



Business case application form guide

Continuing Care Capital Program
Small Care Home Stream
2023 – 2024



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Overview

The Government of Alberta is implementing the Continuing Care Capital Program – Small Care Home Stream (Small Care Home Stream). A new needs-based program that will focus on increasing the supply of Community Care and Continuing Care capacity through Supportive Living (SL) accommodations (licensed under the [Supportive Living Accommodation Licensing Act](#)), Designated Supportive Living (DSL) and/or Long-Term Care (LTC) spaces, including specialty programs, province-wide. The Small Care Home Stream will provide capital funding to support the development of standalone homes with a minimum of four to a maximum of 14 residents with health care needs that are supported through Alberta Health Services (AHS) care funding and/or other sustainable funding sources [Foundations, Persons with Developmental Disabilities (PDD) program, etc.].

Capital grants awarded through the Continuing Care Capital Program are issued through a competitive process.

A Business Case Application Form must be submitted with all other required documents in order to be accepted as a complete application.

This Guide provides information to help grant Applicants complete the [Business Case Application Form](#).

If you have questions after reviewing this Guide, please contact: Health.ContinuingCareCapitalPrograms@gov.ab.ca

Purpose of the Business Case Application Form

To apply to the Continuing Care Capital Program – Small Care Home Stream, grant Applicants must submit a completed grant application using the standardized [Business Case Application Form](#) as well as other required documents.

Grant applications are to be submitted to Alberta Health at the following email address:

Health.ContinuingCareCapitalPrograms@gov.ab.ca

See the Continuing Care Capital Program – Small Care Home Stream - Grant Application Process for further details of the submission requirements.

UPDATE: The deadline to submit a grant application is **4:30 pm Thursday, November 30, 2023**, unless otherwise communicated by Alberta Health.

The Business Case Application Form is only one part of the materials that must be submitted in order to apply for a Continuing Care Capital Program grant.

Important Notes:

Grant Applications received by the deadline will be evaluated concurrently once the grant application process closes.

Grant Applications will be evaluated through a competitive process.

A Business Case Application Form must be submitted with all other required documents in order to be accepted as a completed application.

It is anticipated that Alberta Health will receive more Grant Applications than can be supported with available funding. Funding is thus awarded based on the merits and competitiveness of Grant Applications that meet the mandatory criteria, ranked in accordance with the evaluation criteria identified in this Grant Application Process and the value for money / competitiveness of the grant funding requested (i.e., cost per space to government, Applicant's equity contribution, etc.).

Business Case Application Form Instructions

These instructions describe the information required in each section of the Business Case Application Form.

- **All** sections of the Business Case Application Form are mandatory, unless the specific field is not applicable to the Applicant.
- **All** shaded (grey) cells are to be filled out unless they do not apply to the Applicant.
- **All** non-shaded cells will be automatically calculated.
- Please read each section of the Business Case Application Form carefully and use the space provided for complete and succinct responses. Some sections require the use of drop-down selections.

Section 1¹: Project Location

This section collects information about the proposed Project location (e.g., Municipality) and relevant health zone.

Lines 10 to 12 – Project Jurisdiction

- **Project Municipality:** Identify the Municipality where the proposed Project would be built.
- **Health Zone:** From the drop-down menu, select the AHS Zone in which the proposed Project would be located: South, Calgary, Central, Edmonton or North (see AHS Zone [map](#)).

Section 2: Applicant Information

This section collects information about the Applicant, related parties and associated experience/ background.

Lines 18 to 26 – Grant Applicant

For each entity type listed below, as applicable, provide the following information: name, address, city, province, postal code (no space: XXXXXX), contact person's name, title, telephone number and email address:

- **Applicant organization** – is the Applicant for the Project and is a legal entity. If the proposed Project is approved by the Province, this legal entity is the primary contact, has primary responsibility for the Project, and would be the recipient of grant funding under an agreement with the Province.
- **Land Owner** – who is on the certificate of title for the land that the proposed Project (Home) would be developed on.
- **Prime Project developer (if applicable²)** – the organization responsible for the development of the Project.
- **Secondary Project developer or contractor (if applicable)** – represents the general contractor hired to construct the proposed Project.
- **Accommodation Operator upon completion (if different from the Applicant)** – is generally the Applicant; however, there may be instances where the Applicant contracts alternative service provider(s) responsible for overseeing and managing health care services and/or the delivery of accommodation / hospitality services and/or building operations.

Lines 28 to 31 – Type of organization/governance structure (e.g., organization chart) of Applicant

- Identify the Applicant's organization type – for example: Housing Management Body, Private Not for Profit Society, Private Not for Profit Corporation, and/or Private for Profit Corporation. More than one Applicant organization can be identified.

Line 33 – Submit a copy of incorporation documents and business number.

Lines 35 to 58 – Provide information regarding Applicant organization's and individual team members' experience in the delivery of accommodation and/or health services and supports.

