

## Detailed Project Proposal

### 1. PROPONENT

#### A. Organization:

Name \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_, Province AB, Postal Code \_\_\_\_ \_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_, Fax (\_\_\_\_)\_\_\_\_\_, E-mail \_\_\_\_\_

**Please provide details of partnerships on Schedule A and complete the Conflict of Interest Statement on Schedule B.**

#### B. Type of Organization:

Private Non-Profit

Public Non-Profit

Private Corporation

Management Body

Municipality

Housing Co-operative

Charitable Organization

Organization is yet to be formed.

Other (Specify): \_\_\_\_\_

**(Organizations, other than management bodies and municipalities, are required to provide detailed information on Schedule C.)**

#### C. Project Developer: (if different from the Proponent Organization):

Name \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_, Province AB, Postal Code \_\_\_\_ \_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_, Fax (\_\_\_\_)\_\_\_\_\_, E-mail \_\_\_\_\_

#### D. Project Owner:

Name to be listed on title of completed project: \_\_\_\_\_

## 2. **PROPOSAL**

### A. **Name of Project:** \_\_\_\_\_

Site Address (if available) \_\_\_\_\_

Municipality \_\_\_\_\_, Province AB, Postal Code (if available) \_\_\_\_ \_\_\_\_

### B. **Occupancy Classification**

- Residential occupancies (Group C)
- Care or detention occupancies in which persons having cognitive or physical limitations require special care or treatment (Group B2)
- Care or detention occupancies in which persons are under restraint or are incapable of self-preservation because of security measures not under their control (Group B1)

### C. **Type of Building:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Semi-Detached        | <input type="checkbox"/> Fourplex                 | <input type="checkbox"/> Townhouse                 |
| <input type="checkbox"/> Group Home           | <input type="checkbox"/> Apartment (Single Story) | <input type="checkbox"/> Apartment (Walk-up)       |
| <input type="checkbox"/> Apartment (Low Rise) | <input type="checkbox"/> Apartment (High Rise)    | <input type="checkbox"/> Congregate Living (Lodge) |
| <input type="checkbox"/> Multiple Use         | <input type="checkbox"/> Other (Specify) _____    |  |

### D. **Project Type:** (check all that apply)

- New construction
- Addition to existing residential units
- Conversion from non-residential use to residential use
- Modernization/improvement to existing facility
- Other (Specify): \_\_\_\_\_

**E. Number of Units in Proposal:**

**(a) Eligible Supportive Living Units**

Unit Type	Number of Units	Average Area Per Unit (Sq. Ft.)	Total Area (Sq. Ft.)	Project Type*
<b>Rental Area</b>				
Bed Sitting**				
Studio/Bachelor				
One Bedroom				
Two Bedroom				
Other (Specify): _____				
Other (Specify): _____				
Other (Specify): _____				
Other (Specify): _____				
<b>Subtotal (A)</b>				
<b>Non-Rental Area</b>				
Dining Room				
Recreation Room				
Kitchen				
Laundry Room				
Mechanical / Electrical Room				
Corridor or Other Space				
Other (Specify): _____				
Other (Specify): _____				
Other (Specify): _____				
Other (Specify): _____				
<b>Subtotal (B)</b>				
<b>Total Area (A+B)</b>				

\*Please choose from new, addition, conversion, renovation or other type.

\*\*Bed Sitting means the accommodation does not include a kitchenette.

**(b) Ineligible Units\* (if applicable)**

Unit Type	Number of Units	Average Area Per Unit (Sq. Ft.)	Total Area (Sq. Ft.)	Project Type**
<b>Rental Area</b>				
Bed Sitting***				
Studio/Bachelor				
One Bedroom				
Two Bedroom				
Other (Specify): _____				
Other (Specify): _____				
Other (Specify): _____				
Other (Specify): _____				
<b>Subtotal (A)</b>				
<b>Non-Rental Area</b>				
Dining Room				
Recreation Room				
Kitchen				
Laundry Room				
Mechanical / Electrical Room				
Corridor or Other Space				
Other (Specify): _____				
Other (Specify): _____				
Other (Specify): _____				
Other (Specify): _____				
<b>Subtotal (B)</b>				
<b>Total Area (A+B)</b>				

\***Ineligible Units** are units included in the project but not considered for funding under the Affordable Supportive Living Initiative.

