

## New Capacity Stream Intake One

### Question Response - Updated January 30, 2026

The New Capacity Stream – Intake One invites eligible proponents to apply for a one-time grant through the Continuing Care Capital Program (CCCP) to develop net-new Continuing Care Homes (CCHs) in partnership with the Province. The intent is to increase the supply of Facility-Based Care spaces located in communities with the highest need for continuing care. The Application form and the Program Guidelines are posted on the CCCP New Capacity Stream [web page](#). The deadline to apply is February 6, 2026.

The following is a list of questions submitted to CCCP and the corresponding responses. This version has been updated to include questions received since the previous Question Response document was provided on January 27, 2026. New questions have been added to the top of the document. Please note that this will be the final Question Response update as all questions were required to be submitted by January 30.

*Refer to the Program Guidelines for a list of definitions found throughout this document.*

#### Questions received January 22 – 30, 2026 (new)

**1. Why is client acceptance included as part of the evaluation process?**

Client acceptance is assessed because Operators who are willing and able to serve clients with more complex needs help reduce the number of individuals waiting in hospital as Alternate Level of Care (ALC). Their participation supports smoother transitions out of hospital and helps relieve pressure on overall system capacity.

**2. How is client acceptance rate accounted for in the evaluation?**

Client acceptance is considered under the Operator Experience and Care Delivery evaluation principle. Evaluators consider the performance and service delivery history of the Care Provider, including any known issues with client acceptance and/or operational or quality issues. Operators without any known issues are evaluated more favorably.

**3. Are private Care Providers eligible for the New Capacity Stream?**

The New Capacity Stream is available to both not-for-profit and for-profit organizations and supports the development of net-new Type A and Type B CCH spaces. These spaces provide 24/7 professional nursing care, along with personal care and accommodation support.

**4. Are there text limits for the narrative sections within the Application form?**

Written sections in the Application with character limits that exceed 500 characters are outlined in the Table below. All other written sections are limited to 500 characters or less.

Section	Character Limit	Description/Focus Area
1.2	5000	Applicant experience
2.1a	1000	Site and suitability for project
2.2 a	3000	Describe overall concept of the Project
2.2b	3000	Person-centered design
2.2b	2000 each	Staff and administrative spaces; outdoor spaces; innovative design features; and potential for future site development.
2.2c	5000	Care model
	3000	Support for specialty
2.2d	5000	Amenities and services that can be shared with surrounding community
	1000	Intended or established collaboration

**5. Does the character limit account for spaces?**

The character limits include spaces.

**6. What is the maximum allowable file size?**

The maximum allowable file size is 20 MB, except for Section 2.2B of the application form, which permits uploads of up to 250 MB.

**7. Are there restrictions on the type of files that can be uploaded?**

All file formats are accepted.

**8. Can Applicants charge more than the Accommodation Charge?**

CCHs cannot charge more than the maximum Established Accommodation Charge. Therefore, the proposed Eligible Capacity must comply. More information on accommodation charges is available at: [Continuing care – Resident accommodation charges | Alberta.ca](#).

If an Applicant is proposing Ineligible Capacity, they may determine the rental revenue for that portion of the Project.

**9. How do I return to previous pages in the Application form after moving to the next section?**

Applicants can go back to any previous pages, by clicking “back” on the bottom left-hand side of the page. To ensure your progress is saved, press “save” on the bottom right-hand side, and this will prompt you to send a copy to yourself.

**10. Are Application materials accepted outside the online Application portal?**

To ensure consistent and equitable treatment of all Applicants, only Applications and supplementary materials submitted through the secure online portal will be considered eligible. Any submissions that do not align with Section 3.2 of the [Program Guidelines](#) will not be accepted.

**11. Is it mandatory for Applicants and the Care Providers to provide organizational charts?**

The Applicant is required to upload incorporation documents and an organizational chart as part of the Application. These documents are not mandatory for the Care Provider; however, they may be submitted voluntarily. Organizational charts can be helpful to evaluators for understanding how an organization operates.

Please note that there is a maximum of 5 file uploads for incorporation documents and 3 for organizational charts under section 1.2 Applicant Experience.