- The purpose of this section is to describe the background, qualifications and experience of the Applicant organization(s), related parties (e.g., partnering with another organization that has experience in delivering Community Care and/or Continuing Care operations), and related individuals who would be primarily responsible for the successful completion and operation of the proposed Project.

¹ Note: In the Business Case Application Form, sections are not numbered.

² If a section of the Business Case Application Form is not applicable, please enter N/A in the box provided.

- Content should not exceed one page (5,000 characters). Responses should be succinct, organized and focused for easy review.
- Information in this section can include, but is not limited to:
 - Applicant accreditation status;
 - Relevant past Applicant experience;
 - Applicant mission, values and goals;
 - Type of services provided by the Applicant (currently and in the past);
 - Individuals involved and their backgrounds, roles, designations and experience; and
 - Any other information deemed relevant and beneficial by the Applicant.

Section 3: Project Location and Land Status

This section collects detailed information about the proposed Project location and land status.

Lines 63 to 64 – Name of Project (Small Care Home)

- Identify the name of the proposed Project (Small Care Home).

Lines 66 to 67 – Legal land description

- Provide the plan or latitude and longitude, block and lot information from the Certificate of Title or similarly authoritative document.

Lines 69 to 70 – Civic address, if available

- Enter the proposed Project (Small Care Home) mailing address: number, street, town, postal code (no space: XXXXXX).

Lines 72 to 74 – Land ownership

- Select the best answer from the drop-down menu:
 - Applicant owns land;
 - Applicant has a long-term lease on land [minimum of thirty-three (33) years];
 - Applicant has an offer to purchase; or
 - Applicant has permission to use.

Line 76 – Name of current registered owner on title

- Enter the name from the Certificate of Title or other similarly authoritative document. The name may be an individual, organization or government.

Line 78 – If not Applicant, relationship to Applicant

- Answer this question if the Applicant does not directly own the land. Describe the relationship between the Applicant and the landowner or lessor of the land as applicable.

Lines 80 to 85 – Current zoning of land

- Describe the current zoning status of the land.
- Examples of zoning descriptions include high density residential, rural and commercial retail.
- The response is limited to a maximum of half a page (2000 characters).

Line 87 – Does parcel of land require subdivision?

- Select Yes / No from the drop-down menu. If “Yes”, provide details below (Line 89).

Line 89 – What is current stage of subdivision process?

- If Line 87 answer was “Yes”, select the best answer from the drop-down menu:
 - Not yet commenced;
 - Application preparation;
 - Application submitted to Subdivision Authority;
 - Municipality (or appropriate authority) review of application;
 - Decision: Approval with or without conditions;
 - Appeal Process;
 - Field Survey and Final Plan; or
 - Completed.

Lines 91 to 92 – Will the land require re-zoning?

- Select Yes / No from the drop-down menu. If “Yes”, provide details below (Lines 94-99).

Lines 94 to 99 – What is the current status of re-zoning?

- If Line 92 was “Yes”, provide details regarding the nature of the required change in zoning, whether the re-zoning is affecting the property or the neighborhood, and reasons for the change.
- The response is limited to a maximum of half a page (2000 characters).

Lines 101 to 102 – Does re-zoning comply with municipal planning for the site?

- Select Yes / No from the drop-down menu.

Line 104 – Provide land documentation

- Provide evidence of an offer to purchase, ownership or long-term lease agreement [thirty-three (33) years].

Lines 106 to 107 – Description of site, location, and suitability for Small Care Home.

- If available, provide one copy of the Community Planning Report
- Information in this section may include, but not be limited to:
 - Environmental concerns;
 - Proximity to sewage and water utilities;
 - Type of land (e.g., flat or on a hill);
 - Landscape – including suitability for people with mobility issues; and
 - How staff parking will be accommodated with consideration for neighbouring homes.
- The response is limited to a maximum length of half a page (2000 characters).

Lines 109 to 115 – Describe the existing or planned amenities and services available in the community surrounding the Home that are applicable to the residents. Include information on how will you integrate the proposed Project in the surrounding community and how residents will be supported to access services in the community.

- Information may include, but not be limited to:
 - Near-by health services;
 - Near-by personal care services (e.g., hairdresser);
 - Near-by amenities (e.g., parks, entertainment, gym, etc.);
 - Community and social opportunities for residents (e.g., community centre, cultural centres, recreational services, and/or social services, etc.); and
 - Transportation (e.g., proximity to public transit, provision of private transportation, etc.).

Lines 116 to 119 – Provide one copy of Site Plan

Lines 120 to 123 – Provide one copy of the drawings of the proposed Small Care Home, which meet the Small Care Home Design Requirements Checklist, indicating the following:

- Individual floor plans;
- Front elevation;
- Building footprint; and
- Typical resident room (including turning radii in the resident room and ensuite washroom).

Section 4: Preliminary Concept of the Home

This section collects detailed and descriptive information about the proposed Project, including information on the design of the building, anticipated resident populations to be served, and intended operational model.

