

Schedule A1: Description of Services

2018-2019

Health Service Provider: Community Care Northumberland

Service	Catchment Area Served																										
	Within LHIN							Other LHIN Areas																			
	Scarborough North	Scarborough South	Durham West	Durham North East	Northumberland County	Peelborough City and County	Haliburton County and City of Kawartha Lakes	Sub-region 8	Sub-region 9	Sub-region 10	All	ES	SW	WW	HNHB	CW	MH	TC	CEN	CE	SE	CH	NS	NE	NW		
72 1* Administration and Support Services					X																	X					
72 5 82 05 CSS IH - Service Arrangement/Coordination					X																	X					
72 5 82 09 CSS IH - Case Management					X																	X					
72 5 82 10 CSS IH - Meals Delivery					X																	X					
72 5 82 12 CSS IH - Social and Congregate Dining					X																	X					
72 5 82 14 CSS IH - Transportation - Client					X																	X					
72 5 82 35 CSS IH - Comb. PS/HM/Respite Services					X																	X					
72 5 82 50 CSS IH - Caregiver Support					X																	X					
72 5 82 60 CSS IH - Visiting - Social and Safety					X																	X					
72 5 82 65 CSS IH - Visiting - Hospice Services					X																	X					

## Schedule A2: Population and Geography

2018-2019

### Health Service Provider: Community Care Northumberland

#### Client Population

Client population is 75% over the age of 65 years, 25% between 18 and 64 years. Clients over 65 years are dealing with challenges related to completing activities of daily living, multiple chronic conditions, and social isolation. Adult clients primarily have disabilities related to physical and mental illnesses. 5% of our client population are living with a life limiting illness. Majority of clients live in rural isolated pockets of our service area and experience a lack of access to support service, medical care and social activities. Poverty is common for many of our clients who live on fixed incomes (either ODSP or OAS) pensions. Transportation is a major barrier to work, medical appointments, social inclusion and other daily activities.

A small number of clients are indigenous and receive some limited service from our CCN. A small number of the Northumberland population indicate that French is their mother tongue (1.4%). CCN does track any need to provide service in another language than English and does try to accommodate that.

Client outcomes - All clients are connected within their communities in the way they would like to see.

#### Geography Served

CCN services the geographic boundaries of the County of Northumberland. Population is approx 83,600 within a land area of 1,905.34 square km. The County of Northumberland is rural with small pockets of population spread through the area. The two largest municipalities within the service area is The Town of Cobourg (pop 18,500) and the Town of Port Hope (pop 16,200). There are a number of seasonal summer residents that come into the area. The County has a higher than CE LHIN average number of residents over the age of 65 years (3%). CCN services are delivered out of seven multi-service satellite offices in the towns of Brighton, Campbellford, Cobourg, Colborne, Hastings Port Hope and Warkworth. Each satellite office is staffed by a small team of employees and volunteers who together assess and monitor clients, recruit, monitor and evaluate volunteers. Office hours are 8:30 am to 4:00 pm Monday through Friday.

**Schedule B1: Total LHIN Funding**  
**2018-2019**

**Health Service Provider: Community Care Northumberland**

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2018-2019 Plan Target
<b>REVENUE</b>			
LHIN Global Base Allocation	1	F 11006	\$1,768,674
HBAM Funding (CCAC only)	2	F 11005	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0
MOHLTC Base Allocation	4	F 11010	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0
LHIN One Time	6	F 11008	\$0
MOHLTC One Time	7	F 11012	\$0
Paymaster Flow Through	8	F 11019	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$533,681
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$2,302,355</b>
Recoveries from External/Internal Sources	11	F 120*	\$11,607
Donations	12	F 140*	\$293,040
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*]	\$72,620
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$377,267</b>
<b>TOTAL REVENUE</b>	<b>FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>
			<b>\$2,679,622</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,281,678
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$241,239
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$0
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$0
Physiotherapist Compensation (Row 128)	23	F 350*	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0
Sessional Fees	26	F 39092	\$0
<b>Service Costs</b>			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$576,233
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$18,345
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$359,500
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$202,627
Building Amortization	34	F 9*	\$0
<b>TOTAL EXPENSES</b>	<b>FUND TYPE 2</b>	<b>35</b>	<b>Sum of Rows 17 to 34</b>
			<b>\$2,679,622</b>
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>36</b>	<b>Row 15 minus Row 35</b>	<b>\$0</b>
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
<b>SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations</b>	<b>38</b>	<b>Sum of Rows 36 to 37</b>	<b>\$0</b>
<b>FUND TYPE 3 - OTHER</b>			
Total Revenue (Type 3)	39	F 1*	\$461,964
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$461,634
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 3</b>	<b>41</b>	<b>Row 39 minus Row 40</b>
			<b>\$330</b>
<b>FUND TYPE 1 - HOSPITAL</b>			
Total Revenue (Type 1)	42	F 1*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 1</b>	<b>44</b>	<b>Row 42 minus Row 43</b>
			<b>\$330</b>
<b>ALL FUND TYPES</b>			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$3,141,586
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$3,141,256
<b>NET SURPLUS/(DEFICIT)</b>	<b>ALL FUND TYPES</b>	<b>47</b>	<b>Row 45 minus Row 46</b>
			<b>\$330</b>
<b>Total Admin Expenses Allocated to the TPBEs</b>			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$202,627
Volunteer Services	50	72 1*	\$12,970
Information Systems Support	51	72 1*	\$22,450
General Administration	52	72 1*	\$407,533
Other Administrative Expenses	53	72 1*	\$0
<b>Admin &amp; Support Services</b>	<b>54</b>	<b>72 1*</b>	<b>\$645,580</b>
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	72 5 07	\$0
<b>Total Admin &amp; Undistributed Expenses</b>	<b>57</b>	<b>Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)</b>	<b>\$645,580</b>

