

180 Riverview Drive
Chatham, ON N7M 5Z8
Tel: 519 351-5677 • Fax: 519 351-9672
Toll Free: 1 866 231-5446
www.erieclairlhin.on.ca

Via email

March 1, 2016

Ms. Kathy Bresett
Executive Director
North Lambton Community Health Centre
3-59 King Street, West
Forest, ON N0N 1J0

Dear Ms. Kathy Bresett:

Re: 2014-17 Multi-Sector Service Accountability Agreement

When the Erie St. Clair Local Health Integration Network (the “LHIN”) and the North Lambton Community Health Centre (the “HSP”) entered into a service accountability agreement for a three-year term effective April 1, 2014 (the “MSAA”), the budgeted financial data, service activities and performance indicators for the second and third year of the agreement (fiscal years 2015/16 and 2016/17) were indicated as “To Be Determined (TBD)” (or replicated based on 2014/15 planning assumptions). The LHIN would now like to update the MSAA to include the required financial, service activity and performance expectations for 2016/17 fiscal year to Schedules B, C, D and E.

Subject to HSP’s agreement, the MSAA will be amended with effect April 1, 2016, by adding the amended Schedules B, C, D and E (the “Schedules”) that are included in Appendix 1 to this letter.

To the extent that there are any conflicts between the current MSAA and this amendment, the amendment will govern in respect of the Schedules. All other terms and conditions in the MSAA will remain the same.

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Please indicate the HSP's acceptance of, and agreement to this amendment, by signing below and returning one copy of this letter to Victoria Dillon, 180 Riverview Drive, Chatham ON N7M 5Z8 by **March 30, 2016**. If you have any questions or concerns please contact Jean-Francois Gauthier, Performance and Finance Analyst at jeanfrancois.gauthier@lhins.on.ca.

The LHIN appreciates your and your team's collaboration and hard work during this 2016/17 MSA refresh process. We look forward to maintaining a strong working relationship with you.

Sincerely,

Let's Make It Happen !



Gary Switzer
Chief Executive Officer

MOHLTC/vad

Encl.: Appendix 1 – Schedules B, C, D and E.

AGREED TO AND ACCEPTED BY:

North Lambton Community Health Centre

By:

Ms. Kathy Bresett,
Executive Director
I have the authority to bind the HSP.

Date

And By:

Chair, I have the authority to bind the HSP.

Date

Schedule B1: Total LHIN Funding
2016-2017

Health Service Provider: North Lambton Community Health Centre

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 9.0	2016-2017 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$7,214,096
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	(\$140,000)
Service Recipient Revenue	9	F 11050 to 11090	\$8,000
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$7,082,096
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$0
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*]	\$200,000
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$200,000
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$7,282,096
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$2,719,053
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	\$541,811
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$2,062,434
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$685,077
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
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$90,000
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$491,031
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$58,690
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$120,000
Contracted Out Expense	32	F 8*	\$24,000
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$490,000
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$7,282,096
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	\$115,000
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$115,000
NET SURPLUS/(DEFICIT) FUND TYPE 3	41	Row 39 minus Row 40	\$0
FUND TYPE 1 - HOSPITAL			
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
NET SURPLUS/(DEFICIT) FUND TYPE 1	44	Row 42 minus Row 43	\$0
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$7,397,096
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$7,397,096
NET SURPLUS/(DEFICIT) ALL FUND TYPES	47	Row 45 minus Row 46	\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$652,370
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$305,586
General Administration	52	72 1*	\$442,044
Admin & Support Services	53	72 1*	\$1,400,000
Management Clinical Services	54	72 5 05	\$0
Medical Resources	55	72 5 07	\$0
Total Admin & Undistributed Expenses	56	Sum of Rows 46-50 (included in Fund Type 2 expenses above)	\$1,400,000

Schedule B2: Clinical Activity- Summary
2016-2017

Health Service Provider: North Lambton Community Health Centre

Service Category 2016-2017 Budget	OHRs Framework Level 3	Full-time equivalents (FTE)	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	Service Provider Group Interactions	Mental Health Sessions
Primary Care- Clinics/Programs	72 5 10*	47.35	0	0	0	0	8,625	0	380	0	2,991	52,670	2,385	0
Health Promotion and Education	72 5 50	6.15	0	2,450	0	0	0	0	1,250	0	3,700	0	0	0

Schedule C: Reports Community Health Centres

2016-2017

Health Service Provider: North Lambton Community Health Centre

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 "**".

