

# Application for Long-Term Care Home Development

Ministry of Long-Term Care  
Long-Term Care Operations Division

Version 2.0

# Version Control Tracking

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# Table of Contents

- About the Application ..... 4
- Application Instructions..... 6
- Section 1 - Applicant Information..... 8
- Section 2 - Project Information..... 11
  - 2.1 Project Description and Impacts..... 11
  - 2.2 Proposed Bed Summary Post Construction..... 14
  - 2.3 Proposed Location ..... 16
  - 2.4 Proposed Project Milestones..... 18
  - 2.5 Design Variances ..... 19
  - 2.6 Project Dependencies ..... 20
  - 2.7 Alignment with Policy Priorities ..... 21
- Section 3 – Financial Information..... 25
  - 3.1 Project Financial Overview..... 26
  - 3.2 Project Financial Details..... 27
  - 3.3 Historical and Projected Financial Information ..... 29
- Applicant Declaration..... 31
- Appendix A: Licence Application & Eligibility Attestation ..... 35
- Appendix B: Applicant Documentation Checklist..... 41
- Appendix C: Lender Support ..... 44
- Glossary ..... 47

# About the Application

Long-term care homes are an integral component of Ontario's public health care system. In rural and urban communities across the province, they are the places more than 78,000 people call home, providing the care, programs and services some of the province's most vulnerable people need.

As the province's demographics change and the needs of residents in long-term care (LTC) 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.

In response, as part of a transformational strategy to end hallway healthcare, the Government of Ontario is building a 21st century long-term care system that:

- Is resident-centered;
- Builds capacity and access for residents and caregivers to ensure Ontarians get the care they need when they need it;
- Is responsive and flexible to residents and our sector partners;
- Reduces regulatory burdens and administrative barriers; and
- Addresses gaps in the system.

To that end, the government has committed to creating 15,000 new long-term care beds in the province in five years to help increase access to long-term care, reduce waitlists, alleviate hospital capacity pressures, and end hallway health care.

In addition, the government has committed to upgrading an additional 15,000 older long-term care beds to modern design standards, which will allow the long-term care sector to provide more appropriate care to those with complex health conditions.

## **Long-Term Care Development Program – A Modernized Approach**

In order to build a flexible and responsive long-term care system that enables people to get the care they need when they need it, the Ministry of Long-Term Care (the ministry) is developing a modernized long-term care development program that prioritizes three program objectives:

**Integration and Partnership:** improves flow within the health care system to end hallway healthcare and helps to ensure resident needs are met by encouraging partnerships with health, social, cultural, and linguistic organizations, including Indigenous peoples and Francophones, as well as educational institutions;

**Innovation:** provides better, more efficient resident-centered care that responds to the needs of increasingly medically complex, cognitively impaired and physically dependent residents by leveraging cutting-edge health technologies, digital health solutions, as well as innovative design applications and solutions; and,

**Licensee Diversification:** enables leadership in long-term care from new non-profit, municipal and for-profit long-term care providers, including cultural and linguistic organizations, Indigenous peoples, and Francophones by creating new opportunities to develop and operate a long-term care home.

The program also recognizes the unique development challenges experienced in rural and urban areas of the province and will integrate responsive solutions that enable the development of long-term care beds where they are needed most.

### **A New Long-Term Care Development Application**

As work to modernize the Long-Term Care Development Program continues, the ministry is seeking applications that will help to build a 21<sup>st</sup> century long-term care system, improve outcomes, and enable the effective use of additional long-term care capacity to meet the diverse needs of residents and their families where it is needed the most.

The allocation of funding to support the development and redevelopment of long-term care beds will be guided by the three long-term care development program objectives described above and the following policy priorities:

**More flexible care structures** to address the needs of patients and residents who are medically complex, cognitively impaired, physically dependent, and whose care needs cannot be met within existing long-term care programs.

**Expanded care models** to address specialized care needs through the provision of specialized services, linguistic or culturally-specific care, and the use of technology-supported care, such as novel dementia programming and culturally specific programming and services; and

**Increased care capacity** to expand access to basic beds in long-term care homes and facilitate patient and resident flow across care settings, such as a campus of care model.

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 applicable ministry funded program, 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.
- For assistance with the Application form, email [LTCdevelopment@ontario.ca](mailto:LTCdevelopment@ontario.ca).

