



PDF of NC Application

Continuing Care Capital Program

Before completing this Application, we encourage you to review the **Program Guidelines** available on the [CCCP webpage](#). Refer to the Program Guidelines for a list of definitions included in this Application.

Applications will be reviewed for compliance and considered for approval using criteria outlined in the Program Guidelines. Approval is not guaranteed and will depend on alignment with provincial needs and the availability of funding. All information and supporting documents submitted through the Application must be completed truthfully and accurately. Misrepresentation may impact eligibility or result in the Application being denied.

Once submitted, your Application and all supporting documentation will be received by the ministry. A copy of your submission will be emailed to you for your records and verification.

If you have any questions about the Application process, you may contact us at cccp@gov.ab.ca.

Applications can be saved at any time by selecting the "Save" button at the bottom of any page. This will send a message to the email provided by the Applicant containing a link to resume the Application.

The deadline to submit is Friday, February 6, 2026, unless otherwise communicated by ALSS.

Project Name

Project Name

Section 1 - Applicant Information

1.1 - Applicant Contact Information

Is the Applicant a legal entity?

Applicant Mailing Address

Address Line 1

Address Line 2

City

Alberta

State / Province / Region

Canada

Postal / Zip Code

Country

Organization Website**Primary Contact**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First	Last

This is the individual who will be the formal communication contact for the Applicant.

Primary Contact Job Title

E.g., CEO, CFO, VP, etc.

Primary Contact Phone Number

(xxx) XXX-XXXX

Primary Contact Email Address**Will the Applicant also be the Care Provider?**

The Care Provider refers to the organization that is responsible for delivering all health and personal care services to residents. Usually, the Applicant is also the Care Provider. However, if the Applicant lacks experience in providing accommodation and care services, they may partner with an experienced Care Provider to meet the mandatory experience and compliance requirements.

1.2 - Applicant Experience

Applicant Experience(s)

Provide information regarding Applicant and individual team members' experience in delivery of accommodation and/or health services and supports. Include information regarding Care Provider, if different from Applicant.

Attach incorporation documents**Attach organizational chart****Does the Applicant or Care Provider have a history of accreditation with an approved accreditor for the level of services proposing for this Project?**

Approved accreditors include: Accreditation Canada, Commission on Accreditation of Rehabilitation Facilities (CARF), or Canadian Accreditation Council.

Is the Applicant and/or Care Provider a licensed CCH or Supportive Living Accommodations Operator?

Does the Applicant or Care Provider currently have a Services Agreement with ALA (formerly AHS)?

Does the Applicant or Care Provider currently hold a conditional approval from ALA (formerly AHS) for an operating agreement related to the same CCH spaces for which capital funding is being requested?

1.3 - Applicant Financial Information

Demonstrate financial stability by providing the Applicant's Audited Financial Statements for the past three (3) years and complete the following sections: **Statement of Financial Position (Balance Sheet)**, **Statement of Operations (Income Statement)**, and **Statement of Cash Flows**.

In the absence of Audited Financial Statements, the Applicant may provide a notice to readers/engagement reviews prepared by a Chartered Professional Accountant for its previous three (3) years that include the following: balance sheet, income statement, statement of cash flows, notes to the financial statements.

A maximum of 3 files can be attached, and the maximum file size is 20 MB.

Attach Applicant's Audited Financial Statements/notice to readers for the past three (3) years

Applicant Statement of Financial Position (Balance Sheet)

Year One

Financial Year End

Year Two

Financial Year End

Year Three

Financial Year End

Cash

Cash

Cash

Short Term Investments

Short Term Investments

Short Term Investments

Total Current Assets

Total Current Assets

Total Current Assets

Total Assets

Total Assets

Total Assets

Total Current Liabilities

Total Current Liabilities

Total Current Liabilities

Total Debt (Short & Long Term)

Total Debt (Short & Long Term)

Total Debt (Short & Long Term)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Liabilities	Total Liabilities	Total Liabilities
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Statement of Operations (Income Statement)

Year One

Year Two

Year Three

Government Contributions	Government Contributions	Government Contributions
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Grants	Other Grants	Other Grants
<input type="text"/>	<input type="text"/>	<input type="text"/>
Donations	Donations	Donations
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Revenue	Total Revenue	Total Revenue
<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Service Expenses	Program Service Expenses	Program Service Expenses
<input type="text"/>	<input type="text"/>	<input type="text"/>
Management (Admin) Expenses	Management (Admin) Expenses	Management (Admin) Expenses
<input type="text"/>	<input type="text"/>	<input type="text"/>
General Expenses	General Expenses	General Expenses
<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest Expenses	Interest Expense	Interest Expenses
<input type="text"/>	<input type="text"/>	<input type="text"/>
Earnings Prior to Interest & Tax (EBIT)	Earnings Prior to Interest & Tax (EBIT)	Earnings Prior to Interest & Tax (EBIT)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Expenses	Total Expenses	Total Expenses
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Statement of Cash Flows

