

## **BUSINESS CASE**

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

HOUSING PROVIDER INFORMATION						
Housing Provider: Project Address:	Total Number of Units:  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 □ Townhouse □ Semi-detached □					
	Single detached  Other (list)					
Age of building(s) requiring capital repairs:						
Any outstanding municipal/regional work-orders or Fire Code Violations? YES $\square$ NO $\square$ If yes, include a copy with your submission						
	CAPITAL REPAIR INFORMATION					
a. General Descrip	tion					
Estimated Cost: \$	S Funds Requested: \$					
b. Classification						
emergency /	emergency / health and safety					
replace aging systems (mechanical, electrical, structural)						
renewal of housing stock (retrofit)						
energy efficiency						
lother, specify						
c. Proposed Comm	nencement Date					
d. Proposed Comp	letion Date					

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## e. Justification (attach separate sheet, if required)

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		on (i.e., techr	nical, legal). L	ist all docume	entation attach	ed to your
supporting Susiness C	Documentationse					
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	FINANCIAL CONSIDERATIONS							
a.	Capital Reserve Balance:		\$					
b.	List the balance of funds available:							
	<ul> <li>Capital Reserves (amount available for repair)</li> </ul>		\$					
	<ul> <li>accumulated surpluses</li> </ul>		\$					
	<ul><li>escrow account (if any)</li></ul>		\$					
	<ul> <li>other funding sources, if available (identify source and amount)</li> </ul>		<b>\$</b>					
		TOTAL	\$					
C.	Estimated cost of capital 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)								