

MINISTRY OF LONG-TERM CARE

# 2021 Application for Long-Term Care Home Development

October 2021

[ontario.ca/longtermcare](https://ontario.ca/longtermcare)

## Version Control Tracking

Version #	Date Approved	Approved By	Changes (describe)
V 1.0	October 20, 2021	Hindy Ross, Director, Capital Planning Branch	
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V 3.0	October 22, 2021	Hindy Ross, Director, Capital Planning Branch	Added scrollable fields, corrected field functionality.

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# About the Application

Long-Term Care (homes) are an integral component of Ontario's public health care system. Across the province, there are more than 78,000 licensed long-term care beds that provide care, programs, and services to some of the province's most vulnerable people.

As the province's demographics change and the needs of residents in long-term care become more diverse and complex, Ontario's long-term care system has become strained, putting additional pressure on the province's health care system and leaving people to wait too long for the care they need. The Government recognizes the need to fix long-term care in Ontario, improve resident experiences and rebuild public trust in the system. The Government's plan to fix long-term care seeks to make systemic, long-lasting reforms over time, and is centered around three top priorities:

- Staffing and care
- Accountability, enforcement, and transparency
- Building modern, safe, comfortable homes for our seniors

As part of the priority to improve home infrastructure and development, the government has committed to creating 30,000 net new long-term care beds by 2028 and redeveloping older existing beds to modern design standards. New and redeveloped beds built to modern design standards will build capacity, improve quality of care and provide a safe and secure environment for residents and staff. In addition, the new and redeveloped beds will help increase access to long-term care, reduce waitlists, and alleviate hospital and broader health system capacity pressures.

## **Long-Term Care Development Program – Fixing Long-Term Care**

The Long-Term Care Development Program, designed to support the Government's infrastructure and development goals, is prioritizing the following program objectives with the goal to better meet growing demand of long-term care, improve resident experience, quality of care and restore the public's trust and confidence in the system:

**Increase Care Capacity:** deliver on the Government's commitment of creating 30,000 net new beds in the next decade by building new long-term care beds across the province, based on geographic demand and community need. Additionally, increasing access to basic accommodation beds.

**Promote and Support More Redevelopment Projects:** redevelop existing homes to modern design standards with a focus on homes with rooms that contain three or more beds to mitigate future challenges in relation to infection prevention and control and provide a safe and secure environment for residents and staff.

**Support Resident –Centered Care:** increase access to culturally and linguistically specific care to meet the needs of ethnically diverse residents (including Francophones and Indigenous peoples).

**Licensee Diversification:** promote licensee diversification with a focus on mission driven organizations and enable leadership in long-term care from new non-profit, municipal and for-profit long-term care providers, including cultural and linguistic organizations, Francophones, and Indigenous peoples.

**Flexible and Expanded Care Structures:** address the needs of residents who are medically complex, requiring enhanced care supports through the provision of specialized services and the use of technology-supported care.

**Integration and Partnership:** promote partnerships with health, social, educational, cultural, and linguistic organizations, including Indigenous peoples and Francophones, such as campus of care models and other integration models that improve flow within the health care system.

**Promote Innovation:** provide better, more efficient resident-centered care that responds to the needs of increasingly medically complex and improves resident experiences, by leveraging cutting-edge health technologies, digital health solutions, as well as innovative design applications and solutions.

All applications approved for funding to support the development and/or redevelopment of long-term care beds will be subject to the terms and conditions of the [Long-Term Care Home Capital Development Funding Policy, 2020](#) and other applicable requirements.

See [Glossary of Terms](#) at end of this document for definitions and information about key terms.

# Application Instructions

## Important Notes

- All requested information in the Application form must be provided for the application to be considered.
- Do not separate or delete pages from the Application form.
- If applying for multiple projects, an Applicant must submit one (1) Application per project.
- Applicants who submitted an Application form through the 2019 Call for Applications **must** submit a new Application form through the 2021 Call for Applications.
- For assistance with the Application form or for any questions on the 2021 Call for Applications, email [LTCdevelopment@ontario.ca](mailto:LTCdevelopment@ontario.ca).

## Before Completing the Application Form

An Applicant that intends to submit this Application form should begin by reviewing the following reference materials before completing this Application form:

- [Glossary of Terms](#) found at the end of this Application form
- Current ministry policies, including:
  - [Long-Term Care Home Design Manual, 2015](#) (Design Manual)
  - [Long-Term Care Home Capital Development Funding Policy, 2020](#) (Capital Funding Policy)
  - [Long-Term Care Homes Act, 2007](#) (LTCHA) and [Ontario Regulation 79/10](#)
    - Please note that as of May 15<sup>th</sup>, 2021, amendments to Ontario Regulation 79/10 (Regulation) under the *Long-Term Care Homes Act, 2007* (LTCHA) were made to enhance cooling requirements for long-term care homes. Further to the Regulation, cooling requirements are specified in the Development Agreement executed between the operator and the ministry.

An Applicant is encouraged to discuss their proposed project and local long-term care needs with local health system partners prior to the submission of their Application package.

An Applicant should ensure they have the latest version of Adobe Reader DC installed on their computer. The latest version can be found [on the Adobe website](#).

## Filling out the Application Form

Each information entry in the Application form requires two steps:

Step 1 – Click the field the Applicant intends to fill out.

Step 2 – Input the required information.

The PDF Application form also includes:

- Drop down menus. To use a drop-down menu, click on the drop-down button and select the appropriate item.
- Checkboxes. To use a checkbox, click the checkbox next to the desired option.

## Digitally Signing the Application Form

The authorized signatory(ies) of the Applicant organization and witness(es) will be required to digitally sign the Application on behalf of the Applicant.

Click on the signature field and enter your digital signature.

If you do not currently have a digital signature, click on the signature field and follow the on-screen prompts to create one.

The digital signature provided in the Applicant Declaration is used for the purpose of indicating that the authorized signatory(ies) of the Applicant are submitting the application on behalf of the Applicant, and attest(s) to their authority to sign for the Applicant and for the accuracy of information provided in this Application and agree(s) on behalf of the Applicant, and with the authority of the Applicant, to all terms and conditions listed in Applicant Declaration.

## Submitting the Application

To submit an Application to the ministry, an Applicant must send a completed application package:

- By e-mail to [LTCdevelopment@ontario.ca](mailto:LTCdevelopment@ontario.ca),
- With subject line: **APPFRM – [APPLICANT NAME] – [PROJECT NAME]** *(See question 2.1.2 for how to determine project name.)*

A completed application package must include:

- A completed Application form;
- Supplementary documents as required in Appendix A and B;
- A signed Applicant Declaration;

- Optional, only as indicated in question 2.1.1 and 2.7.8.d: Letter(s) of support from local health authority/community/clinical partnerships

Unless otherwise indicated in the Application form, or requested by the ministry, supplementary material should not be submitted and will not be reviewed by the ministry.

**HANDWRITTEN, SCANNED OR TYPED HARDCOPY MATERIALS WILL NOT BE ACCEPTED BY THE MINISTRY.**

DO NOT SUBMIT THE APPLICATION OR ANY PORTION OF THE APPLICATION INCLUDING ATTACHMENTS BY REGULAR OR EXPEDITED MAIL.

ONLY APPLICATIONS SUBMITTED ELECTRONICALLY WILL BE ACCEPTED.

**Note:** An Applicant will be sent an electronic confirmation of receipt after submitting an Application.



# Section 1: Applicant Information

In this section, provide the legal name of the Applicant organization that is the proposed Licensee and the name and contact information of an authorized representative of the Applicant organization

## 1.1 Legal Name of Applicant

**Note:** If the Applicant is applying to be a licensee, the applicant name must be the proposed licensee of the home following development. If, at a future time, the Applicant/proposed Licensee name changes from that presented in this application, additional information and/or approvals will be required.

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## 1.2 Additional Applicant Identification (e.g. registered Business Name - 'Operating as')

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## 1.3 Name, position, and contact information of Authorized Signing Officer who has authority to bind the Applicant

Title	Name	Position
Unit/Suite and Street Address	City/Town	Postal Code
Phone Number	Email Address	

## 1.4 Name, position, and contact information of the head of the Applicant organization Same as Authorized Signing Officer

Title	Name	Position

Unit/Suite and Street Address	City/Town	Postal Code

Phone Number	Email Address

1.5 If ministry correspondence should go to a different contact than the one listed above, provide name, position, and contact information for that contact.

