

Schedule A1: Description of Services
2014-2017

Health Service Provider: The Canadian Red Cross Society

Services Provided - With LHIN Funding	Catchment Area Served																									
	Within LHIN							Other LHIN Areas																		
Service	Millon	Halkon Hills	Oakville	NW Miss.	SE Miss.	South Etobicoke	Area 7	Area 8	Area 9	Area 10	ALL	ES	SW	WW	HNHB	CW	MH	TC	CEN	CE	SE	CH	NS	NE	NW	
72.5 82 10 CSS IH - Meals Delivery				X	X	X									X	X										
72.5 82 14 CSS IH - Transportation - Client	X		X	X	X										X											

Schedule A2: Population and Geography 2014-2017

Health Service Provider: The Canadian Red Cross Society

Client Population

The Meals on Wheels program provides service to clients aged 65 years or older. The Transportation program provides services to eligible clients. The majority of clients are seniors aged 65 years and older, however, depending on the program, clients may be eligible as adults 18 years and older who have limited physical mobility, cognitive impairment and/or age-enhancing condition and require transportation. The majority of trips are to medical appointments, dialysis clinics, hospitals and adult day services. CRCS provides service to eligible clients regardless of cultural or linguistic background. We currently provide service to clients from the following communities: South Asian, Chinese, Italian, German and Dutch. Approximately 1% of our clients speak French. The most common languages spoken are: Punjabi, Hindi, Chinese, Cantonese, Italian, German and Dutch. We do not currently provide service to any clients who have identified with a specific Aboriginal Community. CRCS's expected client outcomes are for clients to experience improved health status, wellbeing, and/or independence through the receipt of nutritious meals and transportation services which support clients to continue living in their home/community.

Geography Served

CRCS' Branches are open Monday to Friday from 8:30 am to 4:30 pm and are located at: 5700 Cancross Court, Mississauga, ON, L5R 3E9; #6-2275 Speakman Drive, Mississauga, ON, L5K 1B1; #5-100 Nipissing Road, Milton, ON, L9T 5B2; #15-1400 Cornwall Road, Oakville, ON, L6J 7W5. Our Meals on Wheels program operates Monday to Friday from 8:30 am - 4:30 pm with some meals being delivered to adult day services that operate on Saturday/Sunday. Our Service Coordination Centre for the Transportation program operates from 7:00 am - 5:30 pm Monday to Friday.