\*\*Please choose from new, addition, conversion, renovation or other type.

\*\*\***Bed Sitting** means the accommodation does not include a kitchenette.

**F. Land:**

Has land been purchased or leased (minimum of 22 years)?  Yes  No

**(a) Legal Description:**

Lot \_\_\_\_\_, Block \_\_\_\_\_, Plan \_\_\_\_\_

\_\_\_\_\_ (Municipality)

Area: \_\_\_\_\_ acres, or \_\_\_\_\_ hectares

**(b) Current Owner of Site (if leased):**

\_\_\_\_\_

**(c) Residential Zoning District:**

- Single-Detached
- Low Density
- Low Density Multi-Dwelling (0-45 units per acre)
- Medium Density - Multi-Dwelling (46-85 units per acre)
- High Density-Multi Dwelling (86-130 units per acre)

Does the property need to be rezoned to accommodate the proposed project?

      Yes                                       No

**G. Preliminary Concept of Project:**

Please briefly describe the proposed project. If available, attach maps, sketches and/or plans of the proposed project (e.g. site plans, layouts, type[s] of building). Please indicate the proximity of the project to other facilities (e.g. lodge, long-term care facility, health care facility, clinic, lab, etc.) and amenities (e.g. parks, stores, restaurants, etc). Also describe the design features that enable the project to address the needs of residents with high personal and health care needs. If applicable, indicate space designated for day programs and/or support clinics. If possible, indicate major construction features such as construction method (e.g. on-site construction, etc.), parking (e.g. type, number of spaces), etc.

\_\_\_\_\_

(Use additional pages and attachments as required.)

### 3. CLIENT GROUP

A. Provide a brief description of the intended client group(s).

\_\_\_\_\_

B. Client group breakdown

Estimate the total number of households (including individuals) within each of the client groups for the project to be served in both the eligible supportive living units and the ineligible units (if applicable) indicating the number of households considered to have high health and personal needs and their average income levels (low and high range).

(a) Eligible Supportive Living Units

Client Group	Total Number of Households	Number with High Health and Personal Care Needs	Annual Income Ranges	
			Average Low	Average High
Low-income seniors				
Moderate-income seniors				
Special needs* seniors				
Special needs non-seniors				
<b>Total</b>				

(b) Ineligible Units (if applicable)

Client Group	Total Number of Households	Number with High Health and Personal Care Needs	Annual Income Ranges	
			Average Low	Average High
Low-income seniors				
Moderate-income seniors				
High-income seniors				
Special needs* seniors				
Special needs non-seniors				
<b>Total</b>				

\* "Special needs" includes persons with developmental and physical disabilities, brain injuries, mental illness, dementia and/or other chronic health conditions not mentioned.

#### **4. COMMUNITY NEEDS DETERMINATION**

**Organizations must prove there is a long-term need for the supportive living project by providing a detailed needs and feasibility study.**

**A. Why is this project needed in the community? Please attach any relevant supporting documentation ( e.g. needs analysis, strategic plan, or feasibility study).**

\_\_\_\_\_

**B. Please provide evidence that this project proposal has been discussed with the local community.**

**C. Does the proposal demonstrate that the proponent has communicated with Alberta Health Services or other funding authority, or that they have the support of any funding authority that would be involved financially in the operation of this facility? – for example, municipalities that are subject to requisitioning if the applicant is a management body.**

Yes       No       Not applicable

**D. Does the proposal support the Alberta Health Services Capital Plan?**

Yes       No

**E. Does the proposal support Alberta Health Services Continuing Care Service Plan?**

Yes       No

**F. Does the proposal support Alberta Health Services Mental Health Services Plan?**

Yes       No       Not applicable

## 5. **MANAGEMENT BODIES ONLY**

### A. **Lodge Assistance Program (LAP):**

Only management bodies established pursuant to the *Alberta Housing Act* may apply for the LAP grant (**Schedule D**). The LAP grant only applies to units that will be administered in accordance with the *Alberta Housing Act*.

You must complete the LAP portion of this application in order to be considered to receive the requested LAP funding.