Line 127 – Major Occupancy Classification

Major occupancy means the principal *occupancy* for which a *building* or part thereof is used or intended to be used, and shall be deemed to include the subsidiary *occupancies* that are an integral part of the principal *occupancy*. The *major occupancy* classifications used in the *National Building Code – Alberta Edition* that apply are as follows:

B2 - *Treatment occupancies* (e.g., hospitals);

B3 - *Care occupancies* (e.g., designated supportive living, long-term care); and

C - *Residential occupancies* (e.g. residential homes, lodges).

- Select B2 or B3 from the drop-down menu to indicate which Occupancy Classification the Project will be built to.
- If not B2/B3, indicate in the “Other” box which Occupancy Classification the Project will be built to.
- Please contact the Authority Having Jurisdiction to determine the appropriate Building Code Occupancy Classification for the Small Care Home and the proposed population.

Note: Regardless of the Building Code Occupancy Classification, the proposed Project must meet the Small Care Home Design Requirements Checklist, which includes minimum fire safety and barrier-free requirements.

Attention: In remote communities:

- Low water pressure may affect the fire suppression systems and may need to be addressed to ensure the Small Care Home passes the fire inspection.
- Ensure the power requirements of the Small Care Home can be accommodated within the existing power grid in the community. If for example, the Small Care Home will require a 3-Phase power supply, the Applicant will need to confirm through their engineer, architect or local authority, there is ready access to an appropriate power supply.
- For Building codes and standards, please go to the following website: <https://www.alberta.ca/building-codes-and-standards.aspx>.

Line 129 – Building type

Note: Only 1-storey, 2-storey, Mixed Use and Group Home are applicable to the Small Care Home Stream.

- Select 1-storey, 2-storey, Mixed Use, or Group Home from the drop-down menu to identify the nature of the building to be constructed:
 - Continuing Care Congregate 1-storey (more than 10 units);
 - Continuing Care Congregate 2-storey (more than 10 units);
 - Mixed Use (e.g., Independent and Supportive Living); or
 - Group Home (10 or less units).

Line 131 – Barrier-free construction

- Identify which areas of the building will comply with the [Barrier-Free Design Guide](#) requirements. The *Barrier-Free Design Guide* is produced by the Safety Codes Council. Select the best answer from the drop-down menu:
 - Resident room and common areas only (is only applicable if there is complementary capacity that will not be barrier-free); or
 - Entire Facility (Home).

Line 133 – Project type

Note: the Small Care Home Stream is intended to add net new capacity. It is not for upgrading existing capacity. Below renovation options are for Applicants who may wish to buy an existing residential home and upgrade it to meet the Small Care Home Design Requirements Checklist for net new capacity.

- Select the best answer from the drop-down menu to identify the scope of construction that is required to complete the proposed Project:
 - New Construction;
 - New Addition to Existing Facility (Home);
 - Conversion from Non-Residential to Residential;
 - Renovation of Existing Facility (Home);
 - Blend of Renovations and Expansion/Addition;
 - Blend of New Construction and Renovations; or
 - Replacement (**not applicable to Small Care Home Stream**).

Lines 135 to 155 – Provide an overview of the proposed Project and how the design will support the unique needs of the residents.

- Information may include, but is not limited to:
 - Size of Project;
 - Number of storeys;
 - Number of resident rooms;³
 - Organization of rooms or rooms setup in the Small Care Home (i.e., how resident rooms are located or organized in the Home; such as, are the dementia spaces located on the main floor);
 - Description of common areas (e.g., kitchen, dining room, multi-purpose space, activity room, etc.);
 - Accessibility throughout the building;
 - Availability of culturally appropriate spaces;
 - Number of barrier-free shower/bathing room(s);⁴
 - Description of amenities of the Home site [e.g., walking area, smokers' area, activity space(s)];
 - Wi-Fi/technology capabilities;
 - Sustainable design features;
 - Security and safety features;
 - Entrance/exits of Home;
 - Storage considerations;
 - How medications will be stored;
 - Description of how design accommodates staff [e.g., staff space for belongings, staff bathroom, overnight spaces (if applicable), other staff support spaces, etc.];⁵
 - Access to outdoor spaces;⁶
 - Description of how design of Small Care Home will support activities and resident participation in the Home; and
 - Any additional details on how the design will meet resident: health needs, behavioral needs, personal needs and personal preferences.
 - The response is limited to a maximum of one page (5000 characters).

³ Lines 225 – 230 of the Business Case Application Form provide space for detailed description of resident rooms.

⁴ If Applicant chooses to include ensuite showers in resident bathrooms rather than common barrier-free shower rooms then please specify that in this section.

⁵ Lines 245 – 250 of the Business Case Application Form provide space for detailed description of administrative space.

⁶ Lines 252 – 257 of the Business Case Application Form provide space for detailed description of the proposed outdoor space.

Lines 157 to 161 – Describe the type of residents to be served in the Home.