**12. Are Applicants with experience exclusively in managing Type C CCH considered eligible to apply?**

Applicants with experience exclusively in operating Type C spaces are eligible to apply. However, Type C (hospice) spaces will only be supported if the proposed Project also includes Type A and/or Type B spaces.

**13. What is the closing time for submitting Applications?**

The deadline to apply is 11:59 PM MST on February 6, 2026.

**14. Can we set the admission criteria for residents?**

Assisted Living Alberta (ALA) determines resident placement in CCHs. ALA assesses individuals for their health and personal care needs and coordinates access to CCH spaces according to these needs. CCH spaces developed through the CCCP must align with this process.

**15. Which portions of CSA Z317.1 and**

Under the National Building Code 2023 – Alberta Edition (NBC-2023 AE), CSA Z317.1 and CSA Z317.2 are referenced as healthcare standards and are applied based on building occupancy, function, and risk. CCHs are typically classified as Group B, Division 3 (Care)

## Z317.2 apply to CCHs?

occupancies; however, this classification does not automatically require full application of CSA Z317 standards throughout the entire facility. Consistent with Division A of the NBC-2023 AE, referenced standards are to be applied only to the extent that they relate to the function of the space and the objectives of the applicable code provisions.

Project teams are expected to determine the appropriate code-minimum requirements based on the level of care provided and to engage with the Authority Having Jurisdiction (AHJ) to confirm the extent of application of CSA Z317 standards. Infrastructure and Assisted Living and Social Services (ALSS) will support reasonable and risk-based applications or relaxations of the Continuing Care Design Standards (CCDS) 2025 where accepted by the AHJ.

Infrastructure will develop supplemental guidance to clarify this interpretation for proponents and design teams. Infrastructure and ALSS will also engage Alberta Municipal Affairs to explore the development of a STANDATA to further clarify the application of CSA Z317.1 and CSA Z317.2 to Group B, Division 3 care facilities, including distinguishing requirements intended for care environments versus those intended for treatment or acute health care facilities.

## 16. Does the Project have to meet all the CCDS requirements?

All CCHs must meet all minimum requirements in the CCDS 2025 to receive public funding. Therefore, Projects that do not meet all minimum requirements of the CCDS 2025 would not be eligible for the New Capacity Stream. More information on the CCDS is available at: [Continuing care design standards 2025 - Open Government](#).

## 17. Are Projects proposed in the surrounding area of a Target Community that do not include, the phrase “and area” eligible to apply?

If proposing a Project in the surrounding area of a Target Community that does not include the phrase “and area,” the same requirements as the “and area” Projects would apply:

- Geographic proximity to the named community;
- Alignment with the identified capacity needs of the target population;
- Adequate staffing resources to support operational viability; and
- A clear and direct benefit to the target population identified for that community.

Final determination of eligibility for “and area” and other surrounding area Projects will be made during the evaluation process. Projects that demonstrate stronger alignment with provincial capacity needs will receive more favorable evaluations under the Capacity Need and Operational Viability evaluation principle.

**18. What steps are required to withdraw an existing ALA conditional approval before applying to the New Stream Capacity?**

The written notice to withdraw from the 2020 Request For Expression Of Interest and Qualification (RFEIQ) should be addressed to Ruheen Zaver, Interim Lead, ALA Continuing Care Contracting. It can be sent to [contracting.continuingcare@assistedlivingalberta.ca](mailto:contracting.continuingcare@assistedlivingalberta.ca).

The written notice should clearly identify:

- The Project name;
- The Project location; and
- The number of continuing care spaces

Please note that the New Capacity Stream is a competitive process. Withdrawing an existing conditional approval does not guarantee that the Applicant's Project will be selected or awarded spaces through this Intake. Applicants accept this risk when they withdraw their conditional approval.

**19. Will there be future opportunities to apply for the New Capacity Stream?**

The Government of Alberta recognizes there is a broad need for continuing care spaces across the province and expects to launch the New Capacity Stream – Intake Two in Fall 2026 with an expanded targeted community list.

**Questions received up to January 21, 2026 (previously posted)**

**20. How is client acceptance rate accounted for in the evaluation?**

Client acceptance is considered under the Operator Experience and Care Delivery evaluation principle. Evaluators consider the performance and service delivery history of the Care Provider, including any known issues with client acceptance and/or operational or quality issues. Operators without any known issues are evaluated more favorably.