### B. **Ministerial Approval for a Loan with a Repayment Period Beyond One Year:**

In accordance with Section 25 of the Management Body Operation and Administration Regulation under the *Alberta Housing Act*, if a management body needs to obtain a loan with a repayment period that is beyond the fiscal year in which the loan is made, approval of the Minister of Seniors and Community Supports is required.

The Management Body must submit letters of support from all municipalities that may be requisitioned to support the new project/addition.

The wording for the letters of support from the municipalities should be:

- The Municipality of (name of municipality) agrees to provide financial support for any future operating deficit and debt servicing costs resulting from construction of the new units in (location).

## 6. PROJECT FINANCES

### A. Preliminary Capital Cost Estimate (Please include information that applies to your proposal)

ITEM	ELIGIBLE COSTS*	INELIGIBLE COSTS**	TOTAL COSTS
<b>Land</b>			
<b>Acquisition (A)</b>	\$	\$	\$
<b>Soft Cost</b>			
Appraisal/Legal Fees	\$	\$	\$
Survey/Title/Recording Fees	\$	\$	\$
Property Tax during construction	\$	\$	\$
Environmental Survey	\$	\$	\$
Local Improvements during construction	\$	\$	\$
Cost to prepare the land for Construction	\$	\$	\$
Other (Specify):	\$	\$	\$
Other (Specify):	\$	\$	\$
<b>Subtotal (B)</b>	\$	\$	\$
<b>Total Estimated Land Costs (A+B)</b>	\$	\$	\$
<b>Building(s)</b>			
Construction Contract/Services	\$	\$	\$
Construction Contingency	\$	\$	\$
Appliances/Equipment/Furniture	\$	\$	\$
Other (Specify):	\$	\$	\$
Other (Specify):	\$	\$	\$
<b>Total Estimated Building Costs</b>	\$	\$	\$
<b>Site Improvements</b>			
On Site Servicing	\$	\$	\$
Landscaping	\$	\$	\$
Other (Specify):	\$	\$	\$
Other (Specify):	\$	\$	\$
<b>Total Estimated Site Improvements Costs</b>	\$	\$	\$
<b>Administration</b>			
<b>Professional Fees</b>			
Architects Fees	\$	\$	\$
Accounting /Audit/Legal Fees	\$	\$	\$
Appraisal	\$	\$	\$
Consultant/Inspection Fees	\$	\$	\$
Other (Specify):	\$	\$	\$
Other (Specify):	\$	\$	\$
<b>Subtotal (A)</b>	\$	\$	\$
<b>Financing Cost</b>			
Construction Loan Fees	\$	\$	\$
Construction Loan Interest	\$	\$	\$
Other (Specify):	\$	\$	\$
Other (Specify):	\$	\$	\$
<b>Subtotal (B)</b>	\$	\$	\$

<b>Carrying Charge and Other Costs</b>			
Construction Period Tax	\$	\$	\$
Construction Period Insurance	\$	\$	\$
Marketing and Rent Up	\$	\$	\$
Market Rental Appraisal	\$	\$	\$
Municipal Fees	\$	\$	\$
Signage/Grand Opening	\$	\$	\$
Contingency	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>Subtotal (C)</b>	\$	\$	\$
<b>Total Estimated Administration Costs (A+B+C)</b>			
	\$	\$	\$
<b>Total Estimated Capital Cost Before GST</b>			
	\$	\$	\$
Total GST	\$	\$	\$
Less GST Rebate, if applicable (Specify Percentage %)	\$	\$	\$
<b>Net GST Paid</b>	\$	\$	\$
<b>Total Estimated Capital Cost</b>			
	\$	\$	\$

\* "Eligible Costs" are only costs associated with the Affordable Supportive Living Initiative portion of a project.

\*\* If applicable

**B. Permanent Financing:**

List all financing commitments, including loans, grants and donations. If the Organization plans to finance part or the entire project out of its own resources, the Organization must prove that such resources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing.