Year One

Year Two

Year Three

Operating Cash Flow

Operating Cash Flow

Operating Cash Flow

Section 1 Additional Comments, if applicable

Section 2 - Project Proposal

2.1 - Project Location

Municipality

Project Civic Address

Address Line 1

Address Line 2

City

Alberta

State / Province / Region

Postal / Zip Code

Canada

Country

2.1a - Land

Land Ownership Status

Land Evidence

Attach evidence of land

Is the existing zoning correct for the Project?

Does parcel of land require subdivision?

Describe site and suitability for Project.

Consider type of land (flat or on a hill), landscape, any environmental concerns, proximity to sewage and water utilities, etc.

What services are in close proximity to the Project site?

<input type="checkbox"/> Café/Restaurant	<input type="checkbox"/> Places of Worship
<input type="checkbox"/> Community/Cultural Centre	<input type="checkbox"/> Primary Care
<input type="checkbox"/> Daycare/Childcare	<input type="checkbox"/> Public Transit
<input type="checkbox"/> Hospital	<input type="checkbox"/> Recreation Services/Entertainment
<input type="checkbox"/> Libraries	<input type="checkbox"/> School
<input type="checkbox"/> Park(s)/Greenspace(s)	<input type="checkbox"/> Shopping/Convenience store
<input type="checkbox"/> Pharmacy/Grocery	<input type="checkbox"/> Walking Paths

2.2 - Project Scope and Design

2.2a - Scope

Development Type

Building Type

Mixed-use refers to a facility with both continuing care and ineligible capacity

Describe the overall concept of the Project.

Project Square Footage

This section is intended to identify the square footage in the Project that will be used for the provision of continuing care services in the Eligible Capacity versus the square footage that will be used for non-eligible purposes (e.g., Complementary or Commercial spaces not related to the provision of Facility-Based Care

services and supports).

Applicants may use allocation methods to allocate common space estimates between Eligible Capacity and Ineligible Capacity, as long as the allocation methods are appropriate and yield reasonable estimates.

Example: 50 Eligible Spaces + 10 Complementary Spaces (Ineligible) = 60 Total Spaces

50 Eligible spaces / 60 total spaces = 83%

10 Complementary Spaces / 60 total spaces = 17%

Eligible Capacity

"Eligible Spaces" are net-new units that will offer Facility-Based Care (i.e., type A, type B, and type C) services and supports, under contract with ALA. These spaces must:

- Be private resident rooms
- Comply with the Continuing Care Design Standards (CCDS) 2025
- Not charge resident accommodation that exceeds the [Established Accommodation Charge](#)

Note that type A, type B and type C spaces have the same design standards.

Gross Square Footage of Eligible Capacity

0

Ineligible Capacity

Ineligible capacity includes both Complementary Capacity and/or Commercial Capacity.

Complementary Capacity are residential units that can offer other levels of accommodation options that do not offer Facility-Based Care (e.g., independent living, lodge, etc.) or may offer residents choice in their accommodation in a CCH (e.g., one bedroom or multi-bedroom suites) if they have the financial resources and interest.

Commercial Capacity are spaces for non-residential purposes (e.g., pharmacy, daycare, retail store, etc.).

Will the Project include Ineligible Capacity?

Gross Project Square Footage

0

Total Project Spaces

0

2.2b - Design

The CCH must be designed to meet all the minimum requirements in the Continuing Care Design Standards (CCDS) 2025.

Attach design drawings

Provide all preliminary design drawings submitted in a readable format that show:

Site plan; building footprint; elevations; floor plan for each floor; and drawings of resident room layout. Resident room drawings should include suite measurements, door widths, and turning radii in resident bathroom and suite.

Each file must be under 250 MB, and you can upload up to 5 files. If you experience uploading design files, please contact cccp@gov.ab.ca.

Major Occupancy Classification

Refers to the major occupancy classification used in the National Building Code – Alberta Edition.

Will all households in the CCH have the same number of residents?

Individual households have up to a maximum of 18 residents. Household sizes may vary within the CCH.

How does the Project incorporate Person-Centred design?

Describe how the Project supports the unique needs of resident population. If supporting specialty population(s), are there any design considerations included to support their needs?

Describe the staff and administrative spaces.

Describe staff and administrative spaces (e.g., office, staff room) and any other spaces that support staff well-being.

Describe the outdoor spaces.

Describe outdoor spaces and amenities and how these spaces will support residents. Information may include accessibility, amenities, seating accommodation, outdoor security features, etc.