OHRs/MIS Trial Balance Submission (through OHFS)	
2014-15	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 30, 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 31, 2017

Supplementary Reporting - Quarterly Report (through SRI)	
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 SRI Reporting Due
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 SRI Reporting Due
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 SRI Reporting Due

Schedule C: Reports Community Health Centres

2016-2017

Health Service Provider: North Lambton Community Health Centre

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

All HSPs must submit both a paper copy the Annual Revenue Reconciliation (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

Board Approved Audited Financial Statements *

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
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

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

Schedule D: Directives , Guidelines and Policies

Community Health Centres

2016-2017

Health Service Provider: North Lambton Community Health Centre

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

- | |
|--|
| • Community Financial Policy, 2015 |
| • *Community Health Centre Guidelines November 2013 V1.1 |
| • Ontario Healthcare Reporting Standards – OHRs/MIS - most current version available to applicable year |
| • Model of Health and Wellbeing - May 2013 |
| • *Community Health Centre Guidelines November 2013 V1.1 |
| • Guideline for Community Health Service Providers Audits and Reviews, August 2012 |

***Community Health Centre Guidelines**

A “Community Health Centre Guidelines” document has been completed by representatives from Community Health Centres, LHINs, AOHC and the MOHLTC. The purpose of the guide is to provide critical information to CHCs and LHINs in the areas of:

- Historical information
- Best practice
- Administrative guidance

The guide is intended to be a “living” document to be updated during the life of the current agreement at a mutually agreeable schedule to all parties to ensure that it remains current and a valuable reference document for the CHC sector and LHINs. ***It must be noted that the document is considered a guide only for informational purposes and is not a contractual requirement.***

Schedule E1: Core Indicators

2016-2017

Health Service Provider: North Lambton Community Health Centre

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	19.2%	<=23.1%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.41%
Variance Forecast to Actual Expenditures	0	< 5%
Variance Forecast to Actual Units of Service	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	12.70%	<13.97%

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience
Budget Spent on Administration- AS General Administration 72 1 10
Budget Spent on Administration- AS Information Systems Support 72 1 25
Budget Spent on Administration- AS Volunteer Services 72 1 40
Budget Spent on Administration- AS Plant Operation 72 1 55

* 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

2016-2017

Health Service Provider: North Lambton Community Health Centre

OHRs Description & Functional Centre		2016-2017	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
Service Provider Group Interactions	72 5 10 50 30	342	274 - 410
Clinics/Programs – CHC Other Clinic 72 5 10 55			
Full-time equivalents (FTE)	72 5 10 55	4.60	n/a
Individuals Served by Functional Centre	72 5 10 55	240	192 - 288
Group Sessions	72 5 10 55	24	19 - 29
Total Cost for Functional Centre	72 5 10 55	\$438,700	n/a
Group Participant Attendances	72 5 10 55	72	58 - 86
Service Provider Interactions	72 5 10 55	1,200	1080 - 1320
Service Provider Group Interactions	72 5 10 55	72	58 - 86
Health Prom/Educ. & Com.Dev. – Community Engagement and Capacity Building 72 5 50 14			
Full-time equivalents (FTE)	72 5 50 14	1.50	n/a
Total Cost for Functional Centre	72 5 50 14	\$107,000	n/a
Health Prom/Educ. & Com. Dev.- Chronic Disease Education, Awareness and Prevention- Diabetes 72 5 50 35 20			
Full-time equivalents (FTE)	72 5 50 35 20	2.35	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 35 20	450	360 - 540
Group Sessions	72 5 50 35 20	50	40 - 60
Total Cost for Functional Centre	72 5 50 35 20	\$255,470	n/a
Group Participant Attendances	72 5 50 35 20	300	240 - 360
Health Prom/Educ.& Com. Dev – Personal Health and Wellness 72 5 50 45			
Full-time equivalents (FTE)	72 5 50 45	2.30	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 45	2,000	1800 - 2200
Group Sessions	72 5 50 45	1,200	1080 - 1320
Total Cost for Functional Centre	72 5 50 45	\$143,000	n/a
Group Participant Attendances	72 5 50 45	3,400	3060 - 3740
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		63.35	n/a
Total Not Uniquely Identified Service Recipient Interactions for all F/C		2,450	2205 - 2695
Total Individuals Served by Functional Centre for all F/C		8,625	8194 - 9056
Total Group Sessions for all F/C		1,630	1467 - 1793
Total Group Participants for all F/C		6,691	n/a
Total Service Provider Interactions for all F/C		52,670	50037 - 55304
Total Service Provider Group Interactions for all F/C		2,385	2147 - 2624
Total Cost for All F/C		\$7,282,096	n/a

