

2.0 Service Provider – Summary Information

**Company / Society
Name:**

(Legal entity which will enter into the operating agreements.)

Address:

Postal code:

Contact Person:

Position:

Telephone:

Fax:

Building Name:

Building Address:

Postal code:

**Legal description
and PID numbers:**

(Full legal description of the land with PID numbers.)

Experience

Indicate the number of units and years the company/society ("Proponent") has operated any of the following:

_____	Units of independent seniors housing for	_____ years	1.
_____	Units of supportive housing (including hospitality services) for	_____ years	2.
_____	Units of assisted living (including hospitality and personal care services) for	_____ years	3.
_____	Units of residential care (licensed facility with 24-hour access to medical services) for	_____ years	4.
_____	Other units (specify) _____ for	_____ years	5.

Insurance

Summarize Proponent's existing insurance coverage limits below:

"All Risks" Property:	_____	6.
"All Risks" Business Interruption:	_____	7.
Comprehensive Boiler and Machinery (if applicable):	_____	8.
Automobile Liability:	_____	9.
Comprehensive General Liability:	_____	10.
Professional Liability:	_____	11.

Staff

Existing staff of the building in which the proposed rent supplement apartments are located:

_____ Full Time Employees (FTEs) for _____ units (total in project), including:

_____ Management and administrative staff

_____ Building maintenance staff

Other staff including social/recreational activities co-ordinator, food preparation and service staff, housekeeping staff (please describe):

Based on the requirement of providing 24 hour support, please provide a schedule of staffing levels indicating the types of services provided, including administration and support staff for a complete week and when services are available, how many staff are available, their portion of FTE, and their roles and functions; or complete the sample table below.

[illegible]

Based on number of hours per work week of _____.

Community Links

List the organizations, resources, service agencies, etc. that the Service Provider has accessed in the past (or proposes to access in the future) on behalf of its Tenants and please describe the involvement of the Service Provider's staff in facilitating Tenant access:

17.
