project, including beds that are eligible and ineligible for the CFS. The table should contain any proposed license transfer(s) and acquisition(s), including any proposed license transfer(s) from an Applicant's existing long-term care home(s) that would contribute beds to the proposed project and any proposed acquisition(s) from another existing long-term care home Operator(s), all subject to applicable requirements. The table should also include any request for new long-term care beds associated with the project. Long-term care beds that are part of an existing long-term care home that is being redeveloped, but are not proposed to be redeveloped as part of this project, should not be included in the table.

| | Source of Bed(s) | Proposed Number of Beds | Structural Classification of Existing Bed(s) | Licence Type | Source Licensee/ Long-Term Care Home | Facility ID Number | Is a Purchase and Sale Agreement in Place? | Licence Expiry (in source long-term care home) (dd-mmm-yyyy) |
|----|------------------|-------------------------|--|--------------|--------------------------------------|--------------------|--|--|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

| | Source Licensee/ Long-Term Care Home | Does the Long-Term Care home meet the automatic sprinkler requirements in the <i>Ontario Fire Code</i> ? | How many three (3) bed rooms are there in the long- term care home? | How many four (4) bed rooms are there in the long- term care home? |
|----|--|---|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

B1.5 Design Variance Standards

Design Variance Standards are defined exceptions in the [Design Manual, 2015](#) that may be applied to redevelopment projects, subject to applicable conditions and requirements. A design variance is intended to address the physical constraints of an existing long-term care home that prevent the long-term care home from meeting one or more of the Design Standards in the Design Manual, 2015.

Design Variance Standards may be applied only to construction that meets the ministry's definition for [Renovation \(within existing building footprint\)](#) or [Renovation \(outside of existing building footprint\)](#).

Ministry approval is required for any design variance related to a Renovation (outside of existing building footprint).

There are eleven (11) Design Variance Standards that are permitted for a Renovation (within existing building footprint) without ministry approval. Any other design variance within such a space, or relief from applicable associated funding reductions, is subject to ministry approval.

Does the Applicant intend to rely on any of the eleven (11) permitted design variance standards in spaces that constitute Renovation (within existing building footprint)?

Yes

No

If yes, please explain

Does the Applicant intend to apply to the ministry for a waiver of the design variance funding reductions set out in the CFS Policy, 2015, Part 3, Section II?

Yes

No

If yes, please explain.

| |
|--|
| |
|--|

Does the Applicant intend to apply to the ministry for any other design variances?

Yes

No

If yes, please explain and provide reference to the Design Manual, 2015, where applicable.

| |
|--|
| |
|--|

B1.6 Project Dependencies

Is completion of the proposed project dependent on any other development or redevelopment project(s) receiving approval (e.g. another long-term care home project or a hospital capital approval)?

Yes

No

If yes, list the name(s) of the project(s) and explanatory comments.

| | Project Name | Comments |
|---|--------------|----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Part B: Section 2 - Estimated Project Costs

2

Section 2: Estimated Project Costs

In this section the Applicant provides information on the estimated total costs for the proposed project.

This section includes the following components:

- B2.1 Gross Floor Area (of redeveloped portion of home)
- B2.2 Land and Development Costs
- B2.3 Hard Construction Costs
- B2.4 Soft Costs
- B2.5 Interest Costs
- B2.6 Ancillary Project Costs
- B2.7 Total Project Costs

B2.1 Gross Floor Area

Total gross floor area of development/redevelopment (sq. ft.).....

B2.2 Land and Associated Development Costs

| | Estimated Cost(\$) |
|---|-----------------------|
| Land* | |
| Soils and Environmental..... | |
| Planning..... | |
| Zoning and Approvals..... | |
| Other (please specify) | |
| | |
| | |
| Sub-Total Land and Associated Development Costs..... | |

***Please Note:** while the acquisition of a site is not a requirement at the time of submission of the Application, if the Applicant is intending to purchase land, an estimate of the cost of land must be provided for budget purposes.