- Information may include, but is not limited to:
 - Age cohort (e.g., young adults, seniors, etc.);
 - Mobility levels (e.g., requires mobility devices, fully mobile, etc.);
 - Level of care (home care supports, DSL3, DSL4/4D, LTC, other);
 - Identification of multiple overlapping health needs (addictions, mental health, PDD, dementia, etc.);
 - Behavioral issues (e.g., aggression, alcoholism, hoarding, etc.);
 - Cultural or spiritual preferences of residents;
 - Personal preferences (preferred activities or interests unique to proposed residents); and
 - Other needs of residents (e.g., accommodations for smoking).
- The response is limited to a maximum of half a page (2000 characters).

Lines 163 to 165 – Does the proposed Home align with Alberta Health Services' assessed capacity need for the identified population and community?

- Select Yes / No from the drop-down menu.
- If “Yes”, please submit needs analysis with your application.

Lines 167 to 173 – Describe the types and frequency of personal care services (dressing, washing, feeding, etc.) and health care supports it is anticipated the residents will require on a daily basis.

Line 175 – Has the care provider been identified?

- Select Yes / No from the drop-down menu. If “Yes”, provide details below (Lines 176-179).

Lines 176 to 179 – Describe the intended staffing model for the small care home.

- If Line 175 was “Yes”, enter the name of the care provider.
- Information on intended staffing model may include, but is not limited to:
 - Dedicated staff (e.g., continuous assignment to specific work site to build strong relationships between staff and residents);
 - Allocation of full-time/part-time staff;
 - Use of multi-skilled workers (e.g., staff that undertake cooking, cleaning, laundry and personal care of residents);
 - Staffing ratio (number of staff to residents) over a 24 hour period; and
 - Allied staff (e.g., recreation, nutrition, physiotherapy, maintenance, etc.).

Lines 181 to 182 – Include any information regarding partnerships that will help support resident programming (organizations, community vendors, AHS, etc.).

Lines 184 to 189 – Describe your intended approach to caring for and supporting the residents in the proposed Project. Include details on how you will foster a homelike environment for residents.

Lines 191 to 195 – Who have you approached about this Project for funding or support (e.g., Government of Canada – Canada Mortgage and Housing Corporation, other Provincial Ministries, industry partners, municipalities, other communities, service clubs / community, foundations, etc.)? Have you received commitments of funding from any of these organizations? Have you received any letters of support from any of these organizations?

- If applicable, provide details of any other funding or material support received, receivable, or applied for. What components of the Project are being supported by these sources of funding?
- If applicable, provide details of any letters of support from organizations listed above.
- See Lines 610 to 614 and Lines 617 to 621 to ensure funding sources are identified as sources of financing against Project costs.
- The response is limited to a maximum of a quarter of a page (1000 characters).

Lines 197 to 202 – If capital funding is anticipated to come from another source, provide a letter of support from the organization(s) (e.g., letter from the lender / financial institutions, foundation, etc.).

- Select Yes / No from the drop-down menu. If “Yes”, the response is limited to 500 characters.

Lines 204 to 209 – What is your anticipated source of operational care funding (e.g., operating agreement with AHS, or alternate source of ongoing operational care funding, e.g., Provincial Ministries, industry partner, service club / community, foundation, etc.)? Revenue sources must be able to be validated by Alberta Health.

- The response is limited to a maximum of half a page (2000 characters).

Lines 211 to 212 – Have you included the Small Care Home Design Requirements Checklist, which highlights required design elements that must be included in the design of the Project? The Checklist must be reviewed, signed and submitted as part of the application process.

- Select Yes / No from the drop-down menu.

Line 214 – Have you selected a Prime Consultant / Architect?

- Select Yes / No from the drop-down menu. If “Yes”, provide details of the Prime Consultant/ Architect in the Submission Requirements.

Line 216 – Have you contacted Licensing, Compliance and Monitoring Branch regarding licensing the Home? Website: <https://www.alberta.ca/become-a-continuing-care-provider-or-operator.aspx>.

- Select Yes / No from the drop-down menu.

Lines 219 to 230 – Eligible Capacity

“Eligible Units” are private rooms that will support Community Care and/or Continuing Care residents with health care needs that are supported through AHS care funding and/or other sustainable funding sources [Foundations, PDD, etc.].

Enter the following requested information for all Eligible Units: number of units, unit size (average gross square feet) for:

- **Number of Units:** – total number of resident rooms;
- **Unit Size (Average Gross Square Feet):** - square footage of a resident room;
- **Brief Description** – Provide a description of the resident rooms and how the design will support the proposed population (e.g., persons living with dementia, obesity, and/or complex needs, such as addictions and mental health, etc.).
- Information may include, but is not limited to:
 - Room description (e.g., closet, washroom, accessibility, turning radii in room and washroom, etc.);
 - If couples will be accommodated; and
 - Details on how the room design will meet resident health needs, behavioral needs, personal needs and preferences.
- The response is limited to 2000 characters or half a page.

