

Affordable Rental Housing



Forms

Community Based Volunteer Sector

Non-Profit Sector

May 2009

Canada⁺

Newfoundland
Labrador
Housing

**Affordable Rental Housing
Non-Profit Sector
May 2009**

Forms

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Each Affordable Rental Housing - Non-Profit Sector project proposal should include:

- Forms 1 to 9, fully completed
- Any additional information or documents requested in the forms

Attach additional sheets if more space is required to answer any questions in the forms.

1. Proponent Information

- 1. Proponent - Organization: _____
- 2. Contact Person: _____
- 3. Mailing Address: _____

- 4. Phone: _____
- 5. Fax: _____
- 6. E-Mail: _____
- 7. Date of Incorporation: _____
- 8. Include a copy of the Certificate of Incorporation or a Certificate of Good Standing dated 2009 from the Provincial Department of Government Services.
- 9. Non-Profit-Sector Proponent: Yes No
- 10. Complete the "Letter of Commitment" as outlined in Form #9.
- 11. How many residential rental projects are currently owned and operated by the Proponent? _____

Provide the following for each:

Location	Number of Units	Indicate Seniors/Family Individuals	Date Acquired by Proponent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 12. Describe the Proponent organization's experience in owning and managing housing projects.

- 13. Provide a description of the Proponent organization's directors, staff, volunteers (i.e. numbers, experience, etc.), as well as a copy of the most recent Annual Report including the most recent Financial Report.

14. Describe any formal relationships the Proponent has with other community groups, and/or federal/provincial/municipal government department/agencies?

15. List any financial commitments from other from other community groups, and/or federal/provincial/municipal government department/agency for the development or operation of the proposed Affordable Housing project.

16. Describe the Proponent organization's history and future goals.

2. Proposed Project Need and Demand

1. Proposed Project Address: _____

2. Number of Proposed Units: _____

3. Describe the Catchment Area, which is the geographic area in terms of the communities the proposed project may serve:

4. Indicate the Target Population(s) which is the demographic population to be served by the proposed project.
 independent seniors persons with disabilities single individuals families
 individuals with complex needs
5. For the catchment area, please answer the following with regard to the Target Population:
 - i). Total number in target population (described in 4) _____
 - ii). Number of housing units that currently exist to serve that population _____
 - iii). Vacancy rate in those existing projects _____
6. Provide information that supports the current or future need for the type of housing in the proposed project. List and submit copies of any recent studies, reports, surveys or other information that are relevant.

7. List the sources of demographic, rental market or other supporting information provided:

8. Additional supporting information:

Note: Sources of information which may be of assistance include Statistics Canada at www.statscan.ca, Government of Newfoundland and Labrador Division of Economic Research and Analysis at www.economics.gov.nf.ca and the Community Accounts website at www.communityaccounts.ca .

3. Proposed Housing Project

A. Site Description

1. Do you own the site/building? Yes No
2. If no, who is the registered owner? _____
3. What is the current zoning designation? _____
4. Are there any encumbrances, liens, charges or assessments currently against the property? Provide details:

5. Has an environmental assessment been completed? Yes No
If so, provide a copy with your proposal.

B. Description of Proposed Building:

1. How many affordable rental housing units are planned for the project? _____
2. Will the project include any market rental units in addition to the proposed affordable housing units? Yes No
If yes, how many? _____
3. How many accessible affordable rental housing units will be included? _____
4. What type of development is planned?
 New Construction
 Addition to an existing residential structure
 Conversion from non-residential to residential use
5. What type of building form is being considered?
 Semi-detached
 Row housing
 Apartment building
 Stand Alone
6. Provide estimated size of units:

Type of Units	Number of Units	Area(M ²)
Bachelor		
One-bedroom		
Two-bedroom		

7. Estimated Construction Time Frame: _____ Months. (from time of conditional funding allocation)

C. Description of Existing Building

Complete this section, in addition to A. and B. of this form for conversion of a non-residential structure or additional to an existing residential structure.

1. Current or most recent use of the building: _____
2. If the building was funded through a past government program for social housing or health purposes, provide details.

3. Year the building was constructed: _____
4. Construction type: (i.e. wood frame, concrete block, etc.) _____
5. Number of storeys: _____
6. Gross area of building: _____ M²
7. Provide a condition report on the building, as per the Technical Standards found in Appendix C of the Guidelines.

D. Drawings and Design Brief

1. Drawings

_____ The following basic drawings must be submitted:

- **Site Plan:** Scale 1:200 showing: general site conditions, landscapint, parking, handicap access, general drainage and topography.
- **Elevations or a Perspective drawing:** Scale 1:100 showing: general massing, windows and doors, and materials being used.
- **Floor Plans:** Include 1:50 scale drawings for each individual type of residential suite; and 1:100 scale drawings for the overall plan of the building(s). Show all major dimensions and net areas of all suites, major rooms, circulation, amenity, and utility spaces, and if applicable, services space. At this stage the floor plans should indicate a proposed furniture layout, including the appliances for the kitchen and fixtures for the bathroom.