No.	Name(s) of Permanent Lender(s) or Other Funding Source(s)	Eligible Units	Ineligible Units	Total
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
	<b>Subtotal (A)</b>	\$	\$	\$
	<b>Grant other than ASLI Grant*</b>			
5.	Other Alberta Government Department/Agency	\$	\$	\$
6.	Other Federal Government Department/Agency	\$	\$	\$
7.	Municipal Fee Rebate/Reduction	\$	\$	\$
8.	Other (Specify)	\$	\$	\$
9.	Other (Specify)	\$	\$	\$
	<b>Subtotal (B)</b>	\$	\$	\$
	<b>Contribution from other Sources</b>			
10.	Owner's Equity	\$	\$	\$
11.	Fundraising	\$	\$	\$
12.	Donation	\$	\$	\$
13.	Other (Specify)	\$	\$	\$
14.	Other (Specify)	\$	\$	\$
	<b>Subtotal (C)</b>	\$	\$	\$
	<b>Total Financing (A+B+C)</b>	\$	\$	\$
	<b>Total Estimated Capital Cost</b>	\$	\$	\$
	<b>Financing Shortfall</b>	\$	\$0	\$
	<b>ASLI Program Grant Requested**</b>	\$	\$0	\$

\*Please state the specific government department or agency.

\*\*The Affordable Supportive Living Initiative will cover up to 50 per cent of eligible capital costs



**C. Estimated Revenue From Operation:**

Using the following format, please estimate the amount of revenue anticipated from the operation. To allow for consistency in the evaluation process, the following items are to be included in the rates paid by the resident:

- Meals
- Housekeeping
- Linen Laundry
- Utilities
- Emergency call charge
- TV Cable

**(a) Eligible Supportive Living Units**

**Vacancy Rate (A):**

Unit Type	Number of Units	Monthly Rate / Unit	Monthly Revenue	Annual Revenue
<b>Rental Revenue</b>				
Bedroom		\$	\$	\$
Bed Sitting		\$	\$	\$
Studio/Bachelor		\$	\$	\$
One Bedroom		\$	\$	\$
Two Bedroom		\$	\$	\$
Other (Specify):		\$	\$	\$
Other (Specify):		\$	\$	\$
<b>Subtotal (B):</b>			\$	\$
<b>Less Vacancy Allowance (AxB)</b>			\$	\$
<b>Net Rental Revenue (C)</b>			\$	\$
<b>Additional Revenue</b>				
Parking		\$	\$	\$
Other (Specify)		\$	\$	\$
Other (Specify)		\$	\$	\$
<b>Subtotal (D)</b>			\$	\$
<b>Total Rental Revenue (C+D)</b>			\$	* \$

\* Insert in the **Preliminary Project Pro Forma** below under **ESTIMATED ANNUAL REVENUE –ELIGIBLE RENTAL REVENUE.**

**Note:** For an affordable unit under the Affordable Supportive Living Initiative, the combination of the monthly rate, services and utilities may not exceed \$1,650 (or current maximum private room rate in long-term care)

**(b) Ineligible Units (if applicable)**

Please indicate the anticipated Vacancy Rate (A): \_\_\_\_\_

Unit Type	Number of Units	Monthly Rate / Unit	Monthly Revenue	Annual Revenue
<b>Rental Revenue</b>				
Bedroom		\$	\$	\$
Bed Sitting		\$	\$	\$
Studio/Bachelor		\$	\$	\$
One Bedroom		\$	\$	\$
Two Bedroom		\$	\$	\$
Other (Specify):		\$	\$	\$
Other (Specify):		\$	\$	\$
<b>Subtotal (B):</b>			\$	\$
<b>Less Vacancy Allowance (AxB)</b>			\$	\$
<b>Net Rental Revenue (C)</b>			\$	\$
<b>Additional Revenue</b>				
Parking		\$	\$	\$
Other (Specify)		\$	\$	\$
Other (Specify)		\$	\$	\$
<b>Subtotal (D)</b>			\$	\$
<b>Total Rental Revenue (C+D)</b>			\$	* \$

- Insert in the **Preliminary Project Pro Forma** below under **ESTIMATED ANNUAL REVENUE – INELIGIBLE RENTAL REVENUE**.

**D. Preliminary Project Pro Forma:**

Using the format below, please provide a **Project Pro Forma** for the **entire project** that includes both the Eligible Supportive Living Units and the Ineligible Units (if applicable).