Lines 232 to 243 – If applicable, Additional Ineligible Capacity (would not be funded through the capital grant program):

- “Ineligible Units” are:
 - Units which are not intended for the provision of Community Care and/or Continuing Care health services and supports;
 - Any units for which rates exceed the [Established Accommodation Charge](#) for a Continuing Care Home;
 - Any units that do not meet the eligibility criteria specified in the Grant Application Process document; and
 - Any units not meeting the [Small Care Home Design Requirements Checklist](#).
- Enter all the following requested information: number of units, unit size (average gross square feet) for:
 - **Number Studio/Bachelor** – total number of studio/bachelor units;
 - **Number One-Bedroom** – total number of one-bedroom units;
 - **Number Two-Bedroom** – total number of two-bedroom units;
 - **Number Self-Contained Apartments** – total number of independent resident units; and
 - **Brief Description** – Provide a description of the rooms in terms of size, features, accessibility, and intended clientele.
- The response is limited to 2000 characters or half a page.

Lines 245 to 250 – Staff/Administration Space

- Describe the office space(s) [e.g., office space for visiting health staff, administration office, how private/sensitive conversations will be accommodated, location of office(s) in the Small Care Home, other administrative space(s) of note that will support staff, etc.].
- The response is limited to a maximum of half a page (2000 characters).

Lines 252 to 257 – Planned Outdoor Space

- Describe the outdoor space(s) the Home will have and how these spaces will support the residents [e.g., size, accessibility, protection from the elements, amenities, seating, accommodations for smoking (if applicable), etc.].
- The response is limited to a maximum of half a page (2000 characters).

Lines 259 to 264 – Other Spaces

- Specify any “Other” spaces included in lines 370-375 of the Total Square Footage of Common Areas section.
- The response is limited to a maximum of half a page (2000 characters).

Lines 266 to 286 – Additional Comments:

- Optional space to describe any additional information about the design or operation of the Home.
- The response is limited to a maximum of one page (5000 characters).

Lines 288 to 302 – Development Timetable: Actual or Estimated Completion Date (year/month/day).

- Click on the drop-down menu and select from the list.
- If phase is complete, then provide the actual timeline.
 - Example: If land was purchased on “January 30, 2018” then this date is the actual date of purchase, use the drop down menu.
- If phase is not complete, then provide status update in the “Comments” section.
 - Example: If there is an Offer to Purchase, then provide the estimated date of when the purchase transaction is expected to close, using the drop down menu. Additionally, in the “Comments” section, provide the stage of the transaction, offer submitted, or offer accepted.
- Provide all the above information for the following requirements:
 - Land Purchase / Land Lease Negotiations / Land Secured;
 - Financing;
 - Design Drawings;
 - Land Use – Subdivision or Re-Zoning;
 - Environmental Review;
 - Development Permit or Equivalent;
 - Building Permit or Equivalent;
 - Construction Tender;
 - Construction Commencement;
 - Substantial Construction Completion;
 - Occupancy Permit or Equivalent;
 - Commissioning; and
 - First Resident Admission.

Section 5: Home Area Details

This section collects estimates related to both the number of units and the Project floor plan and square footage.

It is acknowledged that there will be sections of the Business Case Application Form where there may be challenges in separating information by Eligible and Ineligible Units, such as separating common space between Eligible and Ineligible Units. Applicants may use allocation methods to allocate the estimates between Eligible and Ineligible Units, as long as the allocation methods are appropriate and yield reasonable estimates (see example method in section 5.3)

5.1 Total Number of Units for Rent

Lines 308 to 309 – Accommodation Type: Eligible and Ineligible Units

- "Eligible Units" are private rooms that will support Community Care and/or Continuing Care residents with health care needs that are supported through AHS care funding and/or other sustainable funding sources [Foundations, PDD, etc.].
- "Ineligible Units" are:
 - Units which are not intended for the provision of Community Care and/or Continuing Care health services and supports;
 - Any units for which rates exceed the [Established Accommodation Charge](#) for a Continuing Care Home;
 - Any units that do not meet the eligibility criteria specified in the Grant Application Process document; and
 - Any units not meeting the [Small Care Home Design Requirements Checklist](#).

Lines 310 to 322 – (Lines 310 to 314) Rental Area for New Construction Units and/or (Lines 316 to 320) Renovation of Existing Home Units

- Provide the number of Eligible (Private Rooms only) and Ineligible Units (shaded cells) for each type of units listed; the "Total" number of accommodation type (private room, one bedroom and two bedrooms) and the "Total" number of Eligible and Ineligible Units will be calculated (no input is required). Do not complete both areas unless both are applicable.

Note: 'Renovation of an Existing Home' means a Home renovated to meet the Small Care Home Design Requirements Checklist for net new capacity. The Small Care Home Stream is not intended to renovate existing Community Care/Continuing Care spaces.