**21. The character limit in the Application section for describing our Care Model is too restrictive; how can we provide more information?**

Recognizing the character limit for the question under 2.2c Care Model '*What is the Applicant's model of care for the prosed Project?*' in the Application may be too restrictive for the information required, the limit has been increased to 5000 characters. The character limit for both the questions under 2.2b Design '*Describe the staff and administrative spaces*' and '*Describe the outdoor spaces*' have also increased to 2000 characters.

Please note, character limits are in place to help streamline the evaluation process by providing evaluators with clear and succinct information.

**22. Are non-accredited**

Accreditation is not a mandatory submission requirement. Applicants may include evidence of accreditation in their Application. Applicants that are working towards accreditation may include that information in Section 1 of the Application.

## organizations eligible to apply?

### 23. Can the Care Provider experience be from outside of Alberta?

The Care Provider can be from out-of-province, if their experience is equivalent to a CCH Operator in Alberta. An out-of-province Care Provider must upload proof in the Application of their continuing care license equivalent and compliance history in the province they operate in.

### 24. What roles and responsibilities are expected of experienced Care Providers when partnering with new service providers?

Care Providers must be licensed CCH Operators in Alberta (or an out-of-province equivalent) with a history of compliance with the [Accommodations Standards](#) and the [Continuing Care Health Service Standards](#) (CCHS) (or out-of-province equivalents). The Care Provider must provide three years of Audited Financial Statements. This partnership must continue until the Applicant is able to safely take over the role of Care Provider, meaning they are licensed as a CCH Operator and are able to meet the CCHS and the Accommodation Standards.

### 25. Can Care Providers partnering with new providers act solely in a consultative capacity rather than managing the day-to-day operations?

The role of the Care Provider is to provide 24/7 professional medical care to residents; therefore, they cannot function only in a consultative capacity.

### 26. What is the Grant Funding Agreement process when experienced Care Providers partner with new service providers?

The grant agreement would be executed between the Province, the Applicant, and the Care Provider. Once the Applicant becomes a licensed CCH Operator in Alberta and has gained sufficient knowledge and experience to assume the Care Provider role, the Province may approve an amendment to the Grant Funding Agreement (GFA) to reflect this change.

### 27. Can a shareholder of a parent entity be listed as the shareholder of a newly established entity?

This would depend on the legal relationship between the two entities. We recommend that both parties seek legal advice.

**28. When the Applicant and Care Provider are separate, do both need to submit financial information?**

If the Applicant and the Care Provider are separate entities, both parties are required to provide financial statements for the previous three (3) years. Please refer to page 15 of the [Program Guidelines](#) for additional information.

**29. Will personal financial details be considered in the absence of a new entity's three-year financial statements?**

Please refer to page 15 of the [Program Guidelines](#) for more information on the financial documents required for submission by a newly formed legal entity. Financial documents that do not meet these minimum requirements will not be considered.

**30. Will Supportive Living spaces (e.g., Lodge) be considered?**

Supportive Living Accommodations, such as lodge spaces, are considered Ineligible Spaces, and are not funded through CCCP capital funding. However, Ineligible Spaces may be included in the proposal alongside the Eligible Spaces, as Complementary Capacity, to create a Campus of Care model that supports aging in place.

Applicants are encouraged to include Complementary Capacity, as Campus of Care models are evaluated favourably during the evaluation. Applicants are solely responsible for all costs associated with any Ineligible Capacity, such as Complimentary Capacity.

Funding for ineligible Spaces may be possible through other government grant programs (e.g. Affordable housing spaces may be eligible for funding through the [Affordable Housing Partnership Program](#)).

**31. Would a lodge be eligible to apply if adding on a continuing care wing?**

If net-new CCH spaces are added to an existing lodge, it may be eligible providing it meets the CCDS 2025 and aligns with the capacity needs for the target population and community. More information on the CCDS is available at: [Continuing care design standards 2025 - Open Government](#).

Additionally, the Applicant must have relevant experience and proven industry knowledge in delivering accommodation and care services to the target population. If the Applicant does not have this experience, they may partner with a Care Provider that does.