Title	Name	Position

Unit/Suite and Street Address	City/Town	Postal Code

Phone Number	Email Address

1.6 Is the Applicant a for-profit, non-profit, or municipal?

For Profit

Non-Profit

Municipal

(Non-municipal)

1.7 If the Applicant is a municipality, has the project been approved by council?

Yes

No

1.8 If no, indicate the date the proposed project is expected to be presented to council for approval (if available).

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1.9 Is the Applicant an existing long-term care home Licensee in Ontario?

Yes

No

1.9.a If yes, how many homes does the Applicant have licenses for?

1.10 Is the Applicant an existing long-term care home management company in Ontario?

Yes

No

1.11 List all organizations (e.g. hospitals, assisted living facilities, management companies etc.) associated with the Applicant and describe the nature of the relationship and any impact that the relationship may have on the development or operation of the proposed long-term care home.

1.12 Applicants new to the long-term care home sector in Ontario must retain a long-term care home management company, subject to required approvals under s. 110 of the LTCHA, to manage the home for an initial period of at least one year. If the management company has been identified, please indicate the proposed management company and describe the Applicant's proposed relationship with the management company.

- 1.13 If applicable, provide any bankruptcy, receivership and creditor information, including any voluntary or involuntary bankruptcy, receivership, assignment for the benefit of creditors, creditor protection or principal forgiveness within the last seven years of:
- the Applicant;
  - any person or entity with a controlling interest (as defined in the Glossary) in the Applicant at the relevant time(s); and
  - officers and directors of the Applicant at the relevant time(s).

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# Section 2 - Project Information

## 2.1 Project Description and Impacts

2.1.1. In 750 words or less, provide specific details describing the long-term care project and the anticipated impact of the new and/or redeveloped long-term care capacity. An Applicant should provide a clear description of the project that provides the ministry with enough information to fully understand:

**Location and Local Need:** Applicants should describe where the home will be located and the needs of current and future residents in the communities the home will serve; and

**Design:** Applicants should describe the physical and design components of the long-term care home (e.g. number of stories, RHAs, number of beds, etc.) and other on-site programs and services connected or integrated with the home; and

**Impact:** Applicants should describe the benefits the home will provide after construction is complete to meet current and future resident needs, help end hallway health care, and improve long-term care integration within the health system and larger community.

When addressing these three points, an applicant should also describe how the project will meet the ministry’s program objectives described in pages four and five of this application form as well as any commitments made by an applicant in Section 2.7 of this application form. In addition, the ministry encourages, and will consider, any letters of support or confirmation from partners.

2.1.2. Provide the project name. If applying for new bed development, this should be the name of the proposed home or, if unknown, use the following naming convention: Applicant Organization-Location (i.e. ACME-Ottawa).

If the project includes redevelopment, please use the following naming convention: New Home Name – Redevelopment of Existing Home Name (i.e., ACME-Ottawa – Redevelopment of Waterside Home).

2.1.3. Total number of new long-term care beds proposed to be developed under a Ministry-Funded Program

2.1.4. Total number of long-term care beds proposed to be redeveloped under a Ministry-Funded Program

2.1.4.a. Number of long-term care beds proposed to be redeveloped that are currently in a room with 3 or more beds

2.1.5. Total number of long-term care beds proposed to be developed and redeveloped outside of a Ministry-Funded Program (i.e. without any funding from the Long-Term Care Home Capital Development Funding Policy, 2020)

2.1.6. Type of project (select one)

Development of new long-term care beds, under a Ministry-Funded Program

Hybrid project that includes both development of new long-term care beds and redeveloped of existing long-term care beds, under a Ministry-Funded Program

Redevelopment of existing long-term care beds, under a Ministry-Funded Program

2.1.7. Type of construction (select one)

New Construction

Renovation (within existing building footprint)

Renovation (outside existing building footprint)

Combination of both B and C

2.1.8. Total gross floor area of new construction/renovation (sq. ft.)

2.1.9. Describe any standards and/or innovative design solutions that will be incorporated into the long-term care home, in order to accommodate environmental and energy conservation concepts and strategies (e.g. Leadership in Energy and Environmental Design, WELL Building Standard, etc.).

2.1.10. Does the proposed project include non-long-term care construction outside of a Ministry-Funded Program? This may include, but is not limited to, retirement apartments, affordable housing, commercial space, or any other construction on the same site that will not be part of the long-term care home.

Yes

No

2.1.10.a. If yes, describe.





## 2.2 Proposed Bed Summary Post Construction

2.2.1. Total number of beds proposed to be operated in the long-term care home after construction

2.2.2. In the table below, list the source(s) of all beds that are proposed to be operated in the long-term care home after construction. The table should contain:

- any request for new long-term care beds to be developed as part of the proposed project,
- long-term care beds previously allocated for the proposed project by the ministry,
- existing long-term care beds that are proposed to be redeveloped as part of the proposed project,
- any proposed licence transfer(s) with respect to existing long-term care beds, including any proposed licence transfer(s) from an Applicant's existing long-term care home(s), and any proposed acquisition(s) of existing long-term care beds from another existing long-term care home, (all subject to applicable requirements) that would contribute long-term care beds to the proposed project.
- existing long-term care beds that will not be redeveloped as part of the proposed project. Please note that beds with temporary licences are not eligible to redevelop.

**Table 1: Proposed Bed Summary Post Construction**

ID	Source of Bed(s)  (Allocation / Existing / Transfer)	Proposed Number of Beds	Structural Classification of Existing Bed(s) <sup>1</sup>  (A / B / C / D / Upgraded D's/ New)	Licence Type (Regular / Temporary)	Source Long Term Care Home Name	Facility ID <sup>2</sup> Number of Source Home	Number of Rooms with 1 and 2 Beds		Is a Purchase and Sale Agreement in Place? (Yes / No / N/A)	Licence Number (in source Long Term Care home)	Licence Expiry (in source Long Term Care home)	Beds to be part of the project?  (Yes / No)
							(1 Bed: #)	(2 Bed: #)				
1												
2												
3												
4												
5												
6												

<sup>1</sup> Please review the bullets below for definitions of the structural classification of existing beds:

- **“New” Beds:** Beds that comply with the 1999 Long-Term Care Facility Design Manual, 2002 Long-Term Care “D” Retrofit Facility Design Manual, or the 2009 or 2015 Long-Term Care Home Design Manual
- **“A” Beds:** Beds that substantially comply with the 1999 Long-Term Care Facility Design Manual (but are not New Beds).
- **“B” Beds:** Beds that substantially exceed the structural standards of the 1972 *Nursing Homes Act Regulation*
- **“C” Beds:** Beds that meet the structural standards of the 1972 *Nursing Homes Act Regulation* (but are not “B” Beds)
- **“Upgraded D” Beds:** Beds that do not meet the structural standards of the 1972 *Nursing Homes Act* but were upgraded under the 2002 D Bed Upgrade Option Guidelines.

<sup>2</sup> **Facility ID Number:** The Facility ID Number is provided to existing long-term care home licensee and is made up of the Type and Master Number (i.e. NH1234) or in the Home’s Service Accountability Agreement.

**Projects proposing to redevelop existing beds and requiring one or more beds to be taken out of operation temporarily to enable the project**

2.2.3. Number of beds proposed to be temporarily taken out of operation (subject to applicable requirements)

2.2.4. Total number of days **all** beds are proposed to be temporarily taken out of operation

The formula to calculate the number of days all beds are proposed to be temporarily taken out of operation is:

$$\text{Number of days beds are out of operation} \times \text{the Number of beds}$$

2.2.5. If any beds may be taken out of operation temporarily, has a proposed plan to manage resident displacement been established?

Yes

No

2.2.5.a. If yes, describe the measures proposed to manage resident displacement.

## 2.3 Proposed Location

2.3.1. Select the most appropriate box in the section below.

**Note:** In the case of a lease, ensure the site can be leased for the duration of the licence term; however, lenders may require longer lease agreements.

The site is owned and title secured.

A long-term lease agreement for the site has been executed, by the proposed licensee.

A conditional Purchase and Sale Agreement for a specific site has been executed by the proposed licensee and a vendor, but title has not been secured by the proposed licensee.