## Eligibility to Apply

- Applicants must be eligible to be licensed or approved to operate a long-term care home under the Long-Term Care Homes Act, 2007 and Regulation 79/10.
- Applicants should seek Ontario legal and financial advice as to the applicable legal and financial requirements and considerations, including any additional Provincial and/or Federal legislative and regulatory requirements or restrictions associated with operating a business in Ontario.

## 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:

- Current ministry policies, including:
  - [Long-Term Care Home Design Manual, 2015](#) (Design Manual)
  - [Construction Funding Subsidy Policy for Long-Term Care Homes, 2019](#) (CFS Policy)
- [Long-Term Care Homes Act, 2007](#) (LTCHA) and Ontario [Regulation 79/10](#)
- Informational videos
- [Glossary of Terms](#) found at the end of this Application form

An Applicant is encouraged to discuss their proposed project and local LTC needs with local health system partners prior to the submission of their Application.

An Applicant should ensure they have the latest version of Adobe Reader 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 Form

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;
- A signed Applicant Declaration;
- A completed Schedule 1 - Applicant Corporate Structure and Affiliates
- *Optional, only as indicated in question 2.7.7.:* 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 MAIL OR BY EXPEDITED MAIL.**

**APPLICATIONS WILL ONLY BE ACCEPTED IF SUBMITTED ELECTRONICALLY.**

**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 an operator, 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	



- 1.12 Applicants new to the LTC home sector in Ontario must retain an LTC 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.

Complete **Schedule 1: Applicant Corporate Structure and Affiliates**, attached to this Application form.

- 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).

- 1.14 Where the Applicant is planning to develop additional long-term care beds or redevelop existing beds in the next five years please complete **Schedule 2: Portfolio Management**.

# Section 2 - Project Information

## 2.1 Project Description and Impacts

2.1.1. In 750 words or less, provide specific details describing the LTC project and the anticipated impact of the new and/or redeveloped LTC 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:** where the home will be located and the needs of current and future residents in the communities the home will serve; and
- **Design:** the physical and design components of the LTC home and other on-site programs and services connected or integrated with the home; and
- **Impact:** 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 and policy priorities 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. This should be the name of the proposed home or, if unknown, use the following naming convention: Applicant Organization-Location (i.e. ACME-Ottawa).

2.1.3. Total number of LTC beds proposed to be developed under a Ministry-Funded Program

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

2.1.5. Total number of LTC beds proposed to be developed and redeveloped outside of a Ministry-Funded Program (i.e. without any ministry construction funding subsidy)

2.1.6. Type of project (select one)

Development of new LTC beds, under a Ministry-Funded Program

Hybrid project that includes both development of new LTC beds and redevelopment of existing LTC beds, under a Ministry-Funded Program

Redevelopment of existing LTC beds, under a Ministry-Funded Program

2.1.7. Type of construction (select one)

A. New Construction

B. Renovation (within existing building footprint)

C. Renovation (outside existing building footprint)

D. 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 LTC 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-LTC 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 LTC 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 LTC 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 LTC home after construction. The table should contain:

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

	Source of Bed(s)	Proposed Number of Beds	Structural Classification of Existing Bed(s)	Licence Type	Source LTC Home Name	Facility ID Number of Source Home	Is a Purchase and Sale Agreement in Place?	Licence Expiry (in source LTC home)	Beds to be part of the project?
1									
2									
3									
4									
5									
6									

**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

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, or 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.

2.3.1.a. In which community/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.

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

Yes

No

2.3.2. 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.

2.3.3. Provide actual address details for the site.

Street Address	City/Town	Postal Code

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

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

2.3.6. Does the current zoning designation of the site permit an LTC home?

Yes

No

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

Environmental Assessment

Geotechnical Survey

Archaeological Assessment

2.3.8. Is the site fully serviced?

Yes

No

2.3.9. If the site is not fully serviced, describe the work that needs to take place to fully service the site.

## 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.

<b>Project Milestones</b>	<b>Proposed Date (mm-yyyy)</b>
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.

	<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 LTC home and/or an addition to an existing LTC home through the development or redevelopment of LTC 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 completion of the proposed project dependent on any other project(s) that would receive provincial government funding (e.g. another LTC home project or a hospital capital approval)?

Yes

No

2.6.2. Is the Applicant submitting more than one LTC Development application?

Yes

No

2.6.3. If the proposed project is dependent on any other project(s) that would receive provincial government funding, provide the priority sequence of these proposed projects and where applicable provide a brief description of the dependency.