**Schedule B2: Clinical Activity- Summary**

2018-2019

**Health Service Provider: Community Care Northumberland**

Service Category 2018-2019 Budget	OHRs Framework Level 3	Full-time equivalents (FTE)	Visits F2F, Tel., In-Home, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-Home & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days	Group Sessions (# of group sessions- not individuals)	Meal Delivered- Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
CSS In-Home and Community Services (CSS IH COM)	72.5 82*	24.47	71,982	0	1,470	0	8,052	79,000	0	26,545	0	0	0	0

# Schedule C: Reports

## Community Support Services

2018-2019

Health Service Provider: Community Care Northumberland

**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 information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk “\*”.

<b>OHRS/MIS Trial Balance Submission (through OHFS)</b>	
<b>2014-15</b>	<b>Due Dates (Must pass 3c Edits)</b>
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 30, 2015
<b>2015-16</b>	<b>Due Dates (Must pass 3c Edits)</b>
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
<b>2016-17</b>	<b>Due Dates (Must pass 3c Edits)</b>
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 31, 2017
<b>2017-18</b>	<b>Due Dates (Must pass 3c Edits)</b>
2017-18 Q1	<i>Not required 2017-18</i>
2017-18 Q2	October 31, 2017
2017-18 Q3	January 31, 2018
2017-18 Q4	May 31, 2018
<b>2018-19</b>	<b>Due Dates (Must pass 3c Edits)</b>
2018-19 Q1	<i>Not required 2017-18</i>
2018-19 Q2	October 31, 2018
2018-19 Q3	January 31, 2019
2018-19 Q4	May 31, 2019

<b>Supplementary Reporting - Quarterly Report (through SRI)</b>	
<b>2014-15</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
<b>2015-16</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
<b>2016-17</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due

# Schedule C: Reports

## Community Support Services

2018-2019

Health Service Provider: Community Care Northumberland

2017-18	Due five (5) business days following Trial Balance Submission Due Date
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due
2018-19	Due five (5) business days following Trial Balance Submission Due Date
2018-19 Q2	November 7, 2018
2018-19 Q3	February 7, 2019
2018-19 Q4	June 7, 2019 – Supplementary Reporting Due

### Annual Reconciliation Report (ARR) through SRI and paper copy submission\*

(All HSPs must submit both paper copy ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI)

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018
2018-19	June 30, 2019

### Board Approved Audited Financial Statements \*

(All HSPs must submit paper copy Board Approved Audited Financial Statements, duly signed, to the Ministry and the respective LHIN where funding is provided.)

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018
2018-19	June 30, 2019

### 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
2017-18	June 30, 2018
2018-19	June 30, 2019

### Community Support Services – Other Reporting Requirements

Requirement	Due Date	
French Language Service Report	2014-15	April 30, 2015
	2015-16	April 30, 2016
	2016-17	April 30, 2017
	2017-18	April 30, 2018
	2018-19	April 30, 2019

# Schedule D: Directives , Guidelines and Policies

## Community Support Services

2018-2019

Health Service Provider: Community Care Northumberland

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

• Personal Support Services Wage Enhancement Directive, 2014
• 2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• 2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• 2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• Community Financial Policy, 2016
• Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
• Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
• Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012
• Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
• Community Support Services Complaints Policy (2004)
• Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
• Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
• Screening of Personal Support Workers (2003)
• Ontario Healthcare Reporting Standards – OHRS/MIS – most current version available to applicable year
• Guideline for Community Health Service Providers Audits and Reviews, August 2012

