



Community and Health Services Department

Housing Provider Capital Plan

Date:			
Corporation Name:			
Project Name:			
Mailing Address:			
Contact Person:			
Phone:			
Fax:			
Email:			
Do you have sufficient funds to complete this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fiscal year starting:

This form is to be completed by:

- Provincial Reform housing providers who:
 - wish to participate in York Region's 50% surplus share arrangement or
 - who have an additional subsidy or loan agreement
- Federal providers (to eliminate the need to request York Region's approval for individual capital expenditures)

If your plan is approved, you may spend up to the maximum of the range. If your expenditures will be higher than the maximum amount, or if you need to do additional work not included in your plan, complete a Capital Plan Update form. This work should not be done without Regional approval.

If you need help completing this form, please contact your Program Coordinator.
Please note that approval of this plan does not oblige York Region to commit to funding.

The Region may request supplementary information, if needed.

The Board of Directors approved this plan at a meeting held on: _____

Print Name: _____
Board Chair or Other Authorized Board Member

Signature: _____

Date: _____

Summary of Minor Capital Expenditures

(Minor capital work includes cyclical replacement items/routine items such as appliance replacement, flooring, etc. and/or a single event capital expenditure under \$15,000)

No.	What building element are you replacing/repairing? (e.g. carpet, appliances)	Why is the work needed?	Where is the work being performed? (e.g. in unit, in corridor, etc.)	What are you replacing with?	Last time replaced?	Estimated Budget (Including any Consulting Fees and Applicable Taxes) Give a Range - minimum to maximum
Total:						

Summary of Major Capital Expenditures

No.	What building element are you replacing? (e.g. HVAC unit, roof)	Why is the work needed?	Where is the work being performed? (e.g. in unit, in corridor, etc.)	What are you replacing with?	Last time replaced?	Estimated Budget (Including any Consulting Fees and Applicable Taxes) Give a Range - minimum to maximum
Total:						