Negotiation of a Purchase and Sale Agreement or long-term lease agreement for a specific site is currently in process or there is an option for a specific site by the proposed licensee.

A site has been identified and discussions about acquisition or long-term leasing of the site are underway or expected to start shortly.

A site has not been identified for the proposed project.

2.3.2. What is the [market segment](#) of the proposed site (refer to the Long-Term Care Home Capital Development Funding Policy, 2020)? Please select from the drop-down menu.

Choose an item.

2.3.3. If a site has been identified for the long-term care home, is the site located in the Ontario Greenbelt Area?

Yes

No

2.3.3.a. If yes, is the municipality supportive of the proposed long-term care project?

Yes

No

2.3.3.b. If yes, does the municipality have sufficient local servicing (e.g., electricity, sewage) to serve the proposed project?

Yes

No

2.3.4. In which municipality will the proposed home be located? If a site has not been identified, please be as specific as possible about the location of your proposed home.

2.3.5. If a new long-term care home is being proposed, in which Home and Community Care Support Services (HCCSS) is the new home proposed to be located in? Please select from the following drop-down menu.

If you do not know which HCCSS the proposed home is located in, please use the [Home and Community Care map](#).

Choose an item.

2.3.6. If redevelopment of an existing home is being proposed, in which Home and Community Care Support Services (HCCSS) is the home currently located in? Please select from the following drop-down menu.

If you do not know which HCCSS the home is located in, please use the [Home and Community Care map](#)

Choose an item.

2.3.7. Would you be interested in acquiring ministry owned land within this area should a site become available?

Yes

No

2.3.8. Describe any additional details about the site (i.e. relating to site readiness) or, if a site has not been identified for the proposed project, describe the geographic boundaries / municipality of the search for a proposed site and describe the steps that will be taken to identify and acquire a site. Please be as specific as possible.

**Site Details**

If a specific site has been identified, complete this section.

2.3.9. Provide actual address details for the site.

Street Address	City/Town	Postal Code	Census Division/Subdivision

2.3.10. What is the Official Plan land use designation of the site?

2.3.11. What is the current zoning by-law designation of the site?

2.3.12. Does the current zoning designation of the site permit a long-term care home?

Yes

No

2.3.12.a. If no, what measures do you anticipate will be needed to obtain the appropriate zoning designation?

2.3.13. Do you anticipate requiring a zoning variance (e.g., height variance)?

Yes

No

2.3.13.a. If yes, please describe.

2.3.14. Which of the following have been completed for the proposed site?

Environmental Assessment

Geotechnical Survey

Archaeological Assessment

2.3.15. Is the site fully serviced?

Yes

No

2.3.16. If the site is not fully serviced, describe the work that needs to take place to fully service the site. Describe the potential barriers associated with the project (e.g. water moratorium, sewage system).



## 2.4 Proposed Project Milestones

- 2.4.1. Provide details on the proposed project timelines for key proposed project milestones. If the project is approved by the ministry, the milestones will be incorporated into the Development Agreement. Please note that the proposed dates are subject to ministry approvals. Any project approvals are conditional on meeting proposed milestone dates as approved by the ministry.

**Table 2: Proposed Project Milestones**

Project Milestones		Proposed Date (mm-yyyy)
a.	Preliminary Plans Submitted	
b.	Working Drawings Submitted	
c.	Tendering Documents Submitted	
d.	Start of Construction	
e.	Total Completion of Project	
f.	First Resident Date	

- 2.4.2. Is the construction proposed to be completed in phases (i.e. where a subset of the developed/redeveloped beds is completed and brought into operation before other developed/redeveloped beds)?

Yes

No

- 2.4.2.a. If yes, provide a description of the proposed phases and number of beds associated with each phase.

**Table 3: Proposed Phases and Associated Number of Beds**

<b>ID</b>	<b>Phase Name/Description</b>	<b>Number of Beds</b>	<b>Phase Construction Start Date</b>	<b>Phase Construction Completion Date</b>	<b>Phase First Resident Date</b>
1					
2					
3					
4					
5					
6					

## 2.5 Design Variances

If the proposed project includes the renovation of an existing long-term care home and/or an addition to an existing long-term care home through the development or redevelopment of long-term care beds, complete this section.

Design Variance Standards are specified exceptions (design variances) listed in the Design Manual that may be applied only to renovation projects (see Design Manual for full detail) and cannot be applied to a new construction project.

2.5.1. Will the proposed renovation project use, or request approval for any design variances?

Yes

No

2.5.2. If yes, explain in detail and provide reference to the Design Manual, where applicable.

## 2.6 Project Dependencies

2.6.1. Is the Applicant submitting more than one long-term care Development application as part of the 2021 Call for Applications?

Yes

No

2.6.1.a. If yes, please fill in the table below with the details of all applications to be submitted:

**Table 4: Applications Submitted as Part of the 2021 Call for Applications**

ID	Project Name	City/Town	Proposed # of beds in the project
1			
2			
3			
4			
5			
6			
7			
8			
9			

10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

2.6.2. Is the completion of the proposed project dependent on any other project(s) that would receive provincial government funding (e.g. another long-term care home project or a hospital capital approval)?

Yes

No

2.6.2.a. If yes, please indicate the project(s) details in the table below and provide a brief description of the dependency.

**Table 5: List of Proposed Project Dependencies**

ID	Project Name	Municipality	Has an application been submitted for this project? (Y / N)	Please provide a brief description of the dependency.	Proposed # of beds in the project	Start Construction (MM/YYYY)
1						
2						
3						
4						
5						

6						
7						
8						
9						

## 2.7 Alignment with Program Objectives

The ministry’s long-term care Development Program aims to improve long-term care infrastructure and development to better meet residents’ the cultural, linguistic and care needs. The following questions should be considered as a commitment to align with the Ministry’s program objectives by the applicant and could be a condition of the allocation of long-term care beds.

Please consult the LTCHA, s. 39 and *Ontario Regulation 79/10*, ss. 198-206 before answering Section 2.7 and note that the approval of a long-term care Development Application does not mean the approval or designation of a proposed specialized unit. The ministry’s decision to designate a specialized unit will follow the guidelines set out in the Designation/Revocation of Specialized Units Policy, 2018 (or any updated current version or replacement of that policy).

### Flexible and Expanded Care Structures

**Flexible and expanded care structures** mean building more long-term care beds to address future demand based on clinical needs and changing demographics. This means building for applicants or residents whose care needs cannot be met within existing long-term care programs (e.g. those with multiple comorbidities, chronic diseases, responsive behaviours, etc.). Meeting the needs of these resident may include the provision of specialized services and the use of technology supported care (for example, behavioural support units).

**Promoting long-term care innovation** means building for applicants or residents to utilize technology for effective medication management in the home, utilizing electronic clinical support tools or telemedicine, and/or reducing the frequency of fall-related injuries and avoidable (unplanned, unscheduled) emergency department transfers.

2.7.1. Will the project include proposals for specialized unit(s)?

Yes

No



2.7.1.a. If yes, please describe the proposed services and care model of the specialized unit(s) and include how many beds would be dedicated to the proposed specialized unit(s).

2.7.2 Is the proposed project (or any part of it) intended to construct a home or unit in the home that will provide care through a flexible and expanded care or innovative model?

Yes

No

2.7.2a. Please describe you proposed connectivity for the long-term care home. Examples include wi-fi, mobile data, and plans for tablets and landlines for residents.

### **Resident-Centered Care**

**Supporting resident-centered care** means increasing access to resident-centered care through the provision of dedicated beds for cultural and linguistic specific programs and specialized services (including Indigenous peoples and Francophones).

2.7.3. Does the Applicant propose to provide services for religious, ethnic, and/or linguistic communities?

Yes

No

2.7.3.a. If yes, please describe the proposed services below and specify which religious, ethnic and/or linguistic communities the services will be provided to. Please [use the 2016 Statistics Canada Guide](#) on Ethnic Origins for assistance with specifying the ethnic group.

2.7.3.b. If yes, how many of the developed or redeveloped long-term care beds are proposed to be dedicated to serving the interests of residents from Francophone communities?

2.7.3.c. If yes, how many of the developed or redeveloped long-term care beds are proposed to be dedicated to serving the interests of Indigenous peoples?