5.2 Total Square Footage of Rental Units

Lines 327 to 341 – Accommodation Type: (Lines 329 to 333) Rental Area of Units for New Construction and/or (Lines 335 to 339) Rental Area of Units for Renovation of Existing Home

- Provide the total square feet of Eligible (Private Rooms) and Ineligible Units (shaded cells) for each type of units listed:
 - Example: 10 Eligible Private Rooms x 301 square feet per unit = 3010 total square feet to be reported for Private Rooms.
- The "Total" square feet of accommodation type (private room/studio/bachelor, one-bedroom and two-bedrooms) and the "Total" square feet of Eligible (Private Rooms) and Ineligible Units will be calculated (no input is required). Do not complete both areas unless both are applicable.

5.3 Total Square Footage of Common Areas

Lines 345 to 376 – Type of Area: Eligible / Ineligible / Total

- This section is intended to show the square footage in the building that will be used for the provision of Community Care and Continuing Care health services and supports versus the square footage that will be used for non-eligible purposes (e.g., independent living).
- Example: 8 Eligible Units + 2 Ineligible Units = 10 total units
 - 8 Eligible Units / 10 total units = 80%
 - 2 Ineligible Units / 10 total units = 20%
 - multiply the Admin Offices & Reception square feet x 80% for the Eligible Units
 - multiply the Admin Offices & Reception square feet x 20% for the Ineligible Units

- Lines 370 – 375 provides optional lines to indicate square footage of spaces not included in list. If used, please specify what the “Other” spaces/rooms are in Lines 260-264.
- The “Total” column will add together the eligible and ineligible square feet entered.
- Line 376 – “Total Common Area” is the sum of Lines 347 to 375 (no input is required).

Line 377 – TOTAL AREA

- The amount calculated in this part is the addition of Line 341 Total Rental Area and the Line 376 Total Common Area; the “Total” column (Line 377) cell (E377) amount must equal the total square footage of the building.

Section 6: Financial Information

This section collects estimates related to both capital development and expected operational expenses and revenue, including information about:

- capital cost estimates;
- financing information; and
- annual operational revenues and expenses of the Home.

It is acknowledged that there will be sections of the Business Case Application Form where there may be challenges in separating information by Eligible and Ineligible Units, such as separating land costs between Eligible and Ineligible Units. Applicants may use allocation methods to allocate the estimates between Eligible and Ineligible Units, as long as the allocation methods are appropriate and yield reasonable estimates, such as the example in 5.3 above.

6.1 Rental Area – Monthly Rates (\$)

UPDATE: The Accommodation Charge rate indicated in this section was updated from the 2022 rate to the 2023 rate.

- [Established Accommodation Charges](#) reflect the maximum room rate that will be charged to residents.
- For Eligible Units (Private Rooms), the room rate cannot exceed maximum regulated rates.

Room Type	Per Month (as of July 1, 2023)	Definition
Private	\$2,336	A room in a Continuing Care Home with not more than one (1) bed.

Lines 382 to 392 – (Lines 384 to 387) Rental Charge for **One (1) Unit** for New Construction and/or (Lines 389 to 392) Rental Charge for **One (1) Unit** for Renovation of an Existing Home.

- Fill in the monthly room rate (provided above if charging the maximum room rate) to be charged for Eligible Units (Private Rooms) and the monthly room rate to be charged for Ineligible Units. Do not complete both sections unless both are applicable.⁷
- These numbers will populate Lines 400 and 405 – Monthly Rate / Unit.

⁷ Do not fill out the Ineligible sections if Ineligible capacity will not be included in the proposed Project.

6.2 Annual Rental Revenues – Eligible

- Example for calculating the Annual Rental Revenue for ten (10) Eligible Units:
 - 10 Eligible Units x \$2,336 / Month x 12 Months = \$280,320

Lines 397 to 410 – Accommodation Type

- Input the maximum number of eligible occupants to be accommodated in Private Rooms.
- Line 409 – Input an appropriate percentage for expected vacancy rate (e.g., 1, 3, 5).
- The “Monthly Rate/Unit”, the “Annual Revenue” columns, and Lines 408 to 410 have formulas and will automatically calculate.

6.3 Annual Rental Revenues – Ineligible

Lines 416 to 429 – Accommodation Type

- Input the maximum number of ineligible occupants to be accommodated in each type of unit (e.g., private room/studio/bachelor – 5; one-bedroom – 2; two-bedrooms – 3).
- Line 428 – Input an appropriate percentage for expected vacancy rate (e.g., 1, 3, 5).
- The “Monthly Rate/Unit”, the “Annual Revenue” columns, and Lines 427 to 429 have formulas and will automatically calculate.

6.4 Preliminary Operating Cost Estimates

Please ensure the cost and revenue estimates are reasonable and reflect the site business model. There may be allocation/proration of expenses and revenues required between Eligible and Ineligible Units. Select an appropriate allocation methodology to yield reasonable estimates.

Lines 434 to 496 – (a.) Hospitality Services

- Charges to the residents and the costs to operate the Small Care Home.