	<b>Project Name</b>	<b>Dependency (where applicable)</b>	<b>City/Town</b>	<b>Proposed # of beds in the project</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## 2.7 Alignment with Policy Priorities

The ministry is proposing policy priorities aimed at improving outcomes and enabling effective use of additional LTC capacity. The following questions should be considered as a commitment to align with the Ministry's policy priorities by the applicant and could be a condition of the allocation of LTC beds.

### More flexible care structures

More flexible care structures means building more LTC 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 LTC programs (e.g. those with multiple comorbidities, chronic diseases, responsive behaviours, etc.). Examples of allocation planning include enabling the designation of Behavioural Support Units and enhanced convalescent care.

2.7.1. Will the project build specialized unit(s)?

Yes

No

*Please consult the LTCHA, s. 39 and Ontario Regulation 79/10, ss. 198-206 before answering this question.*

2.7.1.a. If yes, how many net new **behavioural support** specialized unit beds do you intend to request to build in the proposed LTC home, subject to applicable requirements?

2.7.1.b. If yes, how many net new specialized unit beds serving **other health care needs** do you intend to request to build in the proposed LTC home, subject to applicable requirements?

2.7.1.c. Please provide a general description of the **other health care needs** that you intend to request to build in the proposed LTC home, subject to applicable requirements.

## Expanded care models

**Expanded care models** means embedding more program supports to address specialized care needs through more specialized services and innovation, such as the use of technology-supported care, novel dementia programming, and culturally-specific programming and services.

**Specialized services and 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.

**Dementia programming** means building for applicants or residents to embed novel program supports or models of care.

Building **culturally-specific programming and services** means serving the cultural and linguistic interests of persons of a particular religious, ethnic/ and/or linguistic group such as Francophone communities or Indigenous peoples.

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 an expanded care model?

Yes

No

2.7.3 Does the Applicant propose to develop or redevelop beds that will services the interest of particular religious ethnic and/or linquistic groups?

Yes

No

If yes, then:

2.7.3.a. How many of the developed or redeveloped LTC beds are proposed to serve the interests of Francophone communities?

2.7.3.b. How many of the developed or redeveloped LTC beds are proposed to serve the interests of Indigenous peoples?

2.7.3.c. How many of the developed or redeveloped LTC beds are proposed to serve the interests of any other persons (and/or spouses of persons) of a particular religious, cultural, ethnic, and/or linguistic group not identified above?

**Increased care capacity**

**Increased care capacity** means increasing care capacity for residents or applicants by increasing affordability or facilitating patient and resident flow across care settings through partnerships.

**Increasing affordability** means expanding access to basic beds in LTC homes.

**Facilitating patient and resident flow** means partnering across the health, social, and education sectors such as being part of a campus of care model, 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 LTC 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 LTC 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 LTC home x 100 = \_\_\_\_\_*

2.7.6 Will the proposed project be part of a campus of care model?

Yes No

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. Other, please describe:

# 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 LTC 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 LTC 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.



## 3.2 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, a grant, etc.).

**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 assumptions for debt below:

<b>Debt</b>	<b>Term</b>	<b>Amortization Period</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 LTC beds. Where a project is proposing to redevelop existing LTC 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 LTC 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.

<b>Historical Financial Information</b>			
	Revenue	Revenue	Revenue
	Previous Year	Two Years Ago	Three Years Ago
<b>Year:</b>			
Preferred Accommodation Revenue			
Level of Care (Other Accommodation)			
Structural Classification Premium (SCP)			
Construction Funding Subsidy (CFS)			
Other			
<b>Total Revenue</b>			
<b>Total Surplus</b>			

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

## Projected Financial Information

3.3.2. 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-LTC) that would be utilized towards the project should be identified as “Other”.

Projected 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 (CFS)					
<b>Total LTC Revenue</b>					
Other Revenue <sup>1</sup> : (please specify)					
<b>Total Revenue</b>					
<b>Total Surplus<sup>2</sup></b>					
<b>Assumed Mortgage Payment</b>					
<b>Debt Service Coverage Ratio (DSCR)</b>					

<sup>1</sup> - **Other Revenue:** Other non-LTC revenue required to support the project.

<sup>2</sup> - **Total Surplus** = Total Revenue – Other Accommodation expenditures before debt service costs

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

# 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), 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 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;
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, 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, 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 other 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 Construction Funding Subsidy Policy for Long-Term Care Homes, 2019, 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 *LHSIA*, 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 *Long-Term Care Homes Act, 2007* (the "Act") 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 [LTDevelopment@ontario.ca](mailto:LTDevelopment@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>Title</b>
<b>Witness</b>	<b>Title</b>
<b>Date</b>	<b>Date</b>

**If second signature required:**

<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>

# Appendix A: Licence Application & Eligibility Attestation

Legal Name of the Licensee (the “Applicant”)<sup>3</sup>:

Name of the LTC 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

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Source Home(s) Information:

Home Number <sup>3</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>3</sup> As shown on your licence and/or approval.

