Social Housing Apartment Improvement Program (SHAIP)

BUSINESS CASE SUMMARY Year 2

List all of the retrofit and renovation repairs identified in your submission, including estimated costs and proposed timelines (commencement and completion dates), in order of priority (highest to lowest):

All work approved under Year 2 of SHAIP must be 100% complete by Dec. 31/2019

#	Type of Retrofit/Renovation/ Repair	Total Estimated Costs	Associated Timelines	
			Commencement	Completion
1				
2				
3				
4				
5				

I/We hereby submit our Business Case for consideration under the terms, conditions and provisions outlined in this Request for Business Case.

I/We, the undersigned, acknowledge that I/We have received and reviewed the Social Housing Apartment Improvement Program (SHAIP) guidelines, and that this submission complies with the program guidelines.

SIGNED SEALED AND DELIVERED in the presence of:

Authorized Signing Authority: (Must be signed off by two Board Members with authority to bind the corporation)	
Print Name:	Print Name:
Position or Title:	Position or Title:
Signature:	Signature:
Date:	Date:

I/We have the authority to bind the corporation.

5.2. BUSINESS CASE

Please provide all of the information requested below. You must complete this form for each retrofit/renovation/ repair request and include all supporting documentation. Be sure to include financial considerations and proposed commencement and completion of work dates for each request. If the proposed work has an impact on tenants/members, please include details on how tenants/members will be kept informed of the work, and if necessary, include a tenant/member relocation and placement plan.

5.2.1 HOUSING PROVIDER INFORMATION

Housing Provider: _____ **Total Number of Units**: _____

Project Address: _____ **Number of Units Affected:** _____

_____ **Number of Buildings:** _____

_____ **Number of Buildings Affected:** _____

Provider Type: Non-Profit ☐ Co-operative ☐

Client Type: Seniors ☐ Families ☐ Singles ☐ Supportive ☐ Aboriginal ☐

Other (list) _____

Building Type: High-rise ☐ Low-rise ☐ Other (list) _____

Age of building(s) requiring retrofit/renovation/ repairs: _____

Any outstanding municipal/regional work-orders or Fire Code Violations? YES ☐ NO ☐
If yes, include a copy with your submission.

5.2.2 Retrofit/Renovation/Repair Information

a. General Description _____

Estimated Cost: $_____ Funds Requested: $_____

b. Classification

☐ Greenhouse Gas Emission Reduction
☐ energy efficiency
☐ other, specify _____

c. Proposed Commencement Date _____

d. Proposed Completion Date _____

e. Justification (attach separate sheet, if required)

The information provided should clearly explain the existing condition, functionality of elements, remaining useful life, all previous repair history, any physical/social benefits relevant to the request and any potential savings. You should also include any consequences and/or associated costs of inaction or delaying the work, any impact on the overall project viability and/or on the tenants/ members while work is being performed and upon completion.

f. Supporting Documentation (i.e., technical, legal). List all documentation attached to your Business Case

5.2.3 FINANCIAL CONSIDERATIONS

SHAIP funding may not cover 100% of the proposed work. Funding approval will be based on the estimates submitted by the Housing Provider**.** Should the actual cost of the approved retrofit/repair(s) exceed the approved funding allocation, the Housing Provider will be responsible to fund any overages.

a. Capital Reserve Balance:	$_____
b. List the balance of funds available:	
▪ Annual Capital Reserve allocation	$_____
▪ accumulated surpluses	$_____
▪ other funding sources, if available (identify source and amount)	$_____
	$ _____
TOTAL	**$**_____
c. Estimated cost of retrofit/renovation/ repair, including all professional fees and contingency	$ _____
d. Funds available for capital repair (total from b. above)	$ _____
e. Amount of Funds requested (Item c minus d)	$ _____

JUSTIFICATION FOR FIGURES (ABOVE)

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