Schedule B1: Total LHIN Funding
2014-2017

Health Service Provider: The Canadian Red Cross Society

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRs VERSION 9.0	2014-2015 Plan Target	2015-2016 Plan Target	2016-2017 Plan Target
REVENUE					
LHIN Global Base Allocation	1	F 11006	\$1,682,375	\$1,682,375	\$1,682,375
HBAM Funding (CCAC only)	2	F 11005	\$0	\$0	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0	\$0	\$0
MOHLTC Base Allocation	4	F 11010	\$0	\$0	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0	\$0	\$0
LHIN One Time	6	F 11008	\$0	\$0	\$0
MOHLTC One Time	7	F 11012	\$0	\$0	\$0
Paymaster Flow Through	8	F 11019	\$0	\$0	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$673,565	\$673,565	\$673,565
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$2,355,940	\$2,355,940	\$2,355,940
Recoveries from External/Internal Sources	11	F 120*	\$0	\$0	\$0
Donations	12	F 140*	\$22,295	\$22,295	\$22,295
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$0	\$0	\$0
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$22,295	\$22,295	\$22,295
TOTAL REVENUE	15	Sum of Rows 10 and 14	\$2,378,235	\$2,378,235	\$2,378,235
EXPENSES					
Compensation					
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,036,557	\$1,036,557	\$1,036,557
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$214,811	\$214,811	\$214,811
Employee Future Benefit Compensation	19	F 305*	\$0	\$0	\$0
Physician Compensation	20	F 390*	\$0	\$0	\$0
Physician Assistant Compensation	21	F 390*	\$0	\$0	\$0
Nurse Practitioner Compensation	22	F 380*	\$0	\$0	\$0
All Other Medical Staff Compensation	23	F 390*, [excl. F 39092]	\$0	\$0	\$0
Sessional Fees	24	F 39092	\$0	\$0	\$0
Service Costs					
Med/Surgical Supplies & Drugs	25	F 460*, 465*, 560*, 565*	\$0	\$0	\$0
Supplies & Sundry Expenses	26	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$938,834	\$938,834	\$938,834
Community One Time Expense	27	F 69596	\$0	\$0	\$0
Equipment Expenses	28	F 7*, [excl. F 750*, 780*]	\$31,200	\$31,200	\$31,200
Amortization on Major Equip, Software License & Fees	29	F 750*, 780*	\$63,481	\$63,481	\$63,481
Contracted Out Expense	30	F 8*	\$100,410	\$100,410	\$100,410
Buildings & Grounds Expenses	31	F 9*, [excl. F 950*]	\$56,423	\$56,423	\$56,423
Building Amortization	32	F 9*	\$0	\$0	\$0
TOTAL EXPENSES	33	Sum of Rows 17 to 32	\$2,441,716	\$2,441,716	\$2,441,716
NET SURPLUS/(DEFICIT) FROM OPERATIONS	34	Row 15 minus Row 33	(\$63,481)	(\$63,481)	(\$63,481)
Amortization - Grants/Donations Revenue	35	F 131*, 141* & 151*	\$63,481	\$63,481	\$63,481
SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations	36	Sum of Rows 34 to 35	\$0	\$0	\$0
FUND TYPE 3 - OTHER					
Total Revenue (Type 3)	37	F 1*	\$1,430,746	\$1,430,746	\$1,430,746
Total Expenses (Type 3)	38	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$1,430,746	\$1,430,746	\$1,430,746
NET SURPLUS/(DEFICIT)	39	Row 37 minus Row 38	\$0	\$0	\$0
FUND TYPE 1 - HOSPITAL					
Total Revenue (Type 1)	40	F 1*	\$0	\$0	\$0
Total Expenses (Type 1)	41	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0
NET SURPLUS/(DEFICIT)	42	Row 40 minus Row 41	\$0	\$0	\$0
ALL FUND TYPES					
Total Revenue (All Funds)	43	Line 13 + line 32 + line 35	\$3,872,462	\$3,872,462	\$3,872,462
Total Expenses (All Funds)	44	Line 28 + line 33 + line 36	\$3,872,462	\$3,872,462	\$3,872,462
NET SURPLUS/(DEFICIT)	45	Row 43 minus Row 44	\$0	\$0	\$0
Total Admin Expenses Allocated to the TPBEs					
Undistributed Accounting Centres	46	82*	\$0	\$0	\$0
Admin & Support Services	47	72 1*	\$351,029	\$351,029	\$351,029
Management Clinical Services	48	72 5 05	\$0	\$0	\$0
Medical Resources	49	72 5 07	\$0	\$0	\$0
Total Admin & Undistributed Expenses	50	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$351,029	\$351,029	\$351,029

Schedule B2: Clinical Activity- Summary
2014-2017

Health Service Provider: The Canadian Red Cross Society

Service Category 2014-2016 Budget	OHRS Framework Level 3	Visits F2F, Tel, In House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions (All Time Intervals)
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	65,398	0	0	0	3,713	0	0	59,200	0	0

Service Category 2016-2016 Budget	OHRS Framework Level 3	Visits F2F, Tel, In House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions (All Time Intervals)
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	65,398	0	0	0	3,713	0	0	59,200	0	0

Service Category 2016-2017 Budget	OHRS Framework Level 3	Visits F2F, Tel, In House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions (All Time Intervals)
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	65,398	0	0	0	3,713	0	0	59,200	0	0

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES**

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide the required information on the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk "*".

OHRs/MIS Trial Balance Submission (through OHFS)	
2014-2015	Due Dates (Must pass 3c Edits)
2014-15 Q1	<i>Not required 2014-15</i>
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 31, 2015
2015-16	Due Dates (Must pass 3c Edits)
2015-16 Q1	<i>Not required 2015-16</i>
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	Due Dates (Must pass 3c Edits)
2016-17 Q1	<i>Not required 2016-17</i>
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 30, 2017

Supplementary Reporting - Quarterly Report (through SRI) and Annual Reconciliation Report	
2014-2015	Due five (5) business days following Trial Balance Submission Due Date
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
2014-15 ARR	June 30, 2015
2015-2016	Due five (5) business days following Trial Balance Submission Due Date
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
2015-16 ARR	June 30, 2016
2016-2017	Due five (5) business days following Trial Balance Submission Due Date
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
2016-17 ARR	June 30, 2017

**SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES**

Board Approved Audited Financial Statement *	
Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Declaration of Compliance	
Fiscal Year	Due Date
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Community Support Services – Other Reporting Requirements	
Requirement	Due Date
French language service report through SRI	2014-15 - April 30, 2015
	2015-16 - April 30, 2016
	2016-17 April 30, 2017

**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY SUPPORT SERVICES**

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

<ul style="list-style-type: none">▪ Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
<ul style="list-style-type: none">▪ Community Support Services Complaints Policy (2004)
<ul style="list-style-type: none">▪ Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
<ul style="list-style-type: none">▪ Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
<ul style="list-style-type: none">▪ Screening of Personal Support Workers (2003)
<ul style="list-style-type: none">▪ Ontario Healthcare Reporting Standards – OHRS/MIS – most current version available to applicable year
<ul style="list-style-type: none">▪ Community Financial Policy (2011)
<ul style="list-style-type: none">▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012

Note #1: Community Financial Policy

A process has been initiated for reviewing the Community Financial Policy (2011) that includes MOHLTC, LHINS and community sector representatives.

Schedule E1: Core Indicators

2014-2017

Health Service Provider: The Canadian Red Cross Society

Performance Indicators	2014-2015		2015-2016		2016-2017	
	Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0	\$0	>=0	\$0	>=0
Proportion of Budget Spent on Administration	14.4%	11.5 - 17.3%	14.4%	11.5 - 17.3%	14.4%	11.5 - 17.3%
**Percentage Total Margin	0.00%	>= 0%	0.00%	>= 0%	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	0.00%	<0%	0.00%	<0%	0.00%	<0%
Variance Forecast to Actual Expenditures	\$0	< 5%	\$0	< 5%	\$0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%	0	< 5%	0	< 5%
Service Activity by Functional Centre	Refer to Sch E2a	-	Refer to Sch E2a	-	Refer to Sch E2a	-
Number of Individuals Served	Refer to Sch E2a	-	Refer to Sch E2a	-	Refer to Sch E2a	-
Explanatory Indicators						
Cost per Unit Service (by Functional Centre)						
Cost per Individual Served (by Program/Service/Functional Centre)						
Client Experience						
* Balanced Budget, Fund Type 2, HSPs are required to submit a balanced budget						
** No negative variance is accepted for Total Margin						

Schedule E2a: Clinical Activity- Detail
2014-2017

Health Service Provider: The Canadian Red Cross Society

OHRs Description & Functional Centre		2014-2015		2015-2016		2016-2017	
		Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
<small>¹ These values are provided for information purposes only. They are not Accountability Indicators.</small>							
Administration and Support Services 72 1*							
¹ Full-time equivalents (FTE)	72 1*	3.32	n/a	3.32	n/a	3.32	n/a
¹ Total Cost for Functional Centre	72 1*	\$351,029	n/a	\$351,029	n/a	\$351,029	n/a
CSS In-Home and Community Services (CSS IH COM) 72 5 82*							
CSS IH - Meals Delivery 72 5 82 10							
¹ Full-time equivalents (FTE)	72 5 82 10	3.20	n/a	3.20	n/a	3.20	n/a
Individuals Served by Functional Centre	72 5 82 10	1,115	1004 - 1227	1,115	1004 - 1227	1,115	1004 - 1227
Meal Delivered-Combined	72 5 82 10	59,200	56240 - 62160	59,200	56240 - 62160	59,200	56240 - 62160
¹ Total Cost for Functional Centre	72 5 82 10	\$616,257	n/a	\$616,257	n/a	\$616,257	n/a
CSS IH - Transportation - Client 72 5 82 14							
¹ Full-time equivalents (FTE)	72 5 82 14	27.55	n/a	27.55	n/a	27.55	n/a
Visits	72 5 82 14	65,398	62128 - 68668	65,398	62128 - 68668	65,398	62128 - 68668
Individuals Served by Functional Centre	72 5 82 14	2,598	2338 - 2858	2,598	2338 - 2858	2,598	2338 - 2858
¹ Total Cost for Functional Centre	72 5 82 14	\$1,474,430	n/a	\$1,474,430	n/a	\$1,474,430	n/a
Total Full-Time Equivalents for All F/C		34.07		34.07		34.07	
Total Cost for All F/C		\$2,441,716		\$2,441,716		\$2,441,716	