Schedule E2a: Clinical Activity- Detail

2016-2017

Health Service Provider: North Lambton Community Health Centre

OHRS Description & Functional Centre		2016-2017	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
Administration and Support Services 72 1*			
Full-time equivalents (FTE)	72 1*	9.85	n/a
Total Cost for Functional Centre	72 1*	\$1,401,000	n/a
Clinics/Programs - General Clinic 72 5 10 20			
Full-time equivalents (FTE)	72 5 10 20	29.15	n/a
Individuals Served by Functional Centre	72 5 10 20	5,400	5130 - 5670
Group Sessions	72 5 10 20	96	77 - 115
Total Cost for Functional Centre	72 5 10 20	\$3,838,592	n/a
Group Participant Attendances	72 5 10 20	660	561 - 759
Service Provider Interactions	72 5 10 20	45,000	42750 - 47250
Service Provider Group Interactions	72 5 10 20	1,244	1120 - 1368
Clinics/Programs - Therapy Clinic - Nutrition 72 5 10 40 45			
Full-time equivalents (FTE)	72 5 10 40 45	1.30	n/a
Individuals Served by Functional Centre	72 5 10 40 45	675	574 - 776
Total Cost for Functional Centre	72 5 10 40 45	\$102,583	n/a
Group Participant Attendances	72 5 10 40 45	334	267 - 401
Service Provider Interactions	72 5 10 40 45	553	470 - 636
Service Provider Group Interactions	72 5 10 40 45	427	342 - 512
Clinics/Programs - Therapy Clinic - Physiotherapy 72 5 10 40 50			
Full-time equivalents (FTE)	72 5 10 40 50	0.60	n/a
Individuals Served by Functional Centre	72 5 10 40 50	300	240 - 360
Total Cost for Functional Centre	72 5 10 40 50	\$55,916	n/a
Service Provider Interactions	72 5 10 40 50	704	598 - 810
Clinics/Programs - Therapy Clinic - Counselling 72 5 10 40 60			
Full-time equivalents (FTE)	72 5 10 40 60	2.00	n/a
Individuals Served by Functional Centre	72 5 10 40 60	410	328 - 492
Total Cost for Functional Centre	72 5 10 40 60	\$160,000	n/a
Clinics/Programs - Chronic Disease Clinic - Diabetes Clinic 72 5 10 50 20			
Full-time equivalents (FTE)	72 5 10 50 20	4.50	n/a
Individuals Served by Functional Centre	72 5 10 50 20	1,100	990 - 1210
Group Sessions	72 5 10 50 20	50	40 - 60
Total Cost for Functional Centre	72 5 10 50 20	\$325,153	n/a
Service Provider Interactions	72 5 10 50 20	3,000	2700 - 3300
Service Provider Group Interactions	72 5 10 50 20	300	240 - 360
COM Clinics/Programs - Chronic Disease - Asthma/COPD Clinic 72 5 10 50 30			
Full-time equivalents (FTE)	72 5 10 50 30	5.20	n/a
Individuals Served by Functional Centre	72 5 10 50 30	500	425 - 575
Group Sessions	72 5 10 50 30	210	168 - 252
Total Cost for Functional Centre	72 5 10 50 30	\$454,682	n/a
Group Participant Attendances	72 5 10 50 30	1,925	1733 - 2118
Service Provider Interactions	72 5 10 50 30	2,213	1992 - 2434

Schedule E2b: CHC Sector Specific Indicators

2016-2017

Health Service Provider: North Lambton Community Health Centre

Performance Indicators	2016-2017 Target	Performance Standard
Cervical Cancer Screening Rate (PAP tests)	58.0%	> 46.0%
Colorectal Screening Rate	51.0%	40.8 - 61.2%
Inter-professional Diabetes Care Rate	95.0%	76 - 100%
Influenza Vaccination Rate	27.0%	21.6 - 32.4%
Breast Cancer Screening Rate	60.0%	48 - 72%
Periodic Health Exam Rate (Applicable to 2014-15 only)	N/A	-
Vacancy Rate (For NPs and Physicians- Replaced in 2015-16 with Retention Rate)	N/A	-
Retention Rate (For NPs and Physicians)	98.0%	>= 78.4%
Access to Primary Care	78.9%	74.99 - 82.88%

Explanatory Indicators
Emergency visits best managed elsewhere
Client Satisfaction – Access
Clinic support staff per primary care provider
Interpretation
Exam rooms per primary care provider
New grads/new staff
Non-Primary Care Activities
Number of Registered Clients
Number of New Patients
Specialized Care
Supervision of students
Third next available appointment
Non-Insured Clients

**Schedule E3a Local: All
2016-2017**

Health Service Provider: North Lambton Community Health Centre

All HSPs will provide annually a report on the number of patients/clients by mother tongue, official language and Indigenous identity.

