

FORM A: PROPOSAL
(See D1)

1. Contract Title REQUEST FOR PROPOSAL FROM NON-PROFIT HOUSING PROVIDERS FOR SALE OF CITY OWNED LOTS IN THE WILLIAM WHYTE NEIGHBOURHOOD FOR AFFORDABLE NON-PROFIT HOUSING OR MIXED USE DEVELOPMENT THAT INCLUDES AFFORDABLE HOUSING

2. Proponent

Name of Proponent

Usual Business Name of Proponent as it appears on Invoice (if different from above)

Street

City Province Postal Code

Email Address of Proponent

Facsimile Number

(Mailing address if different)

Street or P.O. Box

City Province Postal Code

GST Registration Number (if applicable) Province Postal Code

The Proponent is:

(Choose one)

a not-for-profit corporation

a charitable organization

a co-operative

carrying on business under the above name.

3. Contact Person

The Proponent hereby authorizes the following contact person to represent the Proponent for purposes of the Proposal.

Contact Person Title

Telephone Number Facsimile Number

4. Contract The Proponent agrees that the Request for Proposal in its entirety shall be deemed to be incorporated in and to form a part of this offer notwithstanding that not all parts thereof are necessarily attached to or accompany this Proposal.

5. Addenda The Proponent certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Contract:

No.	Dated
_____	_____
_____	_____
_____	_____

6. Signatures The Proponent or the Proponent's authorized official or officials have signed this

_____ day of _____, 20_____.

Signature of Proponent or
Proponent's Authorized Official or Officials

(Print here name and official capacity of individual whose signature appears above)

(Print here name and official capacity of individual whose signature appears above)

FORM W: APPLICATION FORM

FORM W: APPLICATION FOR ACQUISITION AND DEVELOPMENT OF VACANT CITY-OWNED LOTS IN THE WILLIAM WHYTE NEIGHBOURHOOD			
Applicant Information			
Organization Name:			
Project Specifics			
Lot Address:			
Price Offered:			
Dwelling Type:	<input type="checkbox"/> Single Detached	<input type="checkbox"/> Row	# Units:
	<input type="checkbox"/> Duplex	<input type="checkbox"/> Apartment	# Units:
	<input type="checkbox"/> Stacked	<input type="checkbox"/> Rooming House	# Beds:
Tenure:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Rental	<input type="checkbox"/> Cooperative
	<input type="checkbox"/> Other (describe):		
Special Features (please describe below if applicable):	<input type="checkbox"/> Energy Efficiency	<input type="checkbox"/> Accessible Units	
	<input type="checkbox"/> Green Design	<input type="checkbox"/> Visitable Units	
	<input type="checkbox"/> Inclusion of Secondary Suite (if single detached unit)		
Supports provided to renters or purchasers:			
Target Population (e.g. families, Indigenous, women, at-risk):			
Project Description (please summarize proposed development - attach extra sheets if necessary)			

Rental Unit Description

Unit Type	# Units	Unit Size	Rent	Utilities Included in Rent
1 bedroom				
2 bedrooms				
3 bedrooms				
4 bedrooms				
other _____				
TOTALS				

Homeowner Unit Description

Unit Type	# Units	Unit Size	Unit Price	Special Features
1 bedroom				
2 bedrooms				
3 bedrooms				
4 bedrooms				
other _____				
TOTALS				

Projected Dates

Acquisition	Construction Start	Occupancy

Financing Information

Source	Amount	Confirmed (Y/N)
Proponent Equity		
Mortgage or other debt financing		
Grants and other funding		
a) _____		
b) _____		
c) _____		
d) _____		
Total Project Capital Cost		

Applicant Declaration

This is to certify that information included in this application accurately reflects proposed development for the subject property. Changes to this application must be submitted in writing and must be approved by an authorized representative of the City of Winnipeg.

Applicant's Name	Applicant's Signature
Position	Date