2.7.3.d. If yes, how many of the developed or redeveloped long-term care beds are proposed to be dedicated to serving the interests of any other persons (and/or spouses of persons) of a particular religious, cultural, ethnic, and/or linguistic group not identified above? Please provide a breakdown of which religious, ethnic and/or linguistic communities will be served in the table below.

ID	Religious, Ethnic and/or Linguistic Community	Number of Beds Dedicated to This Community
1		
2		
3		
4		
5		
6		

### Increased Long-Term Care Capacity and Integration

**Increased care capacity** means increasing care capacity for residents by building new long-term care beds across the province based on geographic demand and increasing long-term care affordability by increasing access to basic accommodation beds.

**Integration and Partnership** means improving the facilitation of resident flow by partnering across the health (for example, campus of care model), social, and education sectors, intending to partner with a local health care provider (e.g. Ontario Health Team), or partnering with a post-secondary educational institution.

2.7.4. How many of the developed or redeveloped long-term care beds in the proposed project will be offered as basic accommodation?

2.7.5. What percentage of the total number of beds in the proposed completed long-term care home will be offered as basic accommodation?

Formula to calculate percentage in section 2.7.5.

Total number of basic beds in the completed home ÷ Total number of beds in the proposed completed long-term care home x 100 = \_\_\_\_\_

2.7.6. Will the proposed project be part of a campus of care model? Please refer to the Glossary of Terms for a definition of campus of care.

Yes

No

2.7.6.a. If yes, please describe:

2.7.7. Does the Applicant intend on partnering with an Ontario Health Team?

Yes

No

2.7.8. Has the Applicant partnered with an entity or organization from the:

2.7.8.a. Health sector (other than an Ontario Health Team)?

Yes

No

2.7.8.b. Social Services / Education sector?

Yes

No

2.7.8.c. Cultural / Linguistic sector?

Yes

No

2.7.8.d. If you have answered yes to any of the above sector partnerships or if you have partnered with an entity or organization from another sector, please describe in the box below:

**Optional:** Applicants may provide letter(s) of support from local health authority/community/clinical partnerships in addition to the application

## Section 3 – Financial Information

In this section, provide information on the estimated total costs for the proposed project and provide information about your financial capacity, including the proposed total equity and debt (and fundraising for non-profits). In addition, the Applicant must demonstrate that the proposed long-term care home will be financially sustainable upon completion of the project, and for the duration of the licence term of the (re)developed beds.

Where an Applicant is applying for multiple proposed projects, this section should reflect the portion of financial obligations/resources attributable to this proposed project only.

The ministry will review the financial information provided to determine if the Applicant can reasonably demonstrate that:

- the Applicant has sufficient funds available to support the proposed project,
  - (and in order to determine this, the ministry will look at all sources of funds to assess whether they are greater or equal to the cost of the project) and
- the proposed long-term care home will be financially sustainable upon completion of the project and for the duration of the licence term, based on:
  - ability to service the proposed debt
  - historical financial performance

The ministry will use historical performance, including data from past reconciliations to evaluate cash flows against industry norms for Debt Service Coverage Ratio.

## 3.1 Project Financial Overview

**Table 6: Project Financial Overview**

Estimated Project Costs				Sources of Funds	
(An Asterisk indicates the item is eligible for Development Grant funding. Please note that items deemed as eligible for the purposes of this table must still undergo ministry approvals)					
<b>Land and Associated Development Costs</b>		<b>Soft Construction Costs</b>		Cash on Hand	
Owned Land*		Architecture and Engineering Services		Future or Additional Equity Contributions	
Leased Land		Legal Services		Outstanding Fundraising Required (non-profits only)	
Soils and Environmental*		Project Management Services		<b>Sub-Total</b>	
Planning		Accounting Services		Proposed Debt Financing <sup>3</sup>	
Zoning and Approvals		Other Consultants		<b>Sub-Total</b>	
Other (specify):		Surveying		<b>Ministry Funding Under the Capital Development Funding Policy, 2020</b>	

<sup>3</sup> Please note that Proposed Debt Financing refers to an applicant's long-term debt financing after the Development Grant has been paid out under the Capital Development Funding Policy, 2020.

<b>Estimated Project Costs</b>				<b>Sources of Funds</b>	
(An Asterisk indicates the item is eligible for Development Grant funding. Please note that items deemed as eligible for the purposes of this table must still undergo ministry approvals)					
			Development Charges*		Estimated Development Grant
			Approvals, Inspections and Permits		Planning Grant <sup>4</sup>
			Municipal Levies, Charges and Building Permits		<b>Sub-Total</b>
<b>Sub-Total</b>			Property Taxes During Construction		
			Insurance and Bonding		
<b>Hard Construction Costs</b>			Financing Fees		
Abatement and Remediation of Proposed Home*			Pre-Opening Expenses – Commissioning		
Construction of Eligible Long-Term Care Beds*			HST (less any rebate)		
Furnishings and Equipment (Built-in)*			Contingency		

<sup>4</sup> Please note the Planning Grant is only available to non-profit homes as per the Capital Development Funding Policy, 2020.

Estimated Project Costs				Sources of Funds	
(An Asterisk indicates the item is eligible for Development Grant funding. Please note that items deemed as eligible for the purposes of this table must still undergo ministry approvals)					
Long Term Care Parking*			<b>Sub Total</b>		
Security and Surveillance System*			<b>Other Costs</b>		
Site Development and Landscaping Required to Adhere to Long-Term Care Homes Design Manual*			Interest Expense During Construction		
Site Development for Long-Term Care Home*			Furniture, Fixtures and Equipment		
Demolition*			Total Stranded Debt		
Signage Associated with Construction*			Other (specify)		
Other (specify)					
			<b>Sub-Total</b>		
<b>Sub-Total</b>			<b>Estimated Total Project Costs</b>		<b>Total Sources of Funds</b>



## 3.2 Project Financial Details

### Estimated Project Costs

- 3.2.1. Describe methods used to arrive at these cost estimates, including details of advisors that were consulted.

### Sources of Funds

#### Cash on Hand

- 3.2.2. Describe all sources of capital/equity (e.g. cash holdings, investor/shareholder equity; partner equity or capital campaign contributions that have already been completed) that are available exclusively for this project. Include, where applicable, the name of the investor and the type of equity (e.g. common shares, preferred shares, etc.).

Future Equity Contributions

3.2.3. Describe any other proposed and expected source(s) of funds for the project (e.g. liquidation of assets held by the Applicant, ministry funding such as the development grant, other grants, etc.). For each proposed and expected source(s) of funding, please describe the timing associated with receiving the funds.

Fundraising (non-profits only)

3.2.4. If fundraising is a proposed source of funds, outline the fundraising plan and time frame for funds to be raised. This section should also summarize the Applicant’s past successful fundraising campaigns, future fundraising strategies and community partnerships that can be leveraged.

Debt

3.2.5. Indicate the assumptions for the proposed long-term debt required to finance the project after the Development Grant has been paid out under the [Capital Development Funding Policy, 2020](#) below:

**Table 7: Long-Term Debt Financing**

<b>Debt</b>	<b>Term (in years)</b>	<b>Amortization Period (in years)</b>	<b>Rate</b>

3.2.6. Describe all financing for the project from issuing debt or borrowing funds. The Applicant must describe all sources of proposed debt (e.g. mortgage financing, issuing bonds).

### 3.3 Historical and Projected Financial Information

The ministry requires evidence of the Applicant’s ability to achieve financial stability of the proposed home. The Applicant must provide historical and projected financial information at the project level.

**Historical Financial Information**

Complete this section if the project includes the redevelopment of existing long-term care beds.

Where a project is proposing to redevelop existing long-term care beds from more than one home, the historical information below should be provided for the home that is proposed to contribute the greatest number of long-term care beds to the proposed project.

3.3.1. In the tables below, describe the historical total revenue and surplus. The historical surplus should represent total earnings before interest, taxes, generating reserves, payment to shareholders and debt payments.