**32. If expanding an existing facility, would existing amenity areas (e.g., smoking room) be**

Any pre-existing infrastructure is not considered Eligible Capacity. Eligible Capacity includes only net-new continuing care spaces and their associated common areas that will be constructed if approved.

## considered Eligible Capacity?

### 33. Does the 50 – 70 m<sup>2</sup> per resident requirement include infrastructure-only spaces?

The CCDS 2025 indicates a total gross floor area requirement of 50–70 m<sup>2</sup> per resident, which applies to all Eligible Capacity, including infrastructure-only areas. This range represents the minimum allowable gross floor area. Depending on the final design and construction methodology, the total gross floor area may exceed this minimum. More information on the CCDS is available at: [Continuing care design standards 2025 - Open Government](#).

### 34. Can Alternate Level of Care (ALC) patients be considered a specialty population?

ALC is a broad term that relates to patients that are occupying a bed in any facility where they have been assessed as not requiring the level of care currently being provided and are awaiting transfer to a more appropriate care setting.

The question on specialty populations in Section 2.2c of the Application aims to determine if the resident population served has overlapping care needs beyond continuing care, and how the proposed project intends to support their unique needs. For example, a specialty population being served may include populations living with disabilities that also require continuing care.

If your project focuses on an unlisted specialty population, select “Other” and specify the specialty population.

### 35. Are there appropriate resources for determining whether a space aligns with Type B?

More information on the different types of CCH spaces and requirements for CCH Operators is available on: [alberta.ca/become-a-continuing-care-provider-or-operator](#).

### 36. What type of organizational chart is required?

Organizational charts assist evaluators in understanding how an organization functions. Organizations that have both an entity organizational chart and a personnel organizational chart are encouraged to include both in their submission.

### 37. Will there be a process where Applicants can reuse the same proposal across different CCCP intakes?

At this time, each Project proposal must be submitted as a separate Application for each CCCP intake, as eligibility requirements evolve with each intake and differ between the CCCP grant streams.

**38. Is there another template to fill out the financial data?**

There is no additional template; only information provided in the online Application will be accepted. Please utilize the fields provided in the online Application, as it is set up to support the evaluation.

The Applicant may add rows in the costs and the revenue/expenditure sections (Section 4 and 6) in the Application to ensure all relevant information is included. If the drop-down menu does not include the option required, the Applicant can type the desired description instead of selecting from the list of options provided.

**39. What is the appropriate communication process for the New Capacity Stream?**

As this is a competitive grant process, all communications regarding the New Capacity Stream must be submitted in writing and directed to CCCP via email at [cccp@gov.ab.ca](mailto:cccp@gov.ab.ca).

This is to maintain fairness, openness and transparent advice, and to avoid any claims of unfair advantage during the intake stage of the New Capacity Stream. More information regarding communications is available on page 17 of the [Program Guidelines](#).

Interested applicants are encouraged to check for updates on the [New Capacity Stream webpage](#) as additional Question Responses will be compiled and posted in the coming weeks.

**40. Is funding from other government agencies or municipalities a minimum requirement?**

There is no minimum requirement for Applicants to secure funding from other government agencies or municipalities. The [Program Guidelines](#) state that recipients are required to secure the balance of capital costs from other sources, which may include financing, donations, and private funding.

Applicants can identify whether these additional funding sources have been secured or not. While not mandatory at the time of submission, secured funding is an important indicator of construction readiness and is considered during the evaluation of applications.

**41. Are Applicants required to provide an architectural site plan and design attestation at the time of application submission?**

Applicants are required to submit the proposed plans as outlined on page 15 of the [Program Guidelines](#), including a site plan. Preliminary drawings are acceptable at the application stage. However, providing more advanced drawings at the time of application can demonstrate construction readiness, which is considered in the evaluation.

**42. When will the formal review of drawings of successful Projects occur?**

A formal review at the 30% and 70% design stages will be completed by the Design Review Committee, which includes representatives from ALSS, Alberta Infrastructure and ALA, or other organizations approved by the Province.