Note: Drawings must clearly indicate the designer of the project.

2. Design Brief

Provide a description of the following components, as defined below:

Components	Description
Site Work	
Building Envelope	
Woodwork	
Doors/Windows	
Finishes	
Manufactured Specialities	
Mechanical	
Electrical	

Include a description of the following in the above table:

Site Work: Access roads, water and sewer service, parking and walkways.

Building Envelope: Exterior walls, roof and foundation.

Woodwork: Kitchen cabinet hardware, including: drawer slides, door pulls, hinges; stair and corridor handrails, closet rods and shelves.

Doors/Windows: Doors, door frames, door hardware, windows.

Finishes: Flooring, including: vinyl, carpet, quarry tile; walls, including: ceramic tile; ceilings, including: acoustic ceiling tile.

Manufactured Specialities: Appliances, including: domestic kitchen and laundry; washroom accessories.

Mechanical: Fire extinguishers, plumbing fixtures, domestic fans, HVAC equipment.

Electrical: Service type and equipment (overhead or underground), including switches and receptacles; lighting fixtures, including interior/exterior, building security system, including intercoms, alarms.

E. Project Operation

1. Outline your organizations long-term operating plans, including any financial contributions from other sources.

2. Are you aware that no on-going operating funds are available through Affordable Housing and your organization must demonstrate an ability to operate the project, including maintenance and building repair? _____ Yes No

4. (a). Preliminary Capital Cost Estimate

Item	Cost
Land	
Current Appraised value of land	\$
Appraisal/Legal Fees	\$
Environmental	\$
Survey/Title/Recording Fees	\$
Other (Specify)	\$
Total Estimated Land Costs	\$
Building(s)	
Construction Contract/Services	\$
Appliances/Equipment	\$
Other (Specify)	\$
Total Estimated Building Costs	\$
Site Improvements	
On Site Servicing	\$
Landscaping	\$
Other (Specify)	\$
Total Estimated Site Improvements Costs	\$
Administration	
Architects Fees	\$
Audit/Legal Fees	\$
Consultant/Inspection Fees	\$
Contingency	\$
Interest Incurred During Construction	\$
Municipal Fees	\$
Other (Specify)	\$
Total Estimated Administration Costs	\$
Subtotal	\$
Net HST Paid (less any rebate)	\$
Total Estimated Capital Cost	\$

4. (b). Services Space

If you are intending to include space for the provision of on-site and/or outreach services, please complete Section 4(b).

Provide dimensions of proposed services space. _____

Provide Preliminary Capital Cost Estimate of proposed services space. _____

5. Capital Financing/Funding Sources

Permanent Loans/Mortgages	Total Financing/ Funding	Interest Rate	Term/Amort- zation	Annual Debt Service	Commitment Date
1.	\$	%	/ yrs	\$	
2.	\$	%	/ yrs	\$	
3.	\$	%	/ yrs	\$	
4.	\$	%	/ yrs	\$	
Owner's Equity					
5. Cash	\$				
6. Land	\$				
7. Property	\$				
Other Financing/Funding					
8. Other NL Govt./Agency	\$				
9. Federal Govt./Agency	\$				
10. Municipality	\$				
11. Grants	\$				
12. Other	\$				
Subtotal	\$				
Affordable Housing Program Forgivable Grant	\$				
Totals	\$ *				

Note: If approved, the disbursement of Affordable Housing forgivable loan funds is conditional on all other funding sources being confirmed and in place.

* should equal Total Estimated Capital Cost from 4(a). Preliminary Capital Cost Estimate.

6. Operating Budget

ESTIMATED ANNUAL REVENUES	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
1. Rents (less vacancy rate of 5%)	\$	\$	\$	\$	\$
2. Other (Specify)	\$	\$	\$	\$	\$
3. Operating Contributions by Others	\$	\$	\$	\$	\$
TOTAL ESTIMATED ANNUAL REVENUES	\$	\$	\$	\$	\$

ESTIMATED ANNUAL EXPENSES	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Administration Expenses					
1. Accounting	\$	\$	\$	\$	\$
2. Professional Fees	\$	\$	\$	\$	\$
3. Office Overhead	\$	\$	\$	\$	\$
4. Salaries/Benefits	\$	\$	\$	\$	\$
5. Property Management Fees	\$	\$	\$	\$	\$
6. Other (specify)	\$	\$	\$	\$	\$
Sub-total: Administration Expenses	\$	\$	\$	\$	\$
Operating Expenses					
1. Heating, Lighting & Hot Water	\$	\$	\$	\$	\$
2. Security	\$	\$	\$	\$	\$
3. Insurance	\$	\$	\$	\$	\$
4. Municipal Taxes (property & water)	\$	\$	\$	\$	\$
5. Other (specify)	\$	\$	\$	\$	\$
Sub-Total: Operating Expenses	\$	\$	\$	\$	\$
Maintenance Expenses					
1. Building Maintenance (Materials/salaries)	\$	\$	\$	\$	\$
2. Grounds Maintenance (Materials/salaries)	\$	\$	\$	\$	\$
3. Service Contract (attach list)	\$	\$	\$	\$	\$
4. Garbage Removal	\$	\$	\$	\$	\$
5. Snow Clearing	\$	\$	\$	\$	\$
6. Other (specify)	\$	\$	\$	\$	\$
Sub-Total: Maintenance Expenses	\$	\$	\$	\$	\$
Other Expenses					
1. Debt Servicing*	\$	\$	\$	\$	\$
2. Replacement Reserve	\$	\$	\$	\$	\$
3. Other (specify)	\$	\$	\$	\$	\$
Sub-Total: Other Expenses	\$	\$	\$	\$	\$
Total Estimated Annual Expenses (a)	\$	\$	\$	\$	\$
Estimated Annual Revenues (b)	\$	\$	\$	\$	\$
Profit (Loss) (b-a)	\$	\$	\$	\$	\$