B2.3 Hard Construction Costs

| | Estimated Cost (\$) |
|---|------------------------|
| Construction Costs..... | |
| Demolition..... | |
| Other (please specify) | |
| | |
| | |
| Sub-Total Hard Construction Costs..... | |

B2.4 Soft Costs

| | Estimated Cost (\$) |
|--|------------------------|
| <u>Professional Services</u> | |
| Architecture and Engineering Services..... | |
| Legal Services..... | |
| Project Management Services..... | |
| Accounting Services (e.g. audit services)..... | |
| Other Consultants..... | |
| Surveying..... | |
| <u>Municipal Costs</u> | |
| Development Charges..... | |
| Approvals, Inspections and Permits..... | |
| Municipal Levies, Charges and Building Permits..... | |
| <u>Other</u> | |
| Property Taxes During Construction..... | |
| Insurance and Bonding..... | |
| Pre-Opening Expenses – Commissioning..... | |
| Financing Fees..... | |
| HST (less any rebate)..... | |
| Contingency..... | |
| <u>Total Stranded Debt Being Brought Forward</u> | |
| | |
| | |
| Sub-Total Soft Costs..... | |

B2.5 Interest Costs

| | Estimated Cost (\$) |
|---|------------------------|
| Interest Expense During Construction..... | |

B2.6 Ancillary Project Costs

| | Estimated Cost (\$) |
|--|------------------------|
| Furniture, Fixtures and Equipment..... | |
| | |
| | |
| | |
| | |

B2.7 Total Project Costs

Estimated Total Project Costs

Please describe the basis of your cost estimates, for example if you have used a cost consultant or architect to estimate the cost of the project.

Part B: Section 3 - Source of Funds

3

Section 3: Source of Funds

In this section the Applicant provides information on the sources of funds for the proposed project. The Applicant is asked to provide information about their financial capacity, including the proposed source(s) of funds and debt. Where an Applicant is applying for multiple projects, this section should reflect the portion of financial obligations attributable to this project only.

This section includes the following components:

- B3.1 Capital/Equity
- B3.2 Debt
- B3.3 Other Source(s) of Funds
- B3.4 Fundraising Projections (non-profits only)
- B3.5 Total Funds from all Sources
- B3.6 Projected and Historical Financial Information

B3.4 Fundraising Projections should only be completed when the proposed licensee is a non-profit organization.

Historical financial information requested in B3.6 Projected and Historical Financial Information should only be provided by Applicants who currently operate a long-term care home in Ontario.

B3.1 Capital/Equity

List all sources of capital/equity (e.g. cash holdings, investor/shareholder equity; partner equity; liquidation of assets held by the Applicant) that are available exclusively for this project. Include, where applicable, the name of the investor and the type of equity (e.g. common shares, preferred shares, etc.). The type of equity identified must include any dividend terms and conditions (e.g. a dividend restriction).

| Source | Type | Restriction (if any) | Amount(\$) |
|-----------------------------------|------|----------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Sub-Total – Capital/Equity | | | |

B3.2 Debt

This section only applies to Applicants that propose to finance a project by issuing debt (in the case of municipalities primarily) or borrowing funds (in the case of private entities and non-municipal non-profit entities primarily). The Applicant must list all sources of proposed debt (e.g. mortgage financing, issuing bonds), as well as the rate and term (not amortization period) associated with the proposed debt and the amount of the proposed debt.

| Source of Debt | Type | Rate | Term (months) | Amount(\$) |
|-------------------------|------|------|---------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Sub-Total - Debt | | | | |

B3.3 Other Source(s) of Funds

Indicate any other proposed and expected source(s) of funds for the project (e.g. a grant).

If you have indicated fundraising as a source of funds please complete Section B3.4 below.

| Source of Funds | Details | Amount |
|---------------------------|---------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Sub-Total – Other Sources | | |

B3.4 Fundraising Projections (non-profits only)

This component of the Application form should only be completed where the proposed licensee is a non-profit organization.