(**Note:** The compliance period for the Affordable Supportive Living Initiative is 20 years after project completion)

**(a). Hospitality Operating Services**

ESTIMATED ANNUAL REVENUES	Eligible	Ineligible	Total
Rental Revenue (insert amount from Section C)	\$	\$	\$
Donations	\$	\$	\$
Fundraising	\$	\$	\$
LAP Grant (if applicable)	\$	\$	\$
Other (Specify):	\$	\$	\$
Other (Specify):	\$	\$	\$
<b>TOTAL ESTIMATED ANNUAL REVENUES</b>	\$	\$	\$

ESTIMATED ANNUAL EXPENSES	Eligible	Ineligible	Total
<b>Hospitality Operating Expenses</b>			
Food and Dietary Supplies	\$	\$	\$
Kitchen Supplies	\$	\$	\$
Housekeeping and Cleaning Supplies	\$	\$	\$
Laundry and Linen Supplies	\$	\$	\$
Recreation Supplies	\$	\$	\$
Non-capitalized Equipment Purchase	\$	\$	\$
Salaries and Benefits	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>Total Hospitality Operating Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Maintenance Expenses</b>			
Buildings	\$	\$	\$
Grounds	\$	\$	\$
Appliance / Equipment / Furniture	\$	\$	\$
Salaries and Benefits	\$	\$	\$
Other (Specify):	\$	\$	\$
Other (Specify):	\$	\$	\$
<b>Total Maintenance Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Utilities</b>			
Electricity	\$	\$	\$
Heating	\$	\$	\$
Water and Sewer	\$	\$	\$
Waste Removal	\$	\$	\$
TV Cable	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>Total Utilities</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Administration Expenses</b>			
Salaries and benefits			
Office Supplies / Equipment	\$	\$	\$
Accounting / Audit / Legal / Consulting	\$	\$	\$
Training / Conference / Seminars	\$	\$	\$
Advertising / Rent Up Expenses	\$	\$	\$
Communications	\$	\$	\$
Staff Travel Expenses	\$	\$	\$
Building Insurance	\$	\$	\$
Liability Insurance	\$	\$	\$
Safety and Security	\$	\$	\$
Interest / Service charge	\$	\$	\$
Other (Specify):	\$	\$	\$
Other (Specify):	\$	\$	\$
<b>Total Administration Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Fixed Expenses</b>			
Debt Servicing	\$	\$	\$
Replacement Reserve	\$	\$	\$
Local Improvement Charges	\$	\$	\$
Grant in Lieu of Property Taxes (if applicable)	\$	\$	\$
Property Taxes	\$	\$	\$
Other (Specify):	\$	\$	\$
Other (Specify):	\$	\$	\$

<b>Total Fixed Expenses</b>	\$	\$	\$
<b>TOTAL ESTIMATED ANNUAL EXPENSES</b>	\$	\$	\$

<b>ESTIMATED ANNUAL SURPLUS/(DEFICIT)</b>	\$	\$	\$
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**(b). Health Service**

<b>Health Service Funding</b>	\$	\$	\$
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<b>Care Operating Expenses</b>			
Care Operating staff Salaries / Benefits	\$	\$	\$
On Call Nurse Salaries / Benefits	\$	\$	\$
Other staff Salaries / Benefits	\$	\$	\$
Medical / Surgical Supplies	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>Total Care Operating Expenses</b>	\$	\$	\$

<b>ESTIMATED ANNUAL SURPLUS/(DEFICIT)</b>	\$	\$	\$
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**(c). Hospitality and Health Services**

<b>TOTAL REVENUE</b>	\$	\$	\$
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<b>TOTAL EXPENSES</b>	\$	\$	\$
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<b>ESTIMATED ANNUAL SURPLUS/(DEFICIT)</b>	\$	\$	\$
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**E. Operation Projection On A Five-Year Basis**

Using the format below, please provide a **project pro forma** for the **entire project** that includes both Eligible Supportive Living Units and Ineligible Units (if applicable) based on a five-year projection and adjusted annually for changes in estimated revenues (e.g. rates), changes in estimated expenses (e.g. utilities) and inflation.