Successful Applicants will be required to provide a site plan, advanced drawings, and a certified Class B cost estimate that aligns with program criteria. The timeline for this differs, depending on whether the successful applicant will receive Planning and Development (P&D) funding or not.

- For applicants receiving P&D funding, these are required within 12 months of executing the P&D GFA and to be considered for the Construction GFA.

- For all other applicants, these are required to receive the first milestone payment.

More information on GFA requirements is available on pages 18-19 in the [Program Guidelines](#), or the sample GFAs published on the [New Capacity Stream webpage](#).

**43. How will operational start-up costs be covered prior to occupancy?**

ALA may provide Start-Up Funding for new CCHs to ensure the clinical service is equipped, and the clinical staff is well prepared to commence safe care delivery at the time of the first client's admission. Start-up Funding will be part of the discussions between ALA and successful applicants. This start-up funding typically equates to 1/12th of the annual care contract.

Intended uses of the Start-Up Funding include:

- Portions of salary for staff who are dedicated to activities specific to clinical service planning and managing client placements, up to the period of reaching full occupancy.
- Staffing (paid hours) related to orientation and training of clinical staff up to 3 months after the initial occupancy date.
- Purchase of care equipment as approved by ALA.
- Purchase of medical supplies as approved by ALA.

**44. How will start-up costs and funding be accounted for in the Application form?**

The estimated revenue from the ALA Start-up Funding can be added under 6.1- Annual Revenues as a revenue in the first year. The estimated start-up costs can be added as a line item under section 6.2 – Annual Expenditures under the Annual Care Operating Expenses subsection. The amounts can be populated in the column that states 'First Resident Admission'. Since these are one-time costs and funding, the subsequent years would be zero for this line item.

**45. Will the annual escalation rate be calculated with the 15% contingency?**

The annual escalation rate is in addition to the 15% contingency. Page 14 of the [Program Guidelines](#) provides more information on how the annual escalation rate is calculated.

**46. Is the 10% equity requirement based on project costs submitted prior to the contingency and escalation rate?**

The 10% equity contribution requirement is based on the total Eligible Capacity Capital Costs prior to the addition of the contingency and escalation rates.

**47. What advice can be provided for CCH spaces with regards to funding and staffing accountability?**

Successful Applicants are required to enter into an appropriate Services Agreement with ALA for the duration of the CCCP GFA, prior to occupancy. The associated operational funding is intended to cover health care-related costs, including health care staffing expenses. Please refer to Section 6.1 of the Application for the 2025/2026 average per diem rates for the different types of CCH spaces, which may be used to estimate projected annual care revenues.

In addition to the staffing requirements set out under Part 6 of the [Continuing Care Regulation](#), these operational contracts establish further staffing obligations, including minimum hours of care to be provided by each staff category at each site. This includes specific minimum expectations for hours provided by Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Health Care Aides (HCAs), and professional therapy staff such as occupational and physical therapists. For more information on staffing requirements and accountability, please refer to the [CCH Overview of Staffing Requirements and Quality Assurance](#) document.

**48. What is the difference between program, management, and general expenses in Section 1.3 of the Application?**

**Program expenses** – relate to direct operation of front-line care delivery, that can be directly allocated to services for residents. This would include direct care costs, accommodation costs, and administrative costs. This is the same breakdown as FIRMS reporting.

**Management/admin expenses** – relate to salaries of the management team and overhead costs, as well as secretaries, office supplies, etc.

**General expenses** – Anything that does not fit under management expenses or is not directly attributable to resident care costs should be categorized as general. Examples may include property taxes, utilities, etc.

### Questions received in December 2025 (previously posted)

**49. Can we view the full Application Form?**

A PDF copy of the Application Form has been distributed and will be made available on the CCCP webpage in the new year. This is intended to assist Applicants in seeing all information required to fill out the Application form. Please note, the PDF version is limited and may not show all possible questions or the available drop-down responses.

**50. Can we apply to renovate existing CCH spaces?**

The focus of the New Capacity Stream is to add net-new CCH spaces. Applicants may submit proposals that include replacement of existing CCH spaces as an Eligible Cost, only if the proposal also provides net-new capacity and meets the other mandatory requirements and eligibility criteria.