List the projected amounts to be raised from fundraising activities for each of the next five (5) years. Projected amounts should be the net amount after fundraising costs are taken into account. Fundraising should be included only as it relates to the Applicant's proposed project.

| | Amount(\$) | Details |
|---|------------|---------|
| Projected amount to be raised in year 1..... | | |
| Projected amount to be raised in year 2..... | | |
| Projected amount to be raised in year 3..... | | |
| Projected amount to be raised in year 4 | | |
| Projected amount to be raised in year 5..... | | |

Please provide the results of fundraising activities for the last five (5) years.

| | | |
|-----------------------------------|--|--|
| Current Year to Date | | |
| Current year fundraising goal | | |
| Total gross amount raised to date | | |
| Total net amount raised | | |
| Previous Year | | |
| Fundraising goal | | |
| Total gross amount raised | | |
| Total net amount raised | | |
| Two Years Ago | | |
| Fundraising goal | | |
| Total gross amount raised | | |
| Total net amount raised | | |
| Three Years Ago | | |
| Fundraising goal | | |
| Total gross amount raised | | |
| Total net amount raised | | |
| Four Years Ago | | |
| Fundraising goal | | |
| Total gross amount raised | | |
| Total net amount raised | | |

B3.5 Total Funds From All Sources

The ministry will use this section of the Application form to evaluate whether funds from all sources (equity, fundraising, debt and other) will cover the estimated total project costs.

Total Funds

B3.6 Projected and Historical Financial Information

The ministry requires evidence of the Applicant's ability to achieve financial stability at the proposed home. The Applicant must provide projected and historical financial information at the project level.

Projected Financial Information

| | |
|--|----------------------|
| Total Project Cost..... | <input type="text"/> |
| Capital/Equity..... | <input type="text"/> |
| Debt..... | <input type="text"/> |
| Total Funds from All Sources..... | <input type="text"/> |

Forecasts

| | Year 1 | Year 2 | Year 3 |
|--|----------------------|----------------------|----------------------|
| Cash Flow Available for Project Financing (per annum) | | | |
| Surplus from Operations Available for the Project..... | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Construction Funding Subsidy..... | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other..... | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| TOTAL | | | |

| | | | |
|--|----------------------|----------------------|----------------------|
| <u>Debt Service Coverage Ratio</u>..... | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--|----------------------|----------------------|----------------------|

Historical Financial Information

Historical financial information should only be provided by Applicants who currently operate a long-term care home in Ontario that is proposed to contribute beds to the proposed project.

Information should only be provided for the long-term care home operated by the Applicant, and listed in [Section B1.4](#) of this Application form, that is proposed to contribute the greatest number of long-term care beds to the project.

| | Previous Year | Two Years Ago | Three Years Ago |
|---|------------------|------------------|--------------------|
| Total Preferred Revenue..... | | | |
| Total Surplus from Operations (before interest, tax, depreciation and amortization)..... | | | |
| Number of Resident Days..... | | | |
| Occupancy Rate(%)..... | | | |

Part B: Section 4 - Project Schedule

4

Section 4: Project Schedule

In this section the Applicant provides details on the proposed project timelines under the following components:

B4.1 Key Proposed Project Milestones

B4.2 Proposed Phased Project Schedule (if applicable)

In the Key Proposed Project Milestones section the Applicant indicates dates when specific pre- and post-construction milestones are reasonably expected to be completed, if the project is approved by the ministry. Each milestone will require approval by the ministry and, if the project is approved, will be incorporated into the [Development Agreement](#) between the Applicant and the ministry. Using the specified date format, Applicants are required to provide dates for milestones including, but not limited to, the proposed start of construction, the end of construction and the First Resident Date.