**Table 8: Historical Financial Information**

	Revenue	Revenue	Revenue
	Previous Fiscal Year	Two Fiscal Years Ago	Three Fiscal Years Ago
	Year:		
Preferred Accommodation Revenue			
Level of Care (Other Accommodation)			
Structural Classification Premium (SCP)			
Construction Funding Subsidy (CFS)			
Other (please specify below)			

<b>Total Revenue</b>			
Other Accommodation expenditures before debt service costs			
<b>Total Surplus</b>			

**Table 9: Historical Occupancy Details**

	Previous Fiscal Year	Two Fiscal Years Ago	Three Fiscal Years Ago
<b>Year:</b>			
Number of preferred accommodation bed resident days			
Number of Resident Days			
Occupancy Rate (%)			

3.3.2. Please use the text box below if you wish to provide further information on occupancy details (e.g., the impact of the COVID-19 pandemic on occupancy rates):

**Projected Financial Information**

3.3.3. In the table below, describe the projected total revenue and surplus available to service the debt for this project. The projected surplus should represent the total earnings before interest, tax and depreciation and amortization. Additional sources of revenue (non-long-term care) that would be utilized towards the project should be identified as “Other”.

**Table 10: Projected Financial Information**

Financial Information	Year 1	Year 2	Year 3	Year 4	Year 5
	Revenue	Revenue	Revenue	Revenue	Revenue
Preferred Accommodation Revenue					
Level of Care - Other Accommodation					
Construction Funding Subsidy <sup>5</sup>					
<b>Sub Total</b>					
Other Revenue <sup>6</sup> : (please specify)					
<b>Total Revenue</b>					

---

<sup>5</sup> **Construction Funding Subsidy** – Please note this is only related to beds being developed or redeveloped as part of the applicant’s current project proposal and does not include any Construction Funding Subsidy the applicant is receiving as part of a previous approval. For assistance in estimating the projected Construction Funding Subsidy, please review the Long-Term Care Home Capital Development Funding Policy, 2020.

<sup>6</sup> **Other Revenue** – Other non-LTC revenue required to support the project.

Other Accommodation expenditures before debt service costs					
<b>Total Surplus<sup>7</sup></b>					
<b>Assumed Mortgage Payment</b>					
<b>Debt Service Coverage Ratio (DSCR) – auto calculated</b>					

**Note:** The ministry will use historical performance including data from past reconciliations to evaluate cashflows against industry norms for Debt Service Coverage Ratio.

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<sup>7</sup> **Total Surplus** = Sub Total– Other Accommodation expenditures before debt service costs

# Applicant Declaration

On behalf of, and with the authority of, the Applicant, I/we:

1. hereby apply to develop/redevelop long-term care beds in accordance with the terms and conditions of this Application, the applicable Ministry Funded Program(s), including the Long-Term Care Development Program and in accordance with applicable legislation, policies, regulations and standards as amended and issued from time to time;
2. certify that the information supplied in connection with this Application (including any information that is provided to the ministry in connection with this Application after the Application is submitted) is true, correct and complete in every respect, and that the necessary inquiries have been made to verify this information;
3. confirm that the Applicant has the financial and organizational capacity to complete the long-term care home development/redevelopment project, and to operate the Home following completion of the project within the constraints of the current applicable law, policies (including funding policies) and standards that apply to the development/redevelopment and operation of long-term care beds in Ontario;
4. acknowledge and agree that the costs of preparing and submitting the Application are solely the Applicant's responsibility, and that neither the ministry/Minister nor any other ministry, employee, agent, officer, division or agency of the Government of Ontario will be responsible, under any circumstances, for any of the Applicant's expenses related to the application process or the Application or any related processes or materials;
5. acknowledge and agree that the submission of the Application and any other material submitted or developed, or work done, in connection with the Application do not, and shall not, under any circumstances, create any contractual or other legally enforceable obligation on the ministry (including the Minister and any other officer, agent, employee or agency of the Government of Ontario) to the Applicant, and that no such obligation shall under any circumstances arise unless and until a Development Agreement is duly executed between the Applicant and the Minister in respect of the project that is the subject of the Application;
6. acknowledge that the ministry reserves the right to require more information to be provided by the Applicant at any time, and furthermore the Minister may at any time (without incurring any liability whatsoever): cancel this application process and any related Ministry Funded Program without necessarily approving any applications, cancel any approval of an Application in respect of which a Development Agreement has not yet been duly executed between the Applicant and the Minister, or amend, issue, reissue, or cancel any or all terms of the application form and any Ministry Funded Program(s), subject to the terms of any Development Agreement that the Minister and Applicant have executed;



7. acknowledge that the Application and any material provided in connection with the Application, and any information contained therein or provided in connection thereto, are subject to the public access provisions of the *Freedom of Information and Protection of Privacy Act*, and may be publicly disclosed by the ministry, agents of the ministry, or other agency of the Government of Ontario that is involved in the processing or assessment of the Application without consulting the Applicant, except where:
  - a. the Applicant has identified particular information and/or document(s) and informed the ministry/agency that it/they contain(s) a trade secret(s) or scientific, technical, commercial, financial or labour relations information related to the Applicant, such that the disclosure could reasonably be expected to,
    - i. prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of the Applicant
    - ii. result in an undue loss to the Applicant, or
    - iii. reveal information supplied to or the report of a conciliation officer, mediator, labour relations officer, or another person appointed to resolve a labour relations dispute relating to the Applicant;
  - b. the Applicant has substantiated the above to the ministry/agency to the satisfaction of the ministry/agency in respect of the identified information, if and when requested by the ministry/agency; and
  - c. the Information and Privacy Commissioner has not ordered the disclosure of the information/record;
8. understand that any information submitted may be shared with the applicable agents of the ministry or other agency of the Government of Ontario that is involved in the processing or assessment of the Application, and consent to the disclosure on a confidential basis (subject to applicable law, including as described in section 7 above) of such information by the ministry, its agents or other such agency to such individuals or other parties as may be required for the purpose of reviewing the Application to administer the application process;
9. consent to the ministry or other agency of the Government of Ontario that is involved in the processing or assessment of the Application verifying any information provided in connection with this Application, and making any disclosures incidental to that purpose;
10. have fully reviewed, understood and agree to all the terms set out in the Application Form; Applicant Declaration; Ministry's [Long-Term Care Home Capital Development Funding Policy, 2020](#), the *LTCHA* and Long-Term Care Home Design Manual, 2015, as applicable;
11. consent to the disclosure, and indirect collection, on a confidential basis, subject to applicable law, of information held by any third party (including a municipality or regional government) regarding the Application to the ministry (or other agency of the Government

of Ontario that is involved in the processing or assessment of the Application) such as the ministry or agency may require for the purpose of reviewing or processing the Application, or for the purpose of administering applicable law, including the LTCHA and *Connecting Care Act, 2019* and any successor legislation to either of those Acts;

12. confirm and undertake that where the Applicant is providing personal information about any individual in connection with this Application, the Applicant has or will inform the individual (before providing the information) that the ministry/agency is collecting the individual's personal information in connection with this Application, and will inform the individual of the information set out in the two paragraphs immediately following this paragraph;
13. acknowledge that the personal information collected by the Ministry of Long-Term Care in connection with this Application, is collected under the authority of s. 177 of the *LTCHA* because it is necessary for the proper administration of the Long-Term Care Home development/redevelopment application process, and for the administration of the Act and may be used and disclosed for those purposes and for the resulting process of licensing, overseeing and funding the development/redevelopment and operations of the applicable long-term care homes; to carry out related planning; and for purposes permitted or required by law; and
14. acknowledge that questions about the collection of this information by the ministry or other agency of the Government of Ontario that is involved in the processing or assessment of the Application can be emailed to [LTCdevelopment@ontario.ca](mailto:LTCdevelopment@ontario.ca)

<b>Signed in the presence of</b>	
	Signature of Authorized Signing Officer  (I/we have authority to bind the Applicant)  <b>Print Name</b>

<b>Witness</b>	<b>Title</b>
<b>Date</b>	<b>Date</b>

**If second signature required:**

<b>Signed in the presence of</b>	
	<hr/> Signature of Authorized Signing Officer (I/we have authority to bind the Applicant)  <b>Print Name</b>
<b>Witness</b>	<b>Title</b>
<b>Date</b>	<b>Date</b>

# Appendix A: Licence Application & Eligibility Attestation

Legal Name of the Licensee (the “Applicant”)<sup>1</sup>:

Name of the long-term care Home (the “Home”):

Sector (check one):  For-Profit  Non-Profit

Proposed Address (or Location, if address of new home not known):

Street Address	City/Town	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Table 11: Source Home(s) Information**

Home Number <sup>8</sup>	Home Name	Current Licensee	Current Address (as set out in current licence)	Number of Licensed Beds in the Project:

**Proposed Management Company (if applicable):**

<sup>8</sup> As shown on your licence and/or approval.