Note, the maximum capital funding that can be requested is based on the number of Eligible Spaces (net-new). For example, a Project that proposes 50 Eligible Spaces and 10 replacement spaces could request funding of up to  $\$450,000 \times 50$  Eligible Spaces.

**51. Does the renovation of a civic space into a new build qualify as considered net-new capacity?**

Renovating infrastructure not currently designated as CCH spaces can qualify as net-new as long as the Project meets the minimum design requirements set out in the CCDS 2025, available at: [open.alberta.ca/publications/continuing-care-design-standards](https://open.alberta.ca/publications/continuing-care-design-standards).

**52. Can you provide more clarity on the funding per space and the contingencies?**

Applicants may request up to a maximum of \$450,000 in grant funding per Eligible Space. The grant requested must include a minimum 15% contingency along with an annual escalation rate for each year until the Project is fully tendered. Note that the contingency and escalation rate are automatically calculated in the total funding request in the Application. Any capital costs that exceed this amount will be the responsibility of the Applicant.

The 15% contingency and annual escalation rate helps to ensure the total project cost and funding requested are accounting for potential cost overruns and escalations. More information on how the annual escalation rate is calculated is available on page 14 of the [Program Guidelines](#).

**53. Is there a different maximum funding per space for rural/remote?**

The maximum funding of \$450,000 per Eligible Space applies to all Projects regardless of location. Applicants may elaborate on the factors that contribute to a Project having a higher capital cost, which may be considered during the evaluation.

**54. Can new service providers apply?**

To meet mandatory requirements, the Applicant must demonstrate relevant experience and proven industry knowledge in delivering accommodation and care services to the target population. If the Applicant does not have this experience, they may partner with a Care Provider that does.

**55. Are there specialty populations that are being considered?**

The New Capacity Stream is intended to provide capacity for individuals requiring Facility-Based Care in a Type A, Type B and/or Type C CCH (24/7 professional nursing care). Residents that require this level of care that have other overlapping care needs (e.g., cognitive impairment, mental health and addiction, persons with developmental disabilities, etc.) may be included in the proposal. If the Applicant is proposing specialty population(s), they must demonstrate how their unique needs will be supported in the design and operation of the CCH.

**56. Is there a minimum or maximum number of spaces requirement?**

There is no requirement for a minimum or maximum number of spaces or households that a Project must include. Applicants should consider the range of spaces outlined in the Target Community List in the [Program Guidelines](#) as a reference when determining the appropriate scale of their Project. In addition, all Projects must comply with the minimum standards set out in the CCDS 2025 available at: [Continuing care design standards 2025 - Open Government](#).

Please note, as a condition of approval, government may require Recipients to adjust the number, type, and/or ratio of spaces they propose to better align with provincial needs.

**57. What is considered “and area” in the Target Community list?**

Projects must be located within a designated Target Community to be eligible. In cases where a Target Community is listed as “[Community] and area” (e.g., “Edmonton and area”), projects may be located in nearby communities if Applicants can clearly demonstrate:

- Geographic proximity to the named community,
- Alignment with the identified capacity need for the target population,
- Adequate staffing resources to ensure operational viability, and
- Direct benefit to the target population identified for that community.

Final determination of eligibility for “and area” projects will be made during the evaluation process. Projects that demonstrate stronger alignment with provincial capacity needs will receive stronger evaluations in the Capacity Need and Operational Viability evaluation principle.

**58. Will there be considerations for Projects outside of the Target Community List?**

The Government of Alberta recognizes there is a broad need for continuing care spaces across the province and expects to launch the New Capacity Stream – Intake Two, in Fall 2026. Intake Two will include a broader list of communities to support capacity needs across the province.

**59. How were the Target Communities determined?**

Target Communities have the highest demand for CCH services in the province. Demand is forecasted for CCH services (type A, type B, type C), using population forecasts, population aging, disease prevalence, and community level waitlists. Demand forecasts are aligned with alternate level of care needs and are validated by regional health corridor operational teams.

**60. Is the Project required to align with the Target Community List Type A to Type B Ratio?**

The ratio provided is intended as a guideline. Applicants may propose an alternative ratio or submit a Project consisting of a single type of space. However, Target Communities identified as requiring only Type B spaces should offer Type B spaces exclusively.

