



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: _____ **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 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 NO

If yes, include a copy with your submission

CAPITAL REPAIR INFORMATION

a. General Description _____

Estimated Cost: \$ _____

Funds Requested: \$ _____

b. Classification

emergency / health and safety

replace aging systems (mechanical, electrical, structural)

renewal of housing stock (retrofit)

energy efficiency

other, specify _____

c. Proposed Commencement Date _____

d. Proposed Completion Date _____