In the Proposed Phased Project Schedule section, Applicants who are proposing to use a phased approach for construction (i.e. where some of the long-term care beds are completed and brought into operation before other long-term care beds) must indicate the proposed number of phases and how many beds will be developed/redeveloped during each phase.

Applicants who are not using a phased construction approach do not need to complete B4.2 Proposed Phased Project Schedule.

B4.1 Key Proposed Project Milestones

| Project Milestone | Proposed Date (mmm-yyyy) |
|-------------------------------------|--------------------------|
| 1. Preliminary Plans Complete..... | |
| 2. Working Drawings Complete..... | |
| 3. Tendering Complete..... | |
| 4. Start of Construction..... | |
| 5. Total Completion of Project..... | |
| 6. First Resident Date..... | |

B4.2 Proposed Phased Project Schedule

Is the construction proposed to be completed in phases (i.e. where a subset of the developed/redeveloped beds is completed and brought into operation before other developed/redeveloped beds)?

Yes

No

If you answered yes, please provide a description of the phases and number of beds associated with each phase.

| | Phase Name/Description | Number of Beds |
|---|------------------------|----------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Applicant Declaration

On behalf of, and with the authority of, the Applicant, I/we:

1. hereby apply to develop/redevelop long-term care beds in accordance with the terms and conditions of this Application, and in accordance with applicable legislation, policies, regulations and standards as amended and issued from time to time;
2. certify that the information supplied in connection with this Application (including any information that is provided to the ministry in connection with this Application after the Application is submitted) is true, correct and complete in every respect, and that the necessary inquiries have been made to verify this information;
3. confirm that the Applicant has the financial and organizational capacity to complete the long-term care home redevelopment project, and to operate the Home following completion of the Project within the constraints of the current policies and standards that apply to redevelopment of long-term care homes in Ontario;
4. acknowledge and agree that the costs of preparing and submitting the Application are solely the Applicant's responsibility, and that neither the LHIN nor the ministry/Minister will be responsible, under any circumstances, for any of the Applicant's expenses related to the application process or the Application;
5. acknowledge and agree that the submission of the Application and any other material submitted or developed, or work done, in connection with the Application do not, under any circumstances, create any contractual or other legally enforceable obligation on the ministry (including the Minister and any other officer, employee or agency of the Government of Ontario) to the Applicant;
6. acknowledge that the Application and any material provided in connection with the Application, and any information contained therein or provided in connection thereto, are subject to the public access provisions of the *Freedom of Information and Protection of Privacy Act*, and may be publicly disclosed by the ministry or the LHIN, except where:
 - a. the Applicant has identified particular information and/or document(s) and informed the ministry that it/they contain(s) a trade secret(s) or scientific, technical, commercial, financial or labour relations information related to the Applicant, such that the disclosure could reasonably be expected to,
 - i. prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of the Applicant
 - ii. result in an undue loss to the Applicant, or

- iii. reveal information supplied to or the report of a conciliation officer, mediator, labour relations officer or other person appointed to resolve a labour relations dispute relating to the Applicant;
 - b. the Applicant has substantiated the above to the ministry to the satisfaction of the ministry in respect of the identified information, if and when requested by the ministry; and
 - c. the Information and Privacy Commissioner has not ordered the disclosure of the information/record;
7. understand that that any information submitted may be shared with the applicable LHIN or agents of the ministry, and consent to the disclosure on a confidential basis (subject to applicable law, including as described in section 6 above) of such information by the ministry or the LHIN to such individuals or other parties as may be required for the purpose of reviewing the Application to administer the application process;
 8. consent to the ministry verifying any information provided in connection with this Application, and making any disclosures incidental to that purpose;
 9. have fully reviewed, understood and agree to all the terms set out in the Application Form; Applicant Declaration; Ministry's Construction Funding Subsidy Policy for Long-Term Care Homes, 2015, and Long-Term Care Home Design Manual, 2015;
 10. consent to the disclosure, and indirect collection, on a confidential basis, subject to applicable law, of information held by any third party (including a municipality or regional government) regarding the Application to the ministry as the ministry or LHIN may require for the purpose of reviewing or processing the Application, or for the purpose of administering the LTCHA or LHSIA;
 11. confirms and undertakes that where the Applicant is providing personal information about any individual in connection with this Application, the Applicant has or will inform the individual (before providing the information) that the ministry is collecting the individual's personal information in connection with this Application, and will inform the individual of the information set out in the two paragraphs immediately following this paragraph;
 12. acknowledges that the personal information collected by the Ministry of Health and Long-Term Care in connection with this Application, is collected under the authority of s. 177 of the *Long-Term Care Homes Act, 2007* (the "Act") because it is necessary for the proper administration of the Enhanced Long-Term Care Home Renewal Strategy Program and/or Aging with Confidence: Ontario's Action Plan for Seniors, including processing the Application, and for the administration of the Act and may be used and disclosed for those purposes and for the resulting process of overseeing and funding the development/redevelopment and operations of the applicable long-term care homes; to carry out related planning; and for purposes