ESTIMATED ANNUAL VACANCY RATE	Year 2	Year 3	Year 4	Year 5	Year 6
Eligible Units					
Ineligible Units (if applicable)					

**(a) Hospitality Operation**

	Year 2	Year 3	Year 4	Year 5	Year 6
<b>TOTAL ESTIMATED ANNUAL REVENUES</b>	\$	\$	\$	\$	\$
<b>ESTIMATED ANNUAL EXPENSES</b>					
Hospitality Operating Expenses	\$	\$	\$	\$	\$
Total Hospitality Operating Expenses	\$	\$	\$	\$	\$
Maintenance Expenses	\$	\$	\$	\$	\$
Total Maintenance Expenses	\$	\$	\$	\$	\$
Utilities	\$	\$	\$	\$	\$
Total Building Operating Expenses	\$	\$	\$	\$	\$
Administration Expenses	\$	\$	\$	\$	\$
Total Administration Expenses	\$	\$	\$	\$	\$
Total Fixed Expenses	\$	\$	\$	\$	\$
<b>Total Estimated Annual Expenses</b>	\$	\$	\$	\$	\$
<b>ESTIMATED ANNUAL SURPLUS/DEFICIT</b>	\$	\$	\$	\$	\$

**(b) Health Services**

	Year 2	Year 3	Year 4	Year 5	Year 6
<b>TOTAL HEALTH SERVICE FUNDING</b>	\$	\$	\$	\$	\$
<b>Total Estimated Annual Expenses</b>	\$	\$	\$	\$	\$
<b>ESTIMATED ANNUAL SURPLUS/DEFICIT</b>	\$	\$	\$	\$	\$

**(c) Hospitality and Health Services**

<b>TOTAL REVENUE</b>	\$	\$	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$	\$	\$	\$
<b>ESTIMATED ANNUAL SURPLUS/DEFICIT</b>	\$	\$	\$	\$	\$

**7. DEVELOPMENT TIMETABLE**

Indicate the actual or expected date by which the following activities (if applicable) will have been completed.

Activity	Expected Completion Date	Comments
Financing		
Design Drawings		
Land Use Re-Districting (Re-Zoning)		
Environmental Review		
Development Permit		
Land Purchase		
Land Lease Negotiations		
Working Drawings		
Construction Tender		
Building Permit		
Construction commencement		
Substantial Construction Completion		

**8. ADDITIONAL INFORMATION**

Provide any additional important information relevant to this proposal (optional):

\_\_\_\_\_

## 9. PROPONENT CERTIFICATION

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is true, complete, and accurately describes the proposed project.

**IN WITNESS WHEREOF, the \_\_\_\_\_ (Legal Name of Organization) has caused this document to be duly executed in its name on this \_\_ day of \_\_\_\_\_, 2009**

\_\_\_\_\_

Per: \_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Any personal information collected on this form or in its attached schedules is required for the Affordable Supportive Living Initiative (ASLI) funding program, and is collected under the authority of section 33(c) of the *Freedom of Information and Privacy Act* (RSA 2000, Chapter F-25). The information will be used for the purpose of assessing eligibility for the ASLI program, and for other related administrative purposes such as, but not limited to, funding disbursement and project development/monitoring. If you have any questions about the collection of any personal information, you can contact: Manager, Health & Housing Initiative (ASLI), Supportive Living and Long Term Care Branch, Alberta Seniors and Community Supports, P.O. Box 11148 Station Main, Edmonton, AB, T5J 3K4, Telephone #: 780-644-7648

If you have any questions, please contact Ralph Hubele at 780-644-7648;  
or toll free at 310-0000;  
or e-mail; [ralph.hubele@gov.ab.ca](mailto:ralph.hubele@gov.ab.ca)

**Please submit four (4) copies.**

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### Mail

Supportive Living and Long-Term Care Branch  
Community Support Programs and Strategic Planning  
Division  
Alberta Seniors and Community Supports  
P.O. Box 11148 Station Main  
Edmonton, Alberta  
Canada T5J 3K4  
  
Attention: Ralph Hubele

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**Delivery**

Supportive Living and Long-Term Care Branch  
Community Support Programs and Strategic Planning  
Division  
Alberta Seniors and Community Supports  
4<sup>th</sup> Floor, 10405 Jasper Avenue  
Edmonton, Alberta  
Canada T5J 4R7

Attention: Ralph Hubele

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**Schedule A**

**PARTNERSHIPS**

**Please provide detailed information for each of the partners (other than the Organization) involved in this proposal.**

**1. Partner's Name:** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_, Province AB, Postal Code \_\_\_\_ \_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_, Fax (\_\_\_\_)\_\_\_\_\_, E-mail \_\_\_\_\_

Describe roles and responsibilities, as well as financial and legal obligations, in partnership.