Lines 435 to 444 – Estimated Annual Revenues

- Provide the requested information for each line and use an appropriate proration to divide the revenues between Eligible and Ineligible Units, if applicable.
- Line 436 – Rental Revenue will be populated with the data calculated in Lines 410 and 429.
- Line 437 – Ancillary revenue example: phone, cable, parking, etc., if these charges are not included in the rental rate.
- Line 442 – Lodge Assistance Program (LAP) grant – if applicable, provide the annual grant received or expected to be received (the LAP grant is paid to Housing Management Bodies to assist with lodge operating costs).
- Line 443 – Not Already Disclosed Elsewhere – if applicable, provide other hospitality revenue such as federal grants, other grants, meals-on-wheels, cost recovery, etc.
- Line 444 – Total Hospitality Revenue – calculates the total revenue for the three columns: Eligible, Ineligible and Total.

Lines 446 to 496 – Estimated Annual Expenses

- Provide the requested information for each line and use an appropriate proration to divide the expenses between Eligible and Ineligible Units, if applicable. The estimated expenses are classified in five main categories and each category has its own total: Accommodation Expenses, Maintenance Expenses, Utilities Expenses, Administration Expenses and Fixed Expenses.
- Line 489 – Replacement Reserve – Provide estimates for funds set aside for the periodic replacement of building components that wear out more rapidly than the building (e.g., replacement of the roof, heating, ventilation, air conditioning systems, parking lot resurfacing, flooring, etc.).
- Line 495 – Total Hospitality Services Expenses – automatically calculates the total expenses for the three columns: Eligible, Ineligible and Total.
- Line 496 – Hospitality Surplus/(Deficit) – automatically calculates the estimated annual surplus or deficit from operations.

Lines 499 to 503 – Capital Renewal Program

- Provide a description of the plan for capital maintenance and major repairs for the proposed Home. The plan will present how the proponent will manage maintenance and repair costs for any major building subsystem (e.g., boiler, roof). Detail how the proponent will fund and maintain a reserve to accommodate long-term capital investment projects or any other large and anticipated expense(s) that will be made in the future.
- The response is limited to a maximum of half a page (2000 characters).

Lines 505 to 519 – (b.) Health Services

UPDATE: AHS is currently reviewing the operating funding and staffing model requirements for 4 – 14 space homes and specialty populations. The final contracted rates may vary from the average per diem rates noted below depending on the number of residents, the population served, and type of bed located at the site. If the below per diem rates do not capture the expected care costs, applicants are welcome to identify additional annual funding in line 508 that would adequately address the estimated care costs for their proposed population.

- For example, the following 2022/2023 average per diem per bed rates can be used to determine the reasonability of the estimates for Continuing Care homes:⁸

Average Per Diem Rates Per Bed	DSL3	DSL4	DSL4D	LTC
\$ / day / bed	\$76.14	\$124.44	\$137.44	\$193.28

- **Example:** annual health funding calculation for a site with five (5) DSL4 Beds and five (5) DSL4D Beds (fiscal year 2022/2023 = 365 days) = \$477,931:

Example	DSL4	DSL4D	Total
\$ / day / bed	\$124.44	\$137.44	
x number of beds	x 5	x 5	
x 365 days	x 365	x 365	
\$ / day / bed	\$227,103	\$250,828	\$477,931

Lines 506 to 510 – Annual Health Services Revenues

- Line 507 [UPDATED] – Funding from AHS – provide the annual funding from AHS using the above calculation example, which may use an average per diem rate noted above or you may identify your own estimated per diem rate (the total is automatically calculated).
- Line 508 [UPDATED] – Additional Funding Required Over and Above AHS Per Diem – if applicable, provide the estimated additional annual funding for health services that would be required to support the proposed population.
- Line 509 – Funding from Other Sources – provide the annual funding provided from other sources for health services (e.g., PDD) (the total is automatically calculated).

⁸ Source: AHS, Patient/Care-Based Funding (PCBF) Model

Lines 512 to 519 – Annual Care Operating Expenses

- Lines 513 to 517 – Provide the annual care operating expenses for each listed category.
- Line 518 – Total Care Expenses (funded by AHS) is calculated.
- Line 519 – Care Surplus/(Deficit): calculates the estimated annual surplus or deficit from the Total Health Services Revenue (Line 510) and the Total Care Expenses (Line 518).

Lines 521 to 524 – (c.) Summary – Hospitality and Health Services Combined

- This section automatically calculates the combined Hospitality and Health Services estimated Annual revenues and expenses and calculates the Annual surplus or deficit.

6.5 A. Preliminary Capital Cost Estimate

- Please ensure the construction costs estimates are reasonable and reflect estimates provided by the construction/development company. All estimated costs provided should not include GST (GST is automatically calculated on Line 584).
- There may be allocation/proration of costs required between Eligible and Ineligible Units. Select an appropriate allocation methodology to yield reasonable estimates (for consistency, follow the same allocation methodology used to allocate square footage of common areas in section 5.3).
- Please be advised that the “Subtotal” and the “Total” will be calculated automatically.