permitted or required by law; and

13. acknowledges that questions about the collection of this information by the ministry or the LHIN can be emailed to LTCHomeRenewalBranch@ontario.ca

| | |
|----------------------------------|---|
| Signed in the presence of | |
| | Signature of Authorized Signing Officer (I/we have authority to bind the Applicant) Print Name |
| Witness | Title |
| Date | |

If second signature required:

| | |
|----------------------------------|--|
| Signed in the presence of | |
| | Signature of Authorized Signing Officer (I/we have authority to bind the Applicant) Print Name |
| Witness | Title |
| Date | |

Part C: Application Instructions



C1.1 Important Notes

- If the Applicant is applying for multiple projects, the Applicant must submit one (1) Application per project.
- To be considered complete, the Application must be filled out in its entirety.
- Do not separate or delete pages from the Application form.
- For any assistance with the Application please email LTCHomeRenewalBranch@ontario.ca
- Ensure you have the latest version of Adobe Reader DC installed on your computer. The latest version can be found here: <https://get.adobe.com/reader/>

C1.2 Filling out the Application

Each information entry in the application requires two steps:

Step 1 – Click the field the applicant intends to fill out.

Step 2 – Input the required information.

The pdf Application form also includes:

- Pull down menus. To use a pull down menu click on the pull down button and select the appropriate item.
- Checkboxes. To use a checkbox click the checkbox.

C1.3 How to Digitally Sign your Application

Step 1 – As authorized signatory(ies) of the Applicant you will be required to digitally sign the Application on behalf of the Applicant. Click on the signature field and enter your digital signature.

If you do not have a digital signature, follow the on screen prompts to create one.

The digital signature that you provide in [Applicant Declaration](#) is used for the purpose of indicating that an authorized signatory(ies) of the Applicant attests to the accuracy of information provided in this Application and agree(s) on behalf of the Applicant, and with the authority of the Applicant, to all terms and conditions listed in [Applicant Declaration](#).

C1.4 Submission of Application

Complete this Application and send it to LTCHomeRenewalBranch@Ontario.ca

E-mail submissions must be marked in the subject line ATTN: AGING WITH CONFIDENCE *[APPLICANT NAME]*

HANDWRITTEN OR TYPED HARDCOPY MATERIALS WILL NOT BE ACCEPTED BY THE MINISTRY.

DO NOT SUBMIT THE APPLICATION OR ANY PORTION OF THE APPLICATION INCLUDING ATTACHMENTS BY REGULAR MAIL OR BY EXPEDITED MAIL.

APPLICATIONS WILL ONLY BE ACCEPTED IF SUBMITTED ELECTRONICALLY.

Please Note: an Applicant will be sent a **confirmation of receipt** after submitting an Application. If a confirmation of receipt is not received within one business day, please contact: LTCHomeRenewalBranch@ontario.ca

Appendix A: Glossary

Please Note: terms not defined in this document, that are defined under the LTCHA, shall have the meaning set out in the LTCHA, except where the context indicates otherwise.