**In signing the application, the Applicant certifies that all the information provided herein or provided together with this application, is accurate and complete, and that the Applicant has made the necessary inquiries to verify this information.**

The Applicant acknowledges that the personal information collected by the ministry in connection with this application (whether collected directly or indirectly) is collected under the authority of s. 177 of the Long-Term Care Homes Act, 2007 (the “Act”/“LTCHA”) for the purposes of processing the application and for the administration of the Act and may be disclosed for such purposes. The Applicant further acknowledges that any questions in respect of the collection of such personal information may be directed to [LTCHomes.Licensing@ontario.ca](mailto:LTCHomes.Licensing@ontario.ca).

The Applicant confirms and undertakes that where it is providing personal information about any individual in connection with this application, it has or will inform the individual (before providing the information) that the ministry is collecting the individual’s personal information in connection with this application and will inform the individual of the information set out in the paragraph immediately above this paragraph.

**As part of the application, the Applicant is making the following attestations by way of indicating a response to each of the following questions or statements.** Full detail is required for any matter for which the Applicant is not able to provide an unqualified affirmative response.

- 1) (a) Please list below:
  - i. All the current senior employees of the Applicant who are involved in the operation and management of the Home. If the chart does not provide enough space to provide your information, please attach a document separately with all the necessary information.

**Table 12: Senior Employees of the Applicant**

ID	Full Name	Position(s) Held or Title	Business Email Address	Business Telephone Number
1				
2				
3				

<b>ID</b>	<b>Full Name</b>	<b>Position(s) Held or Title</b>	<b>Business Email Address</b>	<b>Business Telephone Number</b>
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

- ii. Identify all the current Officers and Directors of the Applicant (not applicable for a municipality). If the chart does not provide enough space to provide your information, please attach a document separately with all the necessary information:

**Table 13: Current Officers and Directors of the Applicant**

<b>ID</b>	<b>Full Name</b>	<b>Position(s) Held or Title</b>	<b>Business Email Address</b>	<b>Business Telephone Number</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

ID	Full Name	Position(s) Held or Title	Business Email Address	Business Telephone Number
17				
18				
19				
20				

- iii. Identify every person or entity with a direct or indirect Controlling Interest in the Applicant, as defined in section 2(2) to (5) of the LTCHA, including those who have a Controlling Interest due to the provisions relating to definition of "associates" set out here (not Applicable for a Municipality). If the chart does not provide enough space to provide your information, please attach a document separately with all the necessary information:

**Table 14: Person(s) or Entities with a Direct or Indirect Controlling Interest in Applicant**

ID	Full Name	Description of controlling interest held by person in the licensee	Business Email Address	Business Telephone Number
1				
2				
3				
4				
5				
6				
7				



ID	Full Name	Description of controlling interest held by person in the licensee	Business Email Address	Business Telephone Number
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

(b) Relating to section 98(1)(a) of the Act<sup>9</sup>: The persons listed pursuant to paragraph 1(a) above have each read and understand their responsibilities under the Act and Ontario Regulation 79/10 (the “Regulation”), and under any other applicable law, and they and the Applicant certifies that they are capable of carrying out their responsibilities in a manner so that the Home will be operated in full compliance with the same.

Agree: \_\_\_\_\_ Disagree: \_\_\_\_\_  
<Please sign where applicable>

If there is any reason to disagree with this statement, please attach documentation providing full detail and disclosing the name of the person(s) and the reason(s) for disagreement.

2) (a) Are any of the persons listed pursuant to paragraph 1(a) above, or the Applicant, currently involved in or have any of them been involved in the operation of any other long-term care home, retirement homes, or any other matter or business including, but not limited to, health care facilities or businesses, facilities or businesses serving vulnerable populations?

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
<Please sign where applicable>

**If yes, please complete the following charts. If the charts below do not provide enough space to provide your information, please attach a document separately with all the necessary information:**

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<sup>9</sup> Although s. 98 of the Act does not apply to municipal approvals under Part VIII of the Act, the attestations requested in this document are required from municipal applicants (except where explicitly noted otherwise) to inform the Minister’s decision whether or not to grant a municipal approval under s. 130 of the Act, and to determine the appropriate terms and conditions to be applied to such an approval, if granted.

**For Long Term Care Homes**

**Table 15: Involvement in Long Term Care Home(s)**

ID	Full Name	Description of Relationship/Role (e.g. Licensee, Affiliate, Holder of controlling interest, Manager, senior management etc.)	Name of Long-Term Care Home	Facility ID Number (if long-term care Home)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

ID	Full Name	Description of Relationship/Role (e.g. Licensee, Affiliate, Holder of controlling interest, Manager, senior management etc.)	Name of Long-Term Care Home	Facility ID Number (if long-term care Home)
17				
18				
19				
20				

**For** retirement homes, or any other matter or business including, but not limited to, health care facilities or businesses, facilities or businesses serving vulnerable populations

**Table 16: Involvement in Retirement Homes and/or other business**

ID	Full Name	Description of Relationship/Role (e.g. Licensee, Affiliate, Holder of controlling interest, Manager, senior management etc.)	Name of Organization
1			
2			
3			
4			
5			
6			
7			

ID	Full Name	Description of Relationship/Role (e.g. Licensee, Affiliate, Holder of controlling interest, Manager, senior management etc.)	Name of Organization
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

(b) Relating to section 98(1)(b) and (d) of the Act: There is nothing in the past conduct of the persons listed pursuant to paragraph 1(a) above, or the Applicant, relating to the operation of a long-term care home, retirement homes, or any other matter or business including, but not limited to, health care facilities or businesses, and facilities or businesses serving vulnerable populations, which would tend to suggest that the Home will not be operated in accordance with the law and with honesty and integrity and in a manner that ensures the health, safety or welfare of its residents.

Agree: \_\_\_\_\_ Disagree: \_\_\_\_\_  
<Please sign where applicable>

If there is any reason to disagree with this statement, please attach documentation providing full detail and disclosing the name of the person(s) and the reason(s) for disagreement.

(c) The Applicant and the persons listed pursuant to paragraph 1(a) above are competent to operate a long-term care home in a responsible manner in accordance with the Act, the Regulation, and all other applicable law.

Agree: \_\_\_\_\_ Disagree: \_\_\_\_\_  
<Please sign where applicable>

If there is any reason to disagree with this statement, please attach documentation providing full detail and disclosing the name of the person(s) and the nature of the concern(s).

(d) Have any of the persons listed pursuant to paragraph 1(a) above, or the Applicant, ever been involved with any receivership or bankruptcy?

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
<Please sign where applicable>

**If yes, provide full detail.**

(e) Have any of the persons listed pursuant to paragraph 1(a) above, or the Applicant, ever been involved with any long-term care home (or similar facility outside Ontario) where the licence or approval is or was suspended, withdrawn, or revoked in Ontario or in other jurisdictions?

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
<Please sign where applicable>

**If yes, provide full detail.**

3) Relating to section 98(1)(b) and (d) of the Act: No actions or omissions taken by the persons listed pursuant to paragraph 1(a) above, or the Applicant, have resulted in:

- (a) legal claims or judgments (for damages) **against** the person or the Applicant which have arisen in connection with their involvement with health care facilities or businesses dealing with the elderly or other vulnerable populations, including retirement homes;
- (b) administrative proceedings, including investigations or disciplinary actions/orders, in respect of professional negligence or misconduct; or
- (c) convictions under the Criminal Code of Canada or any other provincial offence under provincial law.

Agree: \_\_\_\_\_ Disagree: \_\_\_\_\_  
<Please sign where applicable>

Where the Applicant has not signed in unqualified agreement with the above statement, the Applicant has attached documentation disclosing the relevant detail of each matter that results in the disagreement with the above statement, including the nature of the legal action or consequence, or professional complaint or discipline, and the name of the individual(s) relevant to this application who were involved.

- 4) Relating to section 98(1)(c) of the Act: The Applicant confirms that all necessary steps have been taken or are planned to operate the Home, on issuance of the licence, in a responsible manner in accordance with the Act and the Regulation and that the Applicant is in a position, in all respects, to furnish or provide the required services.