Please note, as a condition of approval, government may require Recipients to adjust the number, type, and/or ratio of spaces they propose to better align with provincial capacity needs.

**61. Can the proposed Project have a higher or lower number than the Range of Spaces identified in the Target Community List?**

Yes. The Range of Spaces reflects the estimated demand for CCH spaces in each Target Community, but it does not prescribe the exact size of a proposed Project. Demand may be met through a variety of Project sizes depending on the Applications received.

Applicants interested in significantly exceeding the range in Target Communities that are identified as having a lower Range of Spaces, should be mindful that alignment with provincial capacity needs is a key evaluation criterion.

**62. Do any of the Target Communities require Type C spaces?**

The primary objective of the New Capacity Stream is to develop Type A and Type B CCH spaces. Applicants may also propose Type C (hospice) spaces, provided they are included alongside Type A and/or Type B spaces. As a condition of approval, government may require successful Applicants to adjust the number, type, and/or ratio of spaces they propose to better align with provincial needs.

**63. Can we build the Small Care Home Design Requirements?**

No, the Small Care Home Design Requirements Checklist was associated with a previous grant stream and no longer applies.

Applicants applying to the New Capacity Stream must ensure their project meets the mandatory requirements outlined in the [Program Guidelines](#), which includes developing Projects that meet the minimum requirements of the CCDS 2025. More information on the CCDS is available at: [Continuing care design standards 2025 - Open Government](#).

**64. Should we focus on better design or lower cost/Are there advantages to building above the minimum CCDS requirements?**

Both cost and design are critical components that are assessed in the evaluation. Design elements that demonstrate person-centred design and innovation are scored favorably in the evaluation, as are proposals that achieve a lower cost per space.

As this is a competitive process, all parts of the proposal are assessed to ensure Projects deliver the greatest overall value to government and Albertans.

Design and cost are not the only criteria considered. Applicants are encouraged to review the [Program Guidelines](#) for more information on the evaluation framework.

**65. Is there a review process for getting design approval?**

Successful Applicants are required to go through the Design Review Committee process outlined in the GFA to ensure the final Project is compliant with all design requirements.

There is no process for reviewing designs during the intake period for Projects intended to be submitted to the New Capacity Stream.

**66. How many couple suites would be allowed to qualify for the capital grant?**

The CCDS 2025 specifies that a minimum of 8% of individual resident rooms shall be connected by a lockable door for those wishing to share space (e.g., couples, companions, etc.). It is up to the Applicant to determine the extent to which they exceed this minimum requirement in their proposed design. More information on the CCDS is available at: [Continuing care design standards 2025 - Open Government](#).

**67. Does the 2 m<sup>2</sup> per resident of outdoor space need to be at grade?**

The 2 m<sup>2</sup> per resident requirement for outdoor space can be met by developing spaces that are at grade or above grade (e.g., balconies, terraces, etc.) as long as there is outdoor space that is directly accessible from each household.

**68. Can you clarify if the indoor smoking-room requirements in the CCDS are mandatory?**

**69. What is the difference between a private room and a one-bedroom suite?**

**70. What is considered shovel ready/construction ready?**

**71. Is it required that a general contractor is selected in the application stage?**

**72. What level is required for the cost estimate?**

**73. What is a Class B Cost Estimate?**

**74. Is a Letter of Interest to purchase the land after subdivision acceptable?**

The inclusion of an indoor smoking room in the design of the CCH is optional. However, if an Applicant does include an indoor smoking room, then it must meet the mandatory requirements outlined in that section.

Under the Continuing Care (Ministerial) Regulation, which governs the Accommodation Charges associated with CCH room types, a one-bedroom suite is defined as a suite containing one bedroom, a separate living area and a private attached washroom. A private room is defined as a single-occupancy bedroom with a private attached washroom.

For clarity, a private room is comparable to a bachelor suite, while a one-bedroom suite includes a distinct bedroom separate from the living area.

Shovel ready or construction ready projects refer to projects that are further along in the development process, with construction expected to begin within 12 months. Indicators of shovel/construction readiness may include secured land, appropriate zoning, advanced design and cost estimates, a Prime Consultant secured, and approved development/building permit.