Line 531 – Land – Acquisition Cost (A)

- Provide the amount paid to purchase the land.

Lines 532 to 540 – Soft Costs

- Provide all the applicable pre-construction estimated costs requested in this section.

Lines 542 to 547 – Building(s)

- Provide the estimated costs related to the construction of the Home (Lines 543 and 544) and the capital assets (Line 545) such as: major appliances, furniture, built in freezer, etc.
- Line 547 – Assisted Devices comes from Line 596 (Eligible Costs from Lines 592 to 595).

Lines 549 to 552 – Site Improvements

- On-site servicing (Line 550) may consist of, but is not limited to: power, gas, water, sewage, etc.

Lines 556 to 563 – Professional Fees (A)

- Provide (line by line) all the estimated costs related to the professional fees that could be incurred during the Home construction.

Lines 566 to 569 – Financing Cost (B)

- Provide the estimated costs associated with borrowing funds, such as financing fees charged by the financial institutions (Line 567). Provide the estimated interest on the construction loan (Line 568).

Lines 572 to 580 – Carrying Charge and Other Costs (C)

- Provide (line by line) all the information requested in this section.

Line 585 – Less GST Rebate, If Applicable

- Input the GST rebate, if applicable.

Lines 589 to 595 – Eligible Costs and Ineligible Costs

- Provide the estimated Eligible and Ineligible costs associated with the Community Care/Continuing Care portion of the Project.
 - For example, on Line 592 – Portable Lifts, provide the number of portable lifts (e.g., 10 portable lifts) and the total cost (e.g., 10 portable lifts x \$700 each = \$7,000 total cost).

Note: Section must be completed. If applicable for proposed population, then this section must indicate estimated numbers and costs in the columns for these items. If not applicable to proposed population then put zero.

- Ineligible costs will not be considered for capital grant funding.

6.6 B. Financing - Project Costs

Note: It is anticipated that Alberta Health will receive more Grant Applications than can be supported with available funding. Funding is thus awarded based on the merits and competitiveness of Grant Applications that meet the mandatory criteria, ranked in accordance with the evaluation criteria identified in this Grant Application Process and value for money / competitiveness of the grant funding requested (e.g., cost per space to government, the Applicant's equity contribution, etc.).

Please ensure the finance estimates are reasonable and reflect estimates provided by the lending entity.

- There may be allocation/proration of square footage required between Eligible and Ineligible Units. Please use appropriate allocation methodology to yield reasonable estimates.
- "Subtotal" and "Total" are automatically calculated.

Lines 603 to 607 – Commercial Banking Sector (Financing) (A)

- Use the estimates provided by the lending entity to fill this section.

Lines 609 to 614 – Government Contributions (B) *

- Provide other capital funding/grants received from, but not limited to: Government of Alberta, Government of Canada, agency, etc.

Note: Please state the specific government department or agency.

Lines 616 to 621 – Contributions from Grant Applicant (C)

- Provide the owner's contribution, fundraising, donation and other contributions that will fund this Project.

Line 628 – Continuing Care Capital Grant Requested

- Will be calculated (this will be the funding amount you expect to need that will not be covered by any other sources).

Line 632 – Have you included the previous three (3) years of audited financial statements for the legal entity who is the Applicant and will own the Home?

- Select Yes / No from the drop-down menu.
- Applicant must provide, where possible, audited financial statements or, in the absence of audited statements, notice to readers / engagement reviews prepared by a Chartered Professional Accountant for its previous three (3) years (or such lesser period as the Applicant has been operating) that include the following information:
 - Balance Sheet;
 - Income Statement;
 - Statement of Cash Flows; and
 - Notes to the Financial Statements.

[Line 633](#) – Have you included a letter from your primary financial institution / lender that verifies and attests to the Applicant’s financial status and viability?

- Select Yes / No from the drop-down menu.
- Applicant must provide a letter from their primary financial institution / lender that verifies and attests to the Applicant’s financial status and viability.

6.7 C. Detailed Information of Mortgage / Long-Term Loans or Other Funding Sources

[Lines 637 to 649](#)

- Provide the lender information: name, address, phone number, email, anticipated loan interest rate (%), term/amortization (months), annual debt service amount (\$) and loan conditions (e.g., debt-to-equity ratio).

[Lines 652 to 655](#) – Summary of Proposed Eligible Units

- Provide the total number for each type of units (LTC, DSL4D, DSL4, DSL3, or SL), should match number of Eligible Capacity (Lines 222 and/or 223) and match Number of Units for Rent – Total Units (Line 322).

6.8 Operation’s Projection on a Five-Year Basis (Eligible Portion Only)

[Lines 659 to 687](#)

- Enter the information in the shaded (grey) cells only Line 662 and Line 686 – see Line 689. Non-shaded cells are automatically calculated.
- Lines 690 to 691 – If there is a Deficit, describe plan to eliminate deficit.

Terminology

Terms and definitions are located in the Grant Application Process document.