HSPs will develop a mechanism to track the language characteristics of their patients/clients to understand opportunities for culturally sensitive services, using the following questions:

1. Report on number of patients/clients by mother tongue and official language.

a) Mother Tongue:

- English
- French
- Other (specify what other language is)

b) Official Language (if mother tongue is not English or French):

- English
- French

2. Report on number of patients/clients that identify themselves as Indigenous:

- First Nation
- Inuit
- Metis
- Non-Status
- Urban

The Ministry of Health and Long-Term Care (MOHLTC) has identified equity as a key component of quality care, including the reduction of avoidable health disparities between population groups. The Erie St. Clair LHIN is currently developing a health equity strategy, whereas we would expect each provider to meaningfully engage in this process. We are striving towards a culturally competent and safe health system that respectfully and adequately responds to inequities, diverse values and beliefs of the residents in the Erie St. Clair LHIN in order to improve their health outcomes and patient experience.

As part of the service accountability agreement with the Erie St. Clair LHIN, all HSPs need to take specific action to positively impact the health status of all residents by giving consideration to the determinants of health, with focus on Indigenous people, Francophones, newcomers/immigrants and vulnerable populations.

Therefore, health program/service providers are required to detail their planned efforts to address area population needs and service gaps by providing an annual summary on the following questions:

1. What specific processes or intentional steps has your organization taken this year to address health equity and the determinants of health to improve health outcomes of the residents you serve?
2. What specific outcomes has your organization achieved in improving access and/or effectiveness of your programs/services through attention to health equity and the determinants of health?
3. What are your policies and procedures related to self-identification for the vulnerable populations, Francophone and Indigenous residents you serve?
4. What plans does your organization have to address health equity and the determinants of health in the delivery of programs/services in the coming year?

Annual reports to be submitted on or before June 30th of each year and sent to:

EC.performance@lhins.on.ca

**Schedule E3b Local: CHC Local Indicators
2016-2017**

Health Service Provider: North Lambton Community Health Centre

Adult Diabetes Education Program

The HSP will submit a Program Description and Proposed Annual Work Plan (Schedule A) by April 30th 2016 to the Erie St. Clair LHIN in Microsoft Word format. As part of the proposed annual work plan, the HSP is required to submit a signed copy of the proposed financial annual budget (Schedule B) and activity targets (Schedule C), as well as complete the Update Program Contact Information form.

The HSP will provide the LHIN with quarterly status reports by completing Schedule A and Schedule B. It will also communicate any changes to the program and/or Program Contact Information.

The quarterly reporting dates will follow and align with the Supplementary Reporting (SRI) dates found on Schedule C: Reports found in this MSAA. As such, the HSP is required to report on fiscal 2016/17 progress by the following dates:

Q1 and Q2 update – report due to the LHIN on November 7th, 2016

Q3 update – report due to the LHIN on February 7th, 2017

Q4/YE update – report due to the LHIN on June 7th, 2017

The Annual Work Plan and Quarterly Status reports should be sent to the Erie St. Clair LHIN by way of electronic copy to ec.performance@lhins.on.ca.

**Schedule E3c Local: CMH&A Local Indicators
2016-2017**

Health Service Provider: North Lambton Community Health Centre

Mental Health:

1. Provide and maintain updated service description and wait-time information to Connex Ontario
2. Actively participate in coordinated access mechanisms implemented by the ESC LHIN including provision of clinical services through electronic bookings (FACE).
3. Actively participate in the review and refinement of appropriate cost centres and reporting requirements. Future reporting is subject to change as per the ESC LHIN Data Quality Improvement Plan.

**Schedule E3 FLS Local: Non-Identified Organizations
2016-2017**

Health Service Provider: North Lambton Community Health Centre

Responsiveness to Francophone community needs

All HSPs that are not identified for the provision of French language services will identify their French-speaking clients. They will also maintain a list of proficient French-speaking staff as well as their proficiency level. This information will be used by the HSP to help with the establishment of an environment where people's linguistic backgrounds are collected, linked with existing health services data and utilized in health services and health system planning to ensure services are culturally and linguistically responsive to the needs of patients/clients.

The HSP will provide yearly a brief FLS report to the LHIN, using the template provided by the LHIN.

Schedule F: Project Funding

2016-2017

Health Service Provider: North Lambton Community Health Centre

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:

ERIE ST. CLAIR 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

2016-2017

Health Service Provider: North Lambton Community Health Centre

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]

Erie St. Clair Local Health Integration Network

By:

[insert name and title.]

Schedule F: Project Funding

2016-2017

Health Service Provider: North Lambton Community Health Centre

Project Funding Agreement Template

5.0 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

2016-2017

Health Service Provider: North Lambton Community Health Centre

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]