Schedule E2d: CSS Sector Specific Indicators
2014-2017

Health Service Provider: The Canadian Red Cross Society

Performance Indicators	2014-2015		2015-2016		2016-2017	
	Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
No Performance Indicators	-	-	-	-	-	-
Explanatory Indicators						
# Persons waiting for service (by functional centre)						

SCHEDULE E3: MISSISSAUGA HALTON LHIN SPECIFIC PERFORMANCE OBLIGATIONS

3.1 Governance

- Health Service Providers' (HSP) Boards to ensure that as part of their on-going comprehensive recruitment, orientation and development process for board members that they incorporate governance training utilizing current best practice knowledge. HSP to provide sign off during Q4 submission that the activity is in place.

3.2 Board Self-Assessment

- HSP's Board is required to complete a Board self-assessment on an annual basis. The HSP Board Chair is to provide sign-off during the Q4 submission that this activity has been completed for the fiscal year.

3.3 Accreditation

- The HSP is required to maintain on-going accreditation status both for their organization and their Governance, and to inform the LHIN each time accreditation is awarded.

3.4 Mississauga Halton LHIN Sector Meetings

- HSP must ensure Chief Executive Officer (CEO) / Executive Director or senior management delegate representation at all scheduled Mississauga Halton LHIN Sector Meetings and other meetings that may be scheduled from time to time.

3.5 Communication

- HSP is required to have a board approved and signed off communication strategy that demonstrates access to their programs/services. The Mississauga Halton LHIN may request a review of the strategy at any time for programs and services funded by the LHIN. The HSP is required to provide a copy of any news release to LHIN communications.
- In addition to Article 9.2 (b) in the M-SAA, permission for use of the LHIN logo is required for any HSP material being re-printed or re-designed.

3.6 Client Satisfaction Survey

- HSPs to provide an annual summary report on Client Satisfaction Survey results related to the explanatory indicators in the 2014-17 M-SAA under client experience. Survey response rates will be included in the summary report. The client experience survey will include 3 questions measuring the clients' care experience. The questions will be substantially similar to:
 1. Overall care received;
 2. Enough say about care treatment; and
 3. Treated you with dignity and respect.
- The client experience survey must use a rating scale of:
 - a) Completely dissatisfied
 - b) Dissatisfied
 - c) Neither satisfied or dissatisfied
 - d) Satisfied
 - e) Very satisfied

3.7 Multi-LHIN Service Providers

- HSPs that provide LHIN funded programs/services in more than one LHIN with one M-SAA who plans changes that will impact service levels, volumes and/or scope of services must discuss the proposed changes with their lead LHIN for approval. The lead LHIN will collaborate with the affected LHIN(s) and may involve them in discussions with the HSP.

3.8 For Identified HSPs:

- An HSP, program or service identified by the former District Health Council, the Health Services Restructuring Commission or by the LHIN required to provide services in French.
 - (i) Each identified HSP must complete and submit to the LHIN Lead, Health System Development and French Language Services, a French Language Services Implementation Plan for 2014-17.
 - (ii) As part of the FLS Implementation Plan, the identified HSP will set yearly targets in each of the key results areas with specific deadlines.
 - (iii) Each identified HSP will report on the progress of the French Language Services Implementation Plan on a bi-yearly basis. Each identified HSP will complete a French Language Services report, which will be sent to the LHIN Lead, Health System Development and French Language Services, for monitoring purposes by the following dates for each fiscal year:
 - a. March 31
 - b. September 30
- 2. Identified HSPs will work and collaborate with the French Language Health Planning Entity, Reflect Salvéo, to increase access and accessibility to French Language Services.
- 3. To identify Francophones in Ontario, HSPs are asked to incorporate the following questions (as adopted by the FLS Entities) to their initial intake/assessment processes:
 - 1. What is your mother tongue?
A: French, English, and Other

 - 2. If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?
A: French, English

3.9 Management Letter

- HSPs are required to submit their management letter from their auditors along with their audited financial statements and ARR by June 30th in each fiscal year.

4.0 Health Equity

- HSPs will adopt and incorporate a health equity lens into their program planning and service delivery. This phased adoption will include:

Develop a corporate understanding and awareness of health equity, including use of the Ontario Health Equity Impact Assessment Tool (HEIA) by March 2015.