## Schedule E1: Core Indicators

2018-2019

Health Service Provider: Community Care Northumberland

Performance Indicators	2018-2019 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	24.1%	<=28.9%
**Percentage Total Margin	0.01%	>= 0%
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	12.7%	<13.97%

  

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience
Percentage of Alternate Level of Care (ALC) days (closed cases)

\* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget

\*\* No negative variance is accepted for Total Margin



# Schedule E2a: Clinical Activity- Detail

2018-2019

## Health Service Provider: Community Care Northumberland

OHSR Description & Functional Centre		2018-2019	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
<b>Administration and Support Services 72 1*</b>			
Full-time equivalents (FTE)	72 1*	2.80	n/a
Total Cost for Functional Centre	72 1*	\$645,580	n/a
<b>CSS IH - Service Arrangement/Coordination 72 5 82 05</b>			
Full-time equivalents (FTE)	72 5 82 05	1.43	n/a
Visits	72 5 82 05	402	322 - 482
Individuals Served by Functional Centre	72 5 82 05	368	294 - 442
Total Cost for Functional Centre	72 5 82 05	\$122,317	n/a
<b>CSS IH - Case Management 72 5 82 09</b>			
Full-time equivalents (FTE)	72 5 82 09	1.13	n/a
Visits	72 5 82 09	490	392 - 588
Individuals Served by Functional Centre	72 5 82 09	480	384 - 576
Total Cost for Functional Centre	72 5 82 09	\$69,635	n/a
<b>CSS IH - Meals Delivery 72 5 82 10</b>			
Full-time equivalents (FTE)	72 5 82 10	1.71	n/a
Individuals Served by Functional Centre	72 5 82 10	468	374 - 562
Meal Delivered-Combined	72 5 82 10	26,545	25483 - 27607
Total Cost for Functional Centre	72 5 82 10	\$254,266	n/a
<b>CSS IH - Social and Congregate Dining 72 5 82 12</b>			
Full-time equivalents (FTE)	72 5 82 12	1.95	n/a
Individuals Served by Functional Centre	72 5 82 12	3,000	2700 - 3300
Attendance Days	72 5 82 12	79,000	76630 - 81370
Total Cost for Functional Centre	72 5 82 12	\$312,124	n/a
<b>CSS IH - Transportation - Client 72 5 82 14</b>			
Full-time equivalents (FTE)	72 5 82 14	8.94	n/a
Visits	72 5 82 14	45,030	43679 - 46381
Individuals Served by Functional Centre	72 5 82 14	2,500	2250 - 2750
Total Cost for Functional Centre	72 5 82 14	\$694,368	n/a
<b>CSS IH - Comb. PS/HM/Respite Services 72 5 82 35</b>			
Full-time equivalents (FTE)	72 5 82 35	0.75	n/a
Hours of Care	72 5 82 35	1,470	1323 - 1617
Individuals Served by Functional Centre	72 5 82 35	385	308 - 462
Total Cost for Functional Centre	72 5 82 35	\$38,010	n/a
<b>CSS IH - Caregiver Support 72 5 82 50</b>			
Full-time equivalents (FTE)	72 5 82 50	0.26	n/a
Visits	72 5 82 50	110	88 - 132
Individuals Served by Functional Centre	72 5 82 50	26	21 - 31
Total Cost for Functional Centre	72 5 82 50	\$14,403	n/a
<b>CSS IH - Visiting - Social and Safety 72 5 82 60</b>			
Full-time equivalents (FTE)	72 5 82 60	1.30	n/a
Visits	72 5 82 60	20,750	19713 - 21788
Individuals Served by Functional Centre	72 5 82 60	225	180 - 270