A general contractor is not required at the time of application. However, having a prime contractor already engaged can strengthen a Proposal, as it demonstrates a more advanced level of construction readiness.

A particular level of cost estimate is not a mandatory requirement. However, providing one helps demonstrate your level of construction readiness, which is an important factor in the evaluation. Applicants who have a cost estimate, at any class level, are encouraged to upload it as part of their Application.

Prepared just before a project is tender-ready, a Class B Cost Estimate provides a structured assessment of likely construction costs. It is based on schematic design and updated cost projections, offering greater cost certainty. The level of accuracy of a Class B cost estimate is  $\pm 10\%$  design allowance.

Only a signed offer to purchase land, land ownership, or a long-term lease agreement of thirty-three (33) years for the project will be accepted at the time of submitting the application.

Having land secured is an important component of construction readiness. Applicants that are unable to meet the requirements for land at this time may consider applying for a future intake.

**75. Are financial statements provided as part of the application process subject to FOIP requests?**

The *Freedom of Information and Protection of Privacy Act* (FOIP) in Alberta was replaced by two new laws: the *Access to Information Act* (ATIA), which governs access to records, and the *Protection of Privacy Act* (POPA), which governs privacy obligations. Information provided in the application is subject to ATIA.

**76. Financing is listed as an Ineligible Cost, does this include financing costs during construction?**

All financing costs are ineligible. Only costs identified as Eligible Costs in the [Program Guidelines](#) can be included in the funding request.

**77. Can our 10% equity contribution include a low interest loan?**

No - mortgages, financing, or other government grants or loans do not qualify as equity. Equity consists of land, cash, or other assets owned by the Applicant.

**78. Can the value of the land in our equity contribution include development costs?**

Yes, as long as the capital development costs are directly related to bringing the Eligible Capacity to an occupancy state.

**79. Can our equity contribution include costs already incurred in the development of the Project (e.g., design work)?**

Yes, as long as the capital costs are directly related to bringing the Eligible Capacity to an occupancy state. If the development includes Ineligible Capacity, only the proportionate share of the Project costs attributable to the Eligible Capacity will be considered towards the equity contribution.

**80. What does “conditional approval” look like?**

Once Ministerial approvals are made, successful Applicants will receive a letter outlining the conditions they need to meet to receive a GFA.

**81. Should an Applicant be approved for the capital grant what level of assurance must the financial statements be prepared in the future?**

Successful Applicants are required to submit an Audited Financial Statement of Final Capital Costs as a condition to receive the remaining 10% of the conditionally approved grant funding. For more information on other GFA milestone requirements, please review the sample GFAs published on the CCCP webpage.

**82. What is P&D funding?**

Planning and Development (P&D) funding provides successful Applicants that are not-for-profit operators with up to 5% of the total conditionally approved funding, to a maximum of \$500,000, to support early project planning and design activities. This funding is an optional advance on the total approved funding, and not an additional grant. For more information on P&D funding refer to page 18-19 in the [Program Guidelines](#) and the sample GFA on the CCCP webpage.

**83. Can you elaborate on the operational funding?**

There are two primary sources of operational funding for CCH operators:

- Health care funding: Through a Services Agreement with ALA, operators receive funding to cover the costs of delivering publicly funded health care services in CCHs. All successful Applicants must contract with ALA for care funding related to the CCH spaces within their Project. Please refer to Section 6.1 of the Application for the 2025/2026 average per diem rates, which may be used to estimate projected annual care revenues. Note that these per diem rates are provided as guidance only; final contracted rates may vary.
- Accommodation charge: Residents pay an accommodation charge to cover costs associated with housing and related services such as housekeeping, meals, building maintenance, and utilities. The maximum charge is regulated by the Government of Alberta and adjusted annually based on the Alberta Consumer Price Index. Current rates and additional information are available at: [alberta.ca/continuing-care-accommodation-charges](http://alberta.ca/continuing-care-accommodation-charges).

**84. Will there be future capital funding streams for small care homes, Indigenous, or modernization?**

The 10-Year Capital Strategy for Seniors Housing and Continuing Care Infrastructure will explore the potential for targeted capital funding streams. This strategy is currently in development. More information will be shared when available.