Agree: \_\_\_\_\_ Disagree: \_\_\_\_\_  
<Please sign where applicable>

If there is any reason to disagree with this statement, **please attach documentation providing full detail and the nature of the concern(s).**

- 5) The Applicant confirms its intent to operate using the existing management team and management framework for the Home using the same staff, policies, procedures, and general operations as currently in use at the long-term care home. [Not applicable for a project with all new beds (i.e. project does not include redeveloping existing beds).]

Agree: \_\_\_\_\_ Disagree: \_\_\_\_\_  
<Please sign where applicable>

If the Applicant intends to make any changes to the management of the Home including changes to management team, staff, policies, procedures and general operations, the Applicant has attached documentation disclosing these changes, including a detailed rationale explaining how this is consistent with the Applicant's ability to continue operating the Home in a responsible manner in accordance with the Act and the Regulation and providing all required services in connection with the operation of the Home. The Applicant understands that a licensee may not allow anyone else to manage the Home except pursuant to a management contract approved by the Director in accordance with section 110 of the Act.

- 6) After reviewing the eligibility requirements set out in section 98 of the Act and section 270 of the Regulation, the Applicant confirms that it is not aware of any circumstance relevant to the application of those provisions that could reasonably be expected to prevent the Director from issuing the licence to the Applicant in respect of the Home. [Not applicable to Applicant that is a municipality.]

Agree: \_\_\_\_\_ Disagree: \_\_\_\_\_  
<Please sign where applicable>



**The Applicant certifies that all the information provided here in and all information provided together with this application, is accurate and complete, and that the Applicant has made the necessary inquiries to verify this information.** Furthermore, full detail has been provided with respect to every matter set out above for which the Applicant is not providing an unqualified affirmative response.

All the above is certified and agreed to on the \_\_\_\_\_ day of \_\_\_\_ (enter Month), 202\_\_.

**Legal Name of Applicant** (the Licensee):

Per:

Per:

\_\_\_\_\_

\_\_\_\_\_

Authorized Signing Officer

Second Authorized Signing Officer  
(when required)

(I/we have authority to bind the Applicant) (I/we have authority to bind the Applicant)

Please print:

Please print:

\_\_\_\_\_

\_\_\_\_\_

Name

Name

\_\_\_\_\_

\_\_\_\_\_

Title

Title

# Appendix B: Applicant Documentation Checklist

**Table 17: Application Documentation Checklist**

Applicant Type	Required Documents
<b>Corporations and/or Limited Partnerships registered/filed with the Ontario Government</b>	<p>The following business structures are no longer required to submit their corporate documents as part of the licensing review process. The Ministry will confirm corporate information directly with the Ministry of Government and Consumer Services:</p> <ul style="list-style-type: none"> <li>• Corporations (with or without share capital) registered/filed with the Ontario government;</li> <li>• Limited Partnerships filed/registered with the Ontario Government.</li> </ul>
<b>Corporations with or without share capital registered outside of the Ontario Government</b>	<ul style="list-style-type: none"> <li>• The equivalent of a Corporate Profile Report from the jurisdiction where the articles were registered, produced within the last 14 days.</li> </ul>
<b>Limited Partnership<sup>10</sup> filed outside of the Ontario Government</b>	<ul style="list-style-type: none"> <li>• The equivalent of a Limited Partnership Report from the jurisdiction where the partnership was registered, produced within the last 14 days; and</li> <li>• The equivalent of a Corporate Profile Report for each General Partner from the jurisdiction where the articles were registered, produced within the last 14 days.</li> </ul>
<b>Municipal Homes</b>	<ul style="list-style-type: none"> <li>• Name of legislation under which the applicable municipality(ies) is/are established.</li> </ul>

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<sup>10</sup> Please note that the ministry has developed a standard practice for issuing LTC licences that refer to a limited partnership: the licensee in such cases would be named in the following format: “XYZ Limited Partnership by its general partner(s), XYZ GP Corp. [and ABC Corp.]” as applicable.

Applicant Type	Required Documents
<b>For Homes to be approved as a Territorial District Home</b>	<ul style="list-style-type: none"> <li>• Name of legislation under which the applicable municipality(ies) is/are established; and</li> <li>• Whether the long-term care home is (or is intended to be) approved as a territorial district home, and if so, the name of the Board of Management of the home.</li> </ul>
<b>For First Nations Homes under Part VIII, s. 129 of LTCHA</b>	<ul style="list-style-type: none"> <li>• Name of Band;</li> <li>• List of current Band Council Members.</li> <li>• Note: If a First Nations affiliated entity applying for a licence under Part VII of the <i>Long-Term Care Homes Act, 2007</i> (LTCHA), then use the applicable list associated with the type of entity, e.g. for corporation, see first row above.</li> </ul>
<b>Additional Information Required for New Licensees/ of a Long-Term Care Home in Ontario</b>	<ul style="list-style-type: none"> <li>• A recent Personal Credit Report (from Equifax or TransUnion) containing the credit score for each current Officer(s) and Director(s). Please ensure sensitive information, such as social insurance numbers, are redacted. Public hospitals in Ontario are exempt from this requirement;</li> <li>• Result of a recent Vulnerable Sector Check under the <i>Police Record Checks Reform Act, 2015</i> for each current Officer(s) and Director(s); and</li> <li>• For Officer(s) and Director(s) who are or were professionals, please provide information about the Officer(s)'s and Director(s)'s professional status and records, including any records of complaints or discipline.</li> </ul>
<b>Projects which include a proposed licence transfer</b>	<ul style="list-style-type: none"> <li>• Letter dated and signed by the existing licensee identifying Licensee name, contact information, home name, home location and # of bed proposed to be transferred to the Applicant as part of the proposed project.</li> </ul>

# Appendix C: Lender Support

In absence of a lending agreement, please have your financial institution complete this form as an indication of their knowledge of your application details and of their preliminary support for your project. Alternatively, a letter of support from your financial institution, may be submitted in place of this form.

The information below has been extracted from the Application for Long-Term Care Home Development and provides a project summary for the lender. Please print these pages and attach the signed scanned copy with your Application submission.

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## A. Project Summary

**Legal Name of Applicant**

**Type of Applicant**

**Total number of long-term care beds proposed to be developed and/or redeveloped under a Ministry-Funded Program**

**Total number of long-term care beds to be developed and/or redeveloped outside of a Ministry-Funded Program**

**Type of Construction**

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**B. Summary of Financial Implications**

**Table 18: Summary of Financial Implications**

<b>Estimated Project Costs</b>	<b>\$</b>	<b>Sources of Funds</b>	<b>\$</b>
Land and Associated Development		Cash on Hand	
Hard Construction Costs		Future or Additional Equity Contributions	
Soft Construction Costs		Outstanding Fundraising Required (non-profits Only)	
Other Costs:		Proposed Debt Financing	
Interest Expense During Construction		Estimated Development Grant	
Furniture, Fixture and Equipment		Planning Grant	
Total Stranded Debt <sup>11</sup>			
Other:			
<b>Estimated Total Project Costs</b>		<b>Total Sources of Funds</b>	

<sup>11</sup> The total amount of debt being brought forward from all long-term care homes with beds that are proposed to be redeveloped (in their current location or transferred to another location) as part of this project, and that are proposed to continue to be debt serviced by cash-flow generated from the beds being developed/redeveloped at the proposed Home.

**Table 19: Revenue Forecast**

<b>Financial Information</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Preferred Accommodation Revenue					
Level of Care (Other Accommodation)					
Construction Funding Subsidy <sup>12</sup>					
Other Revenue <sup>13</sup>					
<b>Total Revenue</b>					
<b>Other Accommodation expenditures before debt service costs</b>					
<b>Total Surplus<sup>14</sup></b>					
<b>Assumed Mortgage Payment</b>					

### **C. Demonstration of Lender Support**

It is our understanding that the [Licensee/Applicant] is preparing to develop/redevelop [##] long-term care beds in [City] and the estimated project costs are [Estimated Total Project Costs] and the proposed debt financing is [proposed debt financing].

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<sup>12</sup> **Construction Funding Subsidy** – Please note this is only related to beds being developed or redeveloped as part of the applicant’s current project proposal and does not include any Construction Funding Subsidy the applicant is receiving as part of a previous approval.

<sup>13</sup> **Other Revenue:** Other non-LTC revenue required to support the project.