\_\_\_\_\_

**2. Partner's Name:** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_, Province AB, Postal Code \_\_\_\_ \_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_, Fax (\_\_\_\_)\_\_\_\_\_, E-mail \_\_\_\_\_

Describe roles and responsibilities, as well as financial and legal obligations, in partnership.

\_\_\_\_\_

**3. Partner's Name:** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_, Province AB, Postal Code \_\_\_\_ \_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_, Fax (\_\_\_\_)\_\_\_\_\_, E-mail \_\_\_\_\_

Describe roles and responsibilities, as well as financial and legal obligations, in partnership.

\_\_\_\_\_

**Schedule B**

**CONFLICT OF INTEREST STATEMENT**

I, \_\_\_\_\_, hereby certify that no conflict of interest\* or potential conflict of interest exists between the Organization and any partners involved in this Project, including any of the partners' officers, directors, shareholders, partners or beneficiaries.

I understand and acknowledge that no individual may participate in the Project if there is a conflict of interest between their role in the Project and their role in any other capacity unless they first seek written approval from the Minister of Seniors and Community Supports. Any such, conflict of interest must be disclosed to the Minister of Seniors and Community Supports in writing prior to the individual's participation in the Project. I further understand and acknowledge that the Minister of Seniors and Community Supports is relying on this Statement in making the decision regarding the allocation of funding as requested in the application of which this statement is a part.

Executed this \_\_\_\_ day of \_\_\_\_\_, 2009

Organization \_\_\_\_\_

Per: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**In the event there is a conflict of interest (or a potential conflict of interest) between the organization and any partners involved in this project, please complete the written Disclosure of Interest on the next page.**

\* "Conflict of Interest" is any personal interest, financial or otherwise, direct or indirect; the participation in any business, transaction or professional activity; and/or the incurring of any obligation of any nature which is, or appears to be, in sufficient conflict with the proper and official discharge of a person's professional duties, or may be reasonably expected to bias a person's conduct.

## **DISCLOSURE OF INTEREST**

The following is a complete list of partners, including the names and addresses of their officers, directors, shareholders, partners and beneficiaries, who have a conflict of interest or potential conflict of interest with the Organization and full details of that conflict of interest or potential conflict of interest

**Please list below.**

\_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the foregoing information, to the best of my knowledge, is a true, complete and accurate description of any conflicts of interest or potential conflicts of interest that exist in relation to this Project.

**Executed this \_\_\_\_ day of \_\_\_\_\_, 2009.**

**Organization** \_\_\_\_\_

**Per:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Schedule C**

**ORGANIZATION DESCRIPTION**

If the structure of the organization is other than a management body established pursuant to the *Alberta Housing Act* or a municipality, please provide the following:

- 1. Articles of Incorporation.**
- 2. Date of Incorporation (Certificate of Incorporation).**
- 3. Canada Revenue Agency documentation of organization's charitable status. (if applicable)**
- 4. Annual Reports for the past three (3) years.**
- 5. The following, (if not included in the Annual Reports):**
  - **Mission Statement/Purpose**
  - **History of the organization**
  - **Financial statements for the past three (3) years**
- 6. List of names, addresses, phone numbers and occupations of board members/directors for the organization.**

**A. Provide a listing of any similar activities undertaken by this organization within the past three years.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Does your organization have any affiliation with other community groups?**

\_\_\_\_\_

Schedule D



**Lodge Assistance Program  
APPLICATION FORM**

<b>Organization name</b>	
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<b>Project name</b>	
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**1. Client group to be served:**

- Low-income seniors (eligible for ASB)       Moderate-income seniors  
 Other (specify) \_\_\_\_\_

**2. Construction start date:** \_\_\_\_\_

**3. Occupancy start date:** \_\_\_\_\_

**4. Number of Additional Lodge Assistance Program (LAP) Units requested:** \_\_\_\_\_

Note: Alberta Health Services may fund care services and select residents for Designated Assisted Living (DAL) units in the lodge. These units are not eligible for LAP.