*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.*

***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”) 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).*

**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 attach a complete list of the current senior employees of the Applicant (including the names, positions held, business e-mail addresses and business telephone numbers) who are involved in the operation and management of the Home. If the Applicant is not a municipality, please attach a current list of the Officers and Directors of the Applicant with the latest *Form 1: Initial Return/Notice of Change by an Ontario Corporation*<sup>4</sup>, (or the equivalent, where the Applicant is not an Ontario corporation), and a list of all persons who hold a controlling interest in the Applicant (directly or indirectly).

(b) Relating to section 98(1)(a) of the Act<sup>5</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.*

<sup>4</sup> The Form 1 (as required under the *Corporations Information Act*) must be reflective of the current officers and directors of the Applicant and must indicate that it has been filed with the Ministry of Government Services.

<sup>5</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 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.

2) (a) Have any of the persons listed pursuant to paragraph 1(a) above, or the Applicant, 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, attach full detail.***

(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 long-term care home where the licensee is or was in 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 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
- (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.

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 herein 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, 20 \_\_.

**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

## Corporations Checklist

1. Form 1 – Ontario Corporation – Initial Return / Notice of Change / *Corporations Information Act* or Annual Return (or equivalent if incorporated in another jurisdiction);
2. Certificate of Incorporation;
3. Articles of Incorporation / Amendment;
4. Letters Patent / Supplementary Letters Patent;
5. A complete list of persons in senior positions and the current Officers and Directors of the Applicant (including the names, positions held and business telephone numbers of all officers, directors and persons with a controlling interest (as defined in s. 2 of the Long-Term Care Homes Act, 2007 (the “*LTCHA*”), which includes direct or indirect controlling interest, alone or together with “associate” as defined there, ) in the Applicant, along with a statement describing the ownership or beneficial ownership of equity shares of capital stock in the Applicant);
6. Each person who is involved in the Applicant (as identified in above bullet) shall list all LTC homes of which
  - a. the person is the licensee;
  - b. the person is the manager;
  - c. the person has a controlling interest in the licensee; or
  - d. the person has a controlling interest in the manager.

For Charitable Corporations all of the above is required, including any documentation to show that it is a registered Charitable Organization.

## Limited Partnership Checklist

1. Declaration under the *Limited Partnerships Act*;
2. Certificate of Incorporation for each general partner (GP) that is a corporation;
3. Articles of Incorporation / Amendment for each GP that is a corporation;
4. Form 1 – Ontario Corporation – Initial Return / Notice of Change / *Corporations Information Act* or Annual Return for each GP that is a corporation (or equivalent if incorporated in another jurisdiction);
5. A complete list of current Officers and Directors for each GP (including the names, positions held and business telephone numbers of all officers, directors and persons with a controlling interest (as defined in s. 2 of *LTCHA*, which includes direct or indirect controlling interest, alone or together with “associate”

- as defined there in the GP, along with a statement describing the ownership or beneficial ownership of equity shares of capital stock in the GP); and
6. Each GP and each person who is involved in the GP (as identified in above bullet) shall list all LTC homes of which
    - a. the person is the licensee;
    - b. the person is the manager;
    - c. the person has a controlling interest in the licensee; or
    - d. the person has a controlling interest in the manager.

Note: If any GP is not a corporation, please provide a description of the GP's legal status, constituting documents, and information corresponding to that set out in the list above, as applicable to the GP.

## Sole Proprietorship / Individual Checklist

Any documentation confirming the Sole Proprietorship (i.e. Business permit).

## Municipal Home Checklist

1. Name of municipality (or municipalities) approved or to be approved to operate home, as applicable;
2. Whether municipality is an upper tier, lower tier, or single tier municipality;
3. Name of legislation under which the applicable municipality(ies) is/are established);
4. Whether the municipality is in a territorial district, and if so, the name of the territorial district, and the population of the municipality (see ss. 118 and 122-124 of *LTCHA*); and
5. Whether the 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, if applicable.

## For First Nations Homes under Part VIII, s. 129 of *LTCHA* Checklist

1. Name of Band;
2. Constituting documents as applicable; and
3. List of current Band Council Members.

Note: If a First Nations affiliated entity wishes to apply for a licence under Part VII of the *LTCHA*, then use the applicable list associated with the type of entity, e.g. for corporation, see first row above.