Aging with Confidence: Ontario's Action Plan for Seniors (Action Plan): The program that was announced in November 2017 to create 5,000 long-term care beds by 2022.

Affiliate: means an (1) affiliated body corporate as defined in subsection 1(4) of the *Business Corporations Act, R.S.O. 1990, c. B.16*, (2) every person that holds a Controlling Interest in the Applicant, and (3) every body corporate in which the Applicant, together with any Associate of the Applicant, holds a Controlling interest.

Associate: Under the LTCHA, for the purpose of the definition of Controlling Interest, one person is deemed to be an associate of another person if,

- (a) one person is a corporation of which the other person is an officer or director;
- (b) one person is a partnership of which the other person is a partner;
- (c) one person is a corporation that is controlled directly or indirectly by the other person;
- (d) both persons are corporations and one person is controlled directly or indirectly by the same individual or corporation that directly or indirectly controls the other person;
- (e) both persons are members of a voting trust where the trust relates to shares of a corporation;
- (f) one person is the father, mother, brother, sister, child or spouse of the other person or is another relative who has the same home as the other person; or
- (g) both persons are associates within the meaning of clauses (a) to (f) of the same person.

Applicant: An Operator, or person who wishes to become an Operator, who submits an Application for review by the ministry.

Application: Application for the development/redevelopment of long-term care beds.

Basic Accommodation: basic accommodation as defined in the Regulation, s. 3, (and see Part 3 section I.(d) (“Basic Accommodation Premium”) of the Construction Funding Subsidy Policy for Long-Term Care Homes, 2015).

Bed: A long-term care home bed.

Beds in Abeyance (BIA): – Licensed or approved long-term care beds which are unoccupied and not currently available for occupancy pursuant to written permission of the Director under s. 104(3) of the LTCHA.

Construction: Any construction required to achieve Total Completion of the Project.

Controlling Interest: This term is defined under the LTCHA s. 2(2)-(5) and s. 109. An entity is generally deemed to have a controlling interest if such entity, either alone or together with one or more Associates, directly or indirectly owns or controls (i) at least 10% of the licensee’s equity, and (ii) sufficient voting rights to direct management. Where the licensee is not a corporation, an entity is deemed to have a controlling interest when such entity has the direct or indirect ability, either alone or together with one or more Associates, to direct the management of the licensee.

Debt Service Coverage Ratio: Means the debt service coverage ratio defined in an applicable lending agreement or term sheet, if such exists. If such does not exist, the [Debt Service Coverage Ratio shall be calculated based on the following:](#)

- Earnings Before Income Tax Depreciation and Amortization (EBITDA) / (principal repayments + lease payments + interest)

Development Agreement: The legally binding agreement between the Applicant and the ministry, following approval of the Application, which provides that:

- a) The Applicant agrees to develop or redevelop a number of long-term care beds in an identified location (or location to be approved later) subject to the terms and conditions set forth in the Development Agreement; and
- b) Upon successful completion of a project, the ministry will provide funding (or ensure the provision of funding through the LHIN) by way of a per diem construction funding subsidy paid over a time period agreed within the Development Agreement, subject to various conditions (especially that the Home/beds must be licensed and operated over that period).

[Enhanced Long-Term Care Home Renewal Strategy \(Enhanced Strategy\):](#) The program announced in 2015 to support the redevelopment of over 30,000 eligible long-term care beds in the Province of Ontario by 2025

Home: the long-term care home the Applicant is applying to develop/redevelop.

Leadership in Energy and Environmental Design (LEED):— a green building rating system

Licensee: means the holder of a licence issued under the *Long-Term Care Homes Act*, 2007 and includes the municipality or municipalities or board of management that maintains a municipal home, joint home or First Nations home approved under Part VIII;

Local Health Integration Network (LHIN): Means a local health integration network as defined under LHSIA, that is responsible for planning, integrating and funding local health care, and improving access and patient experience, in the geographic area where a Home is located.