Describe any innovative design features incorporated into the Project, if applicable.

E.g., technology that enhances resident safety and/or programming, sustainable or energy-efficient elements, or other creative solutions that add value.

Describe potential for future site development, if applicable.

Provide any additional information regarding capacity or space for future development, if applicable.

Additional design comments, if applicable

2.2c - Care Model

What is the Applicant's model of care for the proposed Project?

What is the care delivery model that guides care and service delivery to residents? Provide specific examples of what this model looks like in practice.

Specialty population to be served, if applicable

- Individuals living with dementia
- Individuals with high behavioural needs
- Individuals with developmental disabilities
- Young adults
- Individuals with addictions/mental health support needs
- Individuals with brain injury

Select all that apply

Describe how the Applicant plans to support the specialty population(s).

Describe how the unique needs of specialty population(s) will be supported. E.g., care model, specialty design, community partnerships, etc.

2.2d - Community Integration & Partnerships

Will the Project include amenities/services that will be accessible to the surrounding community?

Will there be collaboration with any partner organizations and/or community partners regarding supports and programming for residents?

Attach evidence of support from partner organizations (if applicable)

Section 3 - Project Development

3.1 Project Oversight

Project Architect or Engineer

Architect refers to the professional hired to oversee the design and construction of building projects.

Engineer refers to the professional responsible for all technical and engineering aspects of their assigned projects. They plan, schedule, predict, and manage all the technical tasks of their projects to ensure accuracy, proper resources, and quality from start to finish.

Name of Architecture or Engineering Firm

Firm Address

Address Line 1

Address Line 2

City

Alberta

State / Province / Region

Postal / Zip Code

Canada

Country

Name of Architect or Engineer

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First	Last

Architect or Engineer Phone Number

(xxx) XXX-XXXX

Architect or Engineer Email Address

Does architecture or engineer have experience designing/developing CCHs?

Will the Project Architect/Engineer be the Project's Prime Consultant?

Has a contractor been engaged for the Project?

This is the general contractor hired to construct the Project.

3.2 - Construction Timeline

Complete the following timeline for the actual or estimated date of completion. Provide any additional comments as applicable at the bottom of this section.

Community Engagement

Development Permit

Building Permit

Construction Tender

Construction Commencement

Construction Completion

Occupancy Permit

Commissioning

First Resident Admission

Attach evidence of Project planning and development

Upload copies of community engagement plans/results, development permit, building permit, project schedule, etc.

Development Timeline Comments, if applicable

Section 4 - Project Capital Cost

Level of Capital Cost Estimate

Cost estimate must include forecasted hard, soft, and land costs issued within the last 12 months.

Provide the estimated Capital Costs for the following sections. Ensure estimates are reasonable and reflect estimates provided by a construction or development company. Estimates should not include GST.

There may be allocation of costs required between Eligible and Ineligible Capacity. Select an appropriate allocation methodology to yield reasonable estimates. See example in Section 2.2a, Project Square Footage.

Note that a contingency (design and construction) and escalation rate is automatically calculated and added to the total capital cost and the total capital funding request.

Section 4 Additional Comments, if applicable

Provide information on any factors that may affect the total Capital Cost for the Project.

Section 5 - Project Funding

5.1 - Capital Funding Sources

Complete the table for all other sources of funding for the Project, including Eligible and Ineligible Capacity.

There may be allocation of financing costs required between Eligible and Ineligible Capacity. Select an appropriate allocation methodology to yield reasonable estimates. See example in Section 2.2a, Project Square Footage.



ATTENTION: Applicant must contribute a minimum of 10% equity towards the Eligible Capital Cost.

Attach evidence of funding commitment/letter of support from funding partners

Applicant must provide a letter from the lending institution confirming that financing options have been discussed and are feasible. The letter should clearly state the amount of funding available and the

applicable interest rate.

Cost per Eligible Space of Total Funding Request
\$0.00

5.3 - Project Funding Summary

Summary

Applicant Internal Funding	Applicant External Funding	Total Funding Request	Total Project Cost Summary	Funding Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section 5 Additional Comments, if applicable

Section 6 - Project Revenue and Expenditures

6.1 - Annual Revenues

Please input all annual revenue sources for the Project in the table below and include a six-year projection, starting from first resident admission.

ALA Health Service Funding

ALA health services funding pays for health and personal care costs and health care staff. These costs are calculated annually on a per diem basis. The average ALA per diem health service funding rates for 2025/26 are as follows:

- Type A: \$222.70
- Type B: \$149.07
- Type B Secure: \$163.51
- Type C: \$567.23

Example: If Eligible Capacity has 40 type A and 10 type B then:

$40 \times \$222.70 \times 365 \text{ days} = \$3,251,420.00$

$10 \times \$149.07 \times 365 \text{ days} = \$544,105.50$

Total Annual ALA Health Service Revenue = \$3,795,525.50

Note the average health service funding is just an estimate that can be used for developing the Project

proforma. The final contracted rates may vary from the average per diem rates depending on resident acuity level, number of residents, expected turnover and occupancy, etc.