## If the Applicant is not an existing Licensee/Operator of an LTC Home in Ontario Checklist

1. A recent Credit Report for each current Officer(s) and Director(s).
2. Result of a recent “Vulnerable Sector Screening Program – Police Reference Checks” for each current Officer(s) and Director(s).
3. A detailed summary of the individual(s)’s experience with respect to any LTC homes in which any of the individual(s) was involved. This should include information about homes currently in operation or homes that are no longer being operated, whether under the *LTCHA* or under any previous Act (i.e. under the *Nursing Homes Act*, *the Charitable Institutions Act* or *the Homes for the Aged and Rest Homes Act*). This should also include information about LTC homes in other jurisdictions.
4. A summary of the individual’s experience in the operation of facilities such as, health care facilities or businesses; facilities or businesses serving vulnerable people; and retirement homes.
  - a. This should include information about facilities or businesses currently being operated or that are no longer being operated, and facilities or business in Ontario or in other jurisdictions.
  - b. For individuals who are or were professionals, please provide information about the individual(s)’s professional status and records, including any records of complaints or discipline.

Note: this is not limited to health professions, but includes all other professions as well, such a law, accounting, etc.

5. Include information about current professions and all former professions in Ontario or in other jurisdictions.

# 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.

---

## A. Project Summary

**Legal Name of Applicant**

**Type of Applicant**

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

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

**Type of Construction**

## B. Summary of Financial Implications

Estimated Project Costs	\$	Sources of Funds	\$
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			
Furniture, Fixture and Equipment			
Total Stranded Debt <sup>6</sup>			
<b>Estimated Total Project Costs</b>		<b>Total Sources of Funds</b>	

<sup>6</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.

Revenue Forecast					
	Year 1	Year 2	Year 3	Year 4	Year 5
Preferred Accommodation Revenue					
Level of Care (Other Accommodation)					
Construction Funding Subsidy					
Other Revenue <sup>7</sup> : (please specify)					
<b>Total Revenue</b>					
<b>Total Surplus<sup>8</sup></b>					
<b>Assumed Mortgage Payment</b>					

<sup>7</sup> Other Revenue: Other non-LTC revenue required to support the project.

<sup>8</sup> Total Surplus = Total Revenue – Other Accommodation expenditures before debt service costs

### C. Demonstration of Lender Support

It is our understanding that the \_\_\_\_\_ is preparing to develop/ redevelop \_\_\_\_\_ long-term care beds in \_\_\_\_\_ and the estimated project costs are \_\_\_\_\_, and the proposed debt financing is \_\_\_\_\_.

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

The financing proposal appears to fit within \_\_\_\_\_ lending parameters and there is reasonable likelihood that the \_\_\_\_\_ will secure financing from \_\_\_\_\_.

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:

\_\_\_\_\_ requests that the contents of this letter be kept confidential and not be used other than in connection with the MLTC's evaluation of the transaction described herein, and that this letter not be provided to other parties without our prior written consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Signee (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
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, 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:** An Operator, or person who wishes to become an Operator, 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) upon successful completion of a project, the ministry will provide funding (or ensure the provision of funding) by way of a per diem construction funding subsidy paid to the Applicant over a time period agreed within the Development Agreement, subject to various conditions (especially 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 operators 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.

**[Local Health Systems Integration Act, 2006 \(LHSIA\)](#):** The *Local Health Systems Integration Act, 2006*, including regulations under that Act.

**Long-Term Care Homes Act, 2007 (LTCHA):** The *Long-Term Care Homes Act, 2007*, including regulations under that Act (including Regulation 79/10).

**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:** An LTC home development program under which the ministry provides or arranges funding to be provided to eligible Operators, to support construction costs, based on an invitation or call for applications. issued or publicized by the ministry.

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

**Operator:** A legal entity that operates a long-term care home pursuant to a licence under Part VII of the *LTCHA* or pursuant to an approval under Part VIII of the *LTCHA*, or a legal entity which the ministry approves to develop and operate a long-term care home, subject to applicable requirements.

**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 LTC home building structure and/or construction of additional floors to an existing LTC home building where construction is within the existing LTC home building footprint (i.e. no expansion beyond existing external walls.)

**Renovation (outside of existing building footprint):** Construction of an addition to an existing LTC home building structure that expands outside the existing LTC 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 substantially complete in accordance with the terms of the Development Agreement.