<sup>14</sup> **Total Surplus** = Total Revenue – Other Accommodation expenditures before debt service costs

Please check if applicable and/or provide comments in the text box below:

- The financing proposal appears to fit within      (print Financial Institution Name)      lending parameters and there is reasonable likelihood that the [Licensee/Applicant] will secure financing from      (print Financial Institution Name)     . Any extension of a binding lending commitment would be subject to the satisfaction of our standard lending processes, including completion of due diligence, receipt of credit and other necessary internal approvals, and execution of satisfactory legal documentation.

Additional comments:

     (print Lender Name)      requests that the contents of this letter be kept confidential and not be used other than in connection with the Ministry of Long Term Care’s evaluation of the transaction described herein, and that this letter not be provided to other parties without our prior written consent.

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Signature

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Name of Signee (please print)	Title	Date
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Name of Financial Institution (please print)

# Glossary

Terms not defined in this document that are defined under the *LTCHA*, shall have the meaning set out in the *LTCHA*, except where the context indicates otherwise.

**Affiliate:** means (1) an affiliated body corporate as defined in subsection 1(4) of the *Business Corporations Act, R.S.O. 1990, c. B.16*, (2) every person that holds a Controlling Interest in the Applicant, and (3) every body corporate in which the Applicant, together with any Associate of the Applicant, holds a Controlling interest.

**Associate:** Under the *LTCHA*, for the purpose of the definition of Controlling Interest set out there in s. 2(2)-(5), one person is deemed to be an associate of another person if,

- (a) one person is a corporation of which the other person is an officer or director;
- (b) one person is a partnership of which the other person is a partner;
- (c) one person is a corporation that is controlled directly or indirectly by the other person;
- (d) both persons are corporations and one person is controlled directly or indirectly by the same individual or corporation that directly or indirectly controls the other person;
- (e) both persons are members of a voting trust where the trust relates to shares of a corporation;
- (f) one person is the father, mother, brother, sister, child, or spouse of the other person or is another relative who has the same home as the other person; or
- (g) both persons are associates within the meaning of clauses (a) to (f) of the same person.

**Applicant:** A licensee, or person who wishes to become a Licensee, who submits an Application for review by the ministry.

**Basic Accommodation:** Lodging in a standard room in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services, and raw food (also defined in O. Reg. 79/10, s.3).

**Bed:** A long-term care home bed.



**Campus of Care:** A care model that generally envisions a single location with a range of housing, from independent housing to assisted living (supportive housing), long-term care and service options are provided. The concept maximizes opportunities for persons to remain living in the same environment and neighbourhood despite changing functional and health status. The campus of care model could also offer its residents familiar, shared pools of health human resources and cultural resources, and offer its community intergenerational, educational, and volunteer programs.

**Construction:** Any construction required to achieve Total Completion of the Project.

**Controlling Interest:** This term is defined under the *LTCHA* s. 2(2)-(5) and s. 109. An entity is generally deemed to have a controlling interest in an Applicant or Licensee if such entity, either alone or together with one or more Associates, directly or indirectly owns or controls sufficient voting rights to have the right or ability, directly or indirectly, to direct the policies and management of the applicant or licensee. See the *LTCHA* for the authoritative definition.

**Debt Service Coverage Ratio:** Means the debt service coverage ratio defined in an applicable lending agreement or term sheet, if such exists. If such does not exist, the Debt Service Coverage Ratio shall be calculated based on the following:

- Earnings Before Interest, Tax, Depreciation and Amortization (EBITDA)/ (principal repayments + lease payments + interest)

**Development Agreement:** The legally binding agreement between the Applicant and the ministry, following approval of the Application, which provides that:

- a) the Applicant agrees to develop or redevelop a number of long-term care beds in an identified location (or location to be approved later) subject to the terms and conditions set forth in the Development Agreement; and
- b) The ministry will provide funding (or ensure the provision of funding) by way of a per diem construction funding subsidy, a development grant, and a planning grant (if applicable) paid to the Applicant over a time period, or at a time, agreed within the Development Agreement, subject to various conditions (including that the home/beds must be licensed and operated over that period in accordance with applicable requirements).

**Facility ID Number:** The Facility ID Number is provided to existing long-term care home licensees and can be found online on the Ministry of Long-Term Care website (Facility ID Number is made up of the Type and Master Number (i.e. NH1234) or in the Home's Service Accountability Agreement.

**Home:** A long-term care home.

**Licensee:** The holder of a licence issued under the *LTCHA* and includes the municipality or municipalities, or board of management, that maintains a municipal home, joint home or First Nations home approved under Part VIII.

**Long-Term Care Homes Act, 2007 (LTCHA):** The *Long-Term Care Homes Act, 2007*, including regulations under that Act (including Regulation 79/10) – the “Regulation”) and any successor legislation.

**Management Company:** A company that can be retained by a long-term care home Licensee to manage the day-to-day operations in their home, subject to applicable requirements (including the requirement for approval under the *LTCHA*, s. 110). If a Licensee has chosen a management company to manage their home, the name of the management company is listed in the Home Profile section of Reports on Long-Term Care Homes. This company does not include service firms or contractors who only manage specific services of a primarily non-management nature in a home such as maintenance or food services.

**Minister or ministry:** The Minister of Long-Term Care for Ontario or any other person to whom the Minister of Long-Term Care for Ontario has properly delegated or assigned the relevant responsibility(ies).

**Ministry-Funded Program:** A long-term care home development program under which the ministry provides or arranges funding to be provided to eligible Licensees, to support construction costs, based on an invitation or call for applications. issued or publicized by the ministry. The Long-Term Care Development Program described in this Application is a Ministry-Funded Program.

**New Construction:** The construction of a new building, conversion of an existing non-long-term care home structure, or replacement of an existing long-term care home structure, but does not include a “Renovation”, whether within or outside the existing long-term care home building footprint on the site.

**Non-Profit Long-Term Care Home and For-Profit Long-Term Care Home:** have the meanings set out in section 269 of O. Reg. 79/10:

269. The following clarifications are made to the meaning of “non-profit” and “for-profit” for the purposes of the *LTCHA* and this Regulation:

1. A non-profit entity is an entity that meets any of the following criteria:
  - i. being a corporation without share capital,
    - A. to which Part III of the *Corporations Act* applies, or
    - B. that is incorporated under a general or special Act of the Parliament of Canada,
  - ii. being a municipality or a board of management for a municipal home,
  - iii. being a council of a band under the *Indian Act* (Canada) or a board of management for a First Nations home, or
  - iv. being a corporation with share capital whose equity shares are owned by an entity or entities described in subparagraph i, ii or iii.
2. A **non-profit long-term care home** is,
  - i. a long-term care home whose licensee is a non-profit entity, or
  - ii. a municipal home, joint home or First Nations home approved under Part VIII of the Act.
3. A for-profit entity is an entity that is not a non-profit entity.
4. A **for-profit long-term care home** is a long-term care home that is not a non-profit long-term care home.

**Phased Construction:** A construction plan under which a subset of beds developed and/or redeveloped under a single Development Agreement are completed and brought into operation before other beds specified in the same Agreement are completed.

**Project:** The initiative undertaken by the Applicant (subject to applicable approvals) under a Development Agreement to (re)develop long-term care beds at the home, to which this Application relates.

**Preferred Accommodation:** Private accommodation in the home, or semi-private accommodation in the home (also defined in O. Reg. 79/10, s.3).

**Renovation (within existing building footprint):** Construction within an existing long-term care home building structure and/or construction of additional floors to an existing long-term care home building where construction is within the existing long-term care home building footprint (i.e. no expansion beyond existing external walls.)

**Renovation (outside of existing building footprint):** Construction of an addition to an existing long-term care home building structure that expands outside the existing long-term care home building footprint (i.e. expansion beyond existing external walls.)

**Stranded Debt:** The total amount of debt being brought forward from all long-term care homes with beds that are proposed to be redeveloped (in their current location or transferred to another location) as part of this project, and that are proposed to continue to be debt serviced by cash-flow generated from the beds being developed/redeveloped at the proposed Home.

**Temporary Licence:** A licence issued under section 111 of the LTCHA which either authorizes premises to be used as a long-term care home on a temporary basis or authorizes temporary additional beds at a long-term care home.

**Total Completion:** The stage of a construction project where all construction is complete in accordance with the terms of the Development Agreement, and is ready to be opened for use as Long-Term Care Home Bed