Resident Accommodation Charge

The resident accommodation charges are paid for by residents to cover accommodation costs (e.g., food, laundry, utilities, housekeeping, etc.). The maximum charge a CCH operator can charge residents is outlined in legislation and is adjusted annually based on the consumer price index. Refer to the [Established Accommodation Charge](#) for more information.

Example using 2025 rate: If Eligible Capacity has 40 type A studio and 10 type B studio then:

$$40 \times \$80.00 \times 365 \text{ days} = \$1,168,000.00$$

$$10 \times \$80.00 \times 365 \text{ days} = \$292,000.00$$

Explain increase or decrease in revenue projections over the six-year period, if applicable.

6.2 - Annual Expenditures

Please input all annual expenses for the Project in the table below and include a six-year projection, starting from first resident admission.

Accommodation Expenses

Note the following general guidance on inflation rates when projecting annual accommodation expenses:

- Non-care related salaries and benefits: 1.5%
- Food services: 3.5%
- Housekeeping: 1%
- Utilities: 3.5%
- Insurance liability: 7%
- Repair and maintenance (non-capital): Applicant to determine appropriate rate

Administration Expenses

Note the following general guidance on inflation rates when projecting annual administrative expenses:

- Administrative staff salaries and benefits: 1.5%
- Property tax: 1%
- Building insurance: 7%
- Amortization (depreciation) and interest and other financing costs: Applicant to determine appropriate rate

Disclaimer: The suggested inflation rates above are for reference purposes only. It is the Applicant's responsible to verify and ensure the accuracy of all amounts.

Capital Renewal Plan

It is the responsibility of the Applicant to manage preventative maintenance of the CCH and to ensure funds are available when needed for ongoing maintenance and capital replacement (e.g., roofs, HVAC, etc.).

6.3 - Surplus or Deficit

Plan to eliminate deficit, if applicable

Section 6 Additional Comments, if applicable

Additional Materials

*Applicant may upload additional files, up to a maximum of 3 files, as part of their Application. However, the Evaluation Team is **not required** to review these additional materials and will only consult them if further information is needed to assess the Application.*

Section 7 - Applicant Declaration and Acknowledgement

By submitting this Application, the Applicant acknowledges and agrees that:

- ALSS may use the information provided to assess eligibility, evaluate the proposal, and make funding decisions.
- The Applicant consents and has obtained the written consent from any individuals identified in the Application, to the use of their personal information in the Application by CCCP, the CCCP personnel, government departments, funding bodies, or partner organizations to enable CCCP to evaluate the Application and for other program purposes of CCCP. The Applicant must provide those written consents within two business days of a request by CCCP to do so.
- The purpose of collecting personal information for the New Capacity Stream - Intake One is to

enable CCCP to ensure the accuracy and reliability of the information, to evaluate the Application, and for other related program purposes of CCCP. Authority for this collection is the *Government Organization Act* (Alberta), as amended from time to time and the *Protection Of Privacy Act* (POPA). The Applicant may contact CCCP at cccp@gov.ab.ca regarding any questions about collection of personal information pursuant to this New Capacity Stream - Intake One.

- Providing false or misleading information may result in ineligibility for funding.
- The Applicant has reviewed and understands the Terms and Conditions of the sample Grant Funding Agreement(s) and associated funding milestones.
- If the proposal is successful, the Applicant will enter into an operational agreement with ALA for the Eligible Spaces that will provide Facility-Based Care for a minimum of 30 years.
- The CCH will be designed and constructed to meet all minimum requirements in the Continuing Care Design Standards (CCDS) 2025 and consider design best practices to the greatest extent possible.

Declaration

By e-signing this Application, the Applicant (and affiliates, if applicable) declares that:

- The information provided in this Application and all supporting documents is complete and accurate to the best of the Applicant's knowledge.
- They have not been convicted under Canadian or international laws of any crime or regulatory offence related to financial matters (e.g., fraud, bribery, corruption, money laundering, taxation).
- Except as disclosed in writing and acknowledged by ALSS, they are not in breach of any agreement or arrangement with ALSS under prior or existing programs.
- There are no facts known to them that could reasonably cause ALSS to have concerns about the appropriateness of providing public funding to the Applicant.
- They fully disclosed all information relevant to ALSS's determination of providing public funding to the Applicant.
- They agree to immediately inform ALSS of any change in circumstances that would affect this declaration.

Signature