Complete the project viability tool available at www.cmhc-schl.gc.ca/en/inpr/afhoce/tore/into/into-002.cfm and include a copy in the project proposal submission.

7. Supportive Living

Only Proponents considering the provision of supportive living services in the proposed project are required to complete this form.

1. What is the target population(s) to be served? _____

2. Indicate and describe the proposed range of services expected to be provided which promote housing stability. _____

3. Who is the proposed service provider? _____

4. How are the ongoing operational funding requirements expected to be met? Provide details relating to these requirements including anticipated costs, timeframes, terms and conditions related to any funding arrangement.

Submit copies of letters or other documents to substantiate the extent to which the proponent has support or intends to seek support for this initiative (potential service providers, funders, community partners).

5. Describe the Proponent organization's experience in the development and management of supportive living projects.

6. Describe the gap or circumstance which currently exists to which the proponent intends to address in the supportive living proposal in terms of current availability and the size of the target population. _____

7. Describe any proposed space requirements which will be used for the provision of on-site and outreach services, indicating the size of the space, number of rooms and the purpose for which the space will be used.

8. CANADIAN ENVIRONMENTAL ASSESSMENT ACT (“CEAA”)

Funding for this program is subject to compliance with environmental assessment and mitigation requirements set out in the Canadian Environmental Assessment Act (CEAA).

Please complete the following:

CANADIAN ENVIRONMENTAL ASSESSMENT ACT (“CEAA”) PRE-SCREENING GUIDELINE

1. Does or will your project involve construction, expansion, modification or demolition within 30m of a water body? Yes No

2. Does or will your project involve construction, expansion or modification with a footprint of more than 500m² on land not serviced at the time of the commitment? Yes No

3. Does or will your project involve the likely releasing of a polluting substance into a water body?
 Yes No

4. Does or will your project involve the demolition of a building where its floor area is more than 1,000m² or where the project is to be carried out within 30m of another building? Yes No

5. Does or will your project (i) possibly affect the permafrost AND ii) take place on land not serviced at the time of the commitment AND iii) involve construction or expansion of a sidewalk, boardwalk, path, pedestrian ramp or access road longer than 100m? Yes No

6. Does or will your project involve construction or expansion or modification in a national park, park reserve, national historic site or historic canal? Yes No

7. Does or will your project involve a USE OTHER THAN: residential accommodations? Yes No

9. Letter of Commitment

All proposals must include a letter of commitment in the form below. This letter should be on the letterhead or from the business address of the Proponent and over the signature of an authorized signatory of the Proponent.

Date:

Newfoundland and Labrador Housing Corporation
P.O. Box 220, 2 Canada Drive
St. John's, NL
A1C 5J2

Attention: Manager, Affordable Housing

Re: Affordable Rental Housing

I (name) am the (position) of (full legal name), the Proponent making the attached submission. I have the authority to make this submission and bind and make representations for the (named Proponent). Through this submission, we agree to all the terms and conditions of the Affordable Rental Housing, Non Profit Sector, Guidelines and Forms, and we agree to be bound by statements and representations made in this submission.

We understand that our submission is subject to Access to Information and Protection of Privacy Act.

We certify that neither the officers nor directors have any actual or potential conflict of interest between our interests and the interests of Newfoundland and Labrador Housing Corporation under this process. We acknowledge that if a conflict exists, Newfoundland and Labrador Housing Corporation may, at its discretion, withhold consideration of our submission. Further, we understand that the Proponent may be required to execute a statutory declaration with respect to potential conflicts of interest.

We authorize and consent to Newfoundland and Labrador Housing Corporation receiving and exchanging with others, including credit, financial reporting, lending or granting agencies, and references provided in the submission, and with other persons with whom we have had dealings, credit and other relevant information about us. We understand that such information may be a factor in the decision of Newfoundland and Labrador Housing Corporation to enter into agreements.

I (We) understand and agree that Housing reserves the right of final approval for this proposal and that Housing may refuse to accept this proposal in its sole and absolute discretion.

Proponent's legal name: _____

Authorized Officer: _____ Date: _____