Local Health Systems Integration Act, 2006 (LHSIA):The *Local Health Systems Integration Act*, 2006, including regulations under that Act.

Long-Term Care Homes Act, 2007 (LTCHA): The *Long-Term Care Homes Act*, 2007, including regulations under that Act.

Minister: the Minister of Health and Long-Term Care for Ontario or any other person to whom the Minister of Health and Long-Term Care for Ontario has properly delegated the relevant responsibility(ies).

Ministry or ministry: Ministry of Health and Long-Term Care of Ontario.

Non Profit Long-Term Care Home and For-Profit Long-Term Care Home: have the meanings set out in section 269 of [Regulation 79/10](#):

269. The following clarifications are made to the meaning of “non-profit” and “for-profit” for the purposes of the Act and this Regulation:

1. A non-profit entity is an entity that meets any of the following criteria:
 - i. being a corporation without share capital,
 - A. to which Part III of the *Corporations Act* applies, or
 - B. that is incorporated under a general or special Act of the Parliament of Canada,
 - ii. being a municipality or a board of management for a municipal home,
 - iii. being a council of a band under the *Indian Act* (Canada) or a board of management for a First Nations home, or
 - iv. being a corporation with share capital whose equity shares are owned by an entity or entities described in subparagraph i, ii or iii.
2. A **non-profit long-term care home** is,
 - i. a long-term care home whose licensee is a non-profit entity, or

- ii. a municipal home, joint home or First Nations home approved under Part VIII of the Act.
- 3. A for-profit entity is an entity that is not a non-profit entity.
- 4. A **for-profit long-term care home** is a long-term care home that is not a non-profit long-term care home.

Operator: An organization or other entity that operates a long-term care home pursuant to a licence under Part VII of the LTCHA or pursuant to an approval under Part VIII of the LTCHA, or a person or other entity which the ministry contracts to develop and operate a long-term care home, subject to applicable requirements.

Phased Construction: A construction plan where a sub-set of beds developed and/or redeveloped under a single Development Agreement are completed and brought into operation before other beds specified in the same Agreement are completed.

Project: The initiative undertaken by the Applicant under a Development Agreement to redevelop long-term care Beds at the Home, to which this Application relates.

Redevelopment: in the Applicant Declaration redevelopment includes both the creation/development of new long-term care beds and the redevelopment of existing long-term care home capacity

Renovation (within existing building footprint): Construction within an existing long-term care home building structure and/or construction of additional floors to an existing long-term care building where construction is within the existing long-term care home building footprint (i.e. not part of an expansion beyond existing external walls).

Renovation (outside existing building footprint): Construction of an addition to an existing long-term care home building structure that expands outside the existing long-term care home building footprint (i.e. an expansion beyond existing external walls).

Stabilization: When a home's revenues exceed expenditures following the completion of construction under a Development Agreement.

Self-Funded Construction: Development or redevelopment of any licensed or approved long-term care beds that are not eligible to receive a Construction Funding Subsidy.

Self-sustainability: Where an Operator can cover operating costs from generated revenue from the beds, not including any actual or expected charitable donations.

Stranded Debt: This is the total amount of debt being brought forward from all long-term care homes the beds of which are proposed to be redeveloped (in their current location or transferred to another location) as part of this project, and that will continue to be debt following the redevelopment. For example, if the Applicant has \$10M worth of

debt on an existing long-term care home and will only be able to pay off \$8M then \$2M is the stranded debt that will need to be brought forward as part of this project and must be reflected in the project costs.

Temporary Long-Term Care Home Licence: A licence issued under section 111 of the LTCHA.

Total Completion: The stage of a construction project where all construction is substantially complete in accordance with the terms of the Development Agreement.