# Schedule E2a: Clinical Activity- Detail

2018-2019

Health Service Provider: Community Care Northumberland

OHS Description & Functional Centre		2018-2019	
		Target	Performance Standard
* These values are provided for information purposes only. They are not Accountability Indicators.			
<b>Total Cost for Functional Centre</b>	72 5 82 60	<b>\$72,016</b>	n/a
<b>CSS IH - Visiting - Hospice Services 72 5 82 65</b>			
<b>Full-time equivalents (FTE)</b>	72 5 82 65	<b>7.00</b>	n/a
Visits	72 5 82 65	<b>5,200</b>	4940 - 5460
Individuals Served by Functional Centre	72 5 82 65	<b>600</b>	510 - 690
<b>Total Cost for Functional Centre</b>	72 5 82 65	<b>\$456,903</b>	n/a
<b>ACTIVITY SUMMARY</b>			
<b>Total Full-Time Equivalents for all F/C</b>		<b>27.27</b>	n/a
<b>Total Visits for all F/C</b>		<b>71,982</b>	69823 - 74141
<b>Total Hours of Care for all F/C</b>		<b>1,470</b>	1323 - 1617
<b>Total Individuals Served by Functional Centre for all F/C</b>		<b>8,052</b>	7649 - 8455
<b>Total Attendance Days for all F/C</b>		<b>79,000</b>	76630 - 81370
<b>Total Meals Delivered for all F/C</b>		<b>26,545</b>	25483 - 27607
<b>Total Cost for All F/C</b>		<b>2,679,622</b>	n/a

# Schedule E2d: CSS Sector Specific Indicators

2018-2019

Health Service Provider: Community Care Northumberland

Performance Indicators	2018-2019 Target	Performance Standard
No Performance Indicators	-	-

  

Explanatory Indicators
# Persons waiting for service (by functional centre)

## Schedule E3a Local: All 2018-2019

### Health Service Provider: Community Care Northumberland

#### Cultural Sensitivity Obligation

- To better serve Francophone citizens, Indigenous peoples, and new Ontarians, the Central East LHIN supports its Health Service Providers (HSPs) in the advancement of the highest-quality Health care system which improves access to appropriate and culturally-safe care through Sub-regional planning and community engagement for any patient, regardless of race, ethnicity, culture or language capacity.
- HSPs will report to the Central East LHIN on the status and progress of culturally-safe training initiatives demonstrating commitment to this priority.

#### French Language Services Obligation

- Designated HSPs, will continue to provide health services to the public in French in accordance with the provisions of the French Language Service Act (FLSA) and work towards maintaining French Language Service (FLS) capacity.
- Identified HSPs will develop and implement an FLS plan, provide health services to the public in French in accordance with existing FLS capacity, and work towards improving FLS capacity for designation.
- Non-designated and non-identified HSPs, will develop and implement a plan to address the needs of its local Francophone community including the provision of information on local health services available in French.
- With respect to French Language Services, all HSPs will provide a mandatory report to the LHIN, in accordance with Section 22 of LHSIA. The report will outline how the HSP addresses the needs of its local Francophone community, and identify the capacity of the HSP to provide those services.

#### Indigenous Peoples\* Obligation

- Together with the LHIN, HSPs will:
- Increase the number of Indigenous professionals working in the healthcare field;
  - Ensure the retention of Indigenous healthcare providers in Indigenous communities; and
  - Provide cultural competency training for all healthcare professionals.

In support of these obligations, HSPs will report to the Central East LHIN on programs and initiatives that demonstrate a commitment to this priority through completion of the LHIN's Cultural Safety monitoring template by March 31st each year.

\*Indigenous Peoples include First Nations, Inuit, Metis and members of these communities living within any Sub-region of the Central East LHIN.

**Schedule E3a Local: All  
2018-2019**

**Health Service Provider: Community Care Northumberland**

Health Link Communities Obligation

The HSP will support the Health Link approach to care by:

- Identifying complex vulnerable patients;
- Implementing and maintaining Coordinated Care Plans (CCPs) which:
  - o Are developed with the patient and caregiver;
  - o Involve two or more health care professionals, with one being from outside the HSP; and,
  - o Contain an action plan for one or more health concerns identified by the patient and/or caregiver.
- Ensuring patient transitions are coordinated and seamless throughout the health care system; and,
- Supports the work of the Coordinated Care Working Group of the Planning Table within the Sub-region.

Sub-region Planning Obligation

HSPs will support the Central East LHIN's Sub-region planning mandate by:

- Updating and maintaining their Healthline profiles;
- Identifying and tracking clients by Sub-region;
- Collaborating with the LHIN and Sub-region stakeholders to address health needs, identify gaps and implement strategies to improve patient experience and outcomes; and
- Engaging in Sub-region initiatives and activities as required.

## Schedule F: Project Funding

2018-2019

Health Service Provider: Community Care Northumberland

### 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.

## Schedule F: Project Funding

2018-2019

Health Service Provider: Community Care Northumberland

### Project Funding Agreement Template

**5.0 Representatives for PFA.**

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

2018-2019

Health Service Provider: Community Care Northumberland

### 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 finding and is not to exceed [X].



## Schedule G: Declaration of Compliance

2018-2019

Health Service Provider: Community Care Northumberland

### 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:** April 1, 2017 –March 31, 2018 (the "Applicable Period")

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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*.

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[insert name of Chair], [insert title]