Knowledge transfer of the HEIA Tool inclusive of the Workbook and Assessment Tool to all HSPs to be completed by March 31, 2015;

Implementation of the HEIA Action Plan into program service delivery, to be completed by March 31, 2016; and

Evaluation of the HEIA tool in program service delivery, to be completed by March 31, 2017.

4.1 Hospice Palliative Care

- HSPs will be required to contribute to the overall indicator of reducing the total number of hospital days attributed to palliative care from April 1, 2014-March 31, 2017 period.

** Further information will be forthcoming.**

SCHEDULE F – PROJECT FUNDING AGREEMENT TEMPLATE

Project Funding Agreement Template

Note: This project template is intended to be used to fund one-off projects or for the provision of services not ordinarily provided by the HSP. Whether or not the HSP provides the services directly or subcontracts the provision of the services to another provider, the HSP remains accountable for the funding that is provided by the LHIN.

THIS PROJECT FUNDING AGREEMENT (“PFA”) is effective as of [insert date] (the “Effective Date”) between:

XXX LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)

- and -

[Legal Name of the Health Service Provider] (the “HSP”)

WHEREAS the LHIN and the HSP entered into a service accountability agreement dated [insert date] (the “SAA”) for the provision of Services and now wish to set out the terms of pursuant to which the LHIN will fund the HSP for [insert brief description of project] (the “Project”);

NOW THEREFORE in consideration of their respective agreements set out below and subject to the terms of the SAA, the parties covenant and agree as follows:

1.0 Definitions. Unless otherwise specified in this PFA, capitalized words and phrases shall have the meaning set out in the SAA. When used in this PFA, the following words and phrases have the following meanings:

“**Project Funding**” means the funding for the Services;

“**Services** ” mean the services described in Appendix A to this PFA; and

“**Term**” means the period of time from the Effective Date up to and including [insert project end date].

2.0 Relationship between the SAA and this PFA. This PFA is made subject to and hereby incorporates the terms of the SAA. On execution this PFA will be appended to the SAA as a Schedule.

3.0 The Services. The HSP agrees to provide the Services on the terms and conditions of this PFA including all of its Appendices and schedules.

4.0 Rates and Payment Process. Subject to the SAA, the Project Funding for the provision of the Services shall be as specified in Appendix A to this PFA.

5.0 Representatives for PFA.

(a) The HSP’s Representative for purposes of this PFA shall be [insert name,

SCHEDULE F – PROJECT FUNDING AGREEMENT TEMPLATE

telephone number, fax number and e-mail address.] The HSP agrees that the HSP's Representative has authority to legally bind the HSP.

- (b) The LHIN's Representative for purposes of this PFA shall be: [insert name, telephone number, fax number and e-mail address.]

6.0 Additional Terms and Conditions. The following additional terms and conditions are applicable to this PFA.

- (a) Notwithstanding any other provision in the SAA or this PFA, in the event the SAA is terminated or expires prior to the expiration or termination of this PFA, this PFA shall continue until it expires or is terminated in accordance with its terms.
- (b) [insert any additional terms and conditions that are applicable to the Project]

IN WITNESS WHEREOF the parties hereto have executed this PFA as of the date first above written.

[insert name of HSP]

By:

[insert name and title]

[XX] Local Health Integration Network

By:

[insert name and title.]

SCHEDULE F – PROJECT FUNDING AGREEMENT TEMPLATE

APPENDIX A: SERVICES

1. DESCRIPTION OF PROJECT
2. DESCRIPTION OF SERVICES
3. OUT OF SCOPE
4. DUE DATES
5. PERFORMANCE TARGETS
6. REPORTING
7. PROJECT ASSUMPTIONS
8. PROJECT FUNDING

8.1 The Project Funding for completion of this PFA is as follows:

8.2 Regardless of any other provision of this PFA, the Project Funding payable for the completion of the Services under this PFA is one-time funding and is not to exceed [X].

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2014

To: The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of the [insert name of HSP] (the "HSP")

Date: [insert date]

Re: [insert date range - April 1, 201X –March 31, 201x] (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the HSP on a day to day basis, e.g. the Chief Executive Office or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

[insert name of Chair], [insert title]

Schedule G – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

[Please identify each obligation under the M-SAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

