















































































**Schedule B1: Total LHIN Funding**

2018-2019

**Health Service Provider: Yor-Sup-Net Support Services Network**

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	\$6,255,003
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	\$0
<b>Subtotal Revenue LHIN/MOHLTC</b>	<b>10</b>	<b>Sum of Rows 1 to 9</b>	<b>\$6,255,003</b>
Recoveries from External/Internal Sources	11	F 120*	\$25,500
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*]	\$0
<b>Subtotal Other Revenues</b>	<b>14</b>	<b>Sum of Rows 11 to 13</b>	<b>\$25,500</b>
<b>TOTAL REVENUE</b>	<b>FUND TYPE 2</b>	<b>15</b>	<b>Sum of Rows 10 and 14</b>
			<b>\$6,280,503</b>
<b>EXPENSES</b>			
<b>Compensation</b>			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$4,455,685
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	\$891,142
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	\$44,280
<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]	\$371,622
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780* ]	\$26,204
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$225,617
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$265,953
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>\$6,280,503</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*	\$23,068,351
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$23,068,351
<b>NET SURPLUS/(DEFICIT)</b>	<b>FUND TYPE 3</b>	<b>41</b>	<b>Row 39 minus Row 40</b>
			<b>\$0</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>\$0</b>
<b>ALL FUND TYPES</b>			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$29,348,854
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$29,348,854
<b>NET SURPLUS/(DEFICIT)</b>	<b>ALL FUND TYPES</b>	<b>47</b>	<b>Row 45 minus Row 46</b>
			<b>\$0</b>
<b>Total Admin Expenses Allocated to the TPBEs</b>			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$265,953
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$78,410
General Administration	52	72 1*	\$497,052
Other Administrative Expenses	53	72 1*	\$0
<b>Admin &amp; Support Services</b>	<b>54</b>	<b>72 1*</b>	<b>\$841,415</b>
Management Clinical Services	55	72 5 05	\$181,239
Medical Resources	56	72 5 07	\$44,280
<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>\$1,066,934</b>



## Schedule C: Reports

### Community Mental Health and Addictions Services

2018-2019

### Health Service Provider: Yor-Sup-Net Support Services Network

**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 Mental Health and Addictions Services

2018-2019

Health Service Provider: Yor-Sup-Net Support Services Network

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 Mental Health and Addictions – Other Reporting Requirements

Requirement	Due Date	
Common Data Set for Community Mental Health Services	Last day of one month following the close of trial balance reporting for Q2 and Q4 (Year-End)	
	2014-15 Q2	November 28, 2014
	2014-15 Q4	June 30, 2015
	2015-16 Q2	November 30, 2015
	2015-16 Q4	June 30, 2016
	2016-17 Q2	November 30, 2016

## Schedule C: Reports

### Community Mental Health and Addictions Services

2018-2019

Health Service Provider: Yor-Sup-Net Support Services Network

	2016-17 Q4	June 30, 2017
	2017-18 Q2	November 30, 2017
	2017-18 Q4	June 29, 2018
	2018-19 Q2	November 30, 2018
	2018-19 Q4	June 28, 2019
<b>DATIS (Drug &amp; Alcohol Treatment Information System)</b>	Fifteen (15) business days after end of Q1, Q2 and Q3 - Twenty (20) business days after Year-End (Q4)	
	2014-15 Q1	July 22, 2014
	2014-15 Q2	October 22, 2014
	2014-15 Q3	January 22, 2015
	2014-15 Q4	April 30, 2015
	2015-16 Q1	July 22, 2015
	2015-16 Q2	October 22, 2015
	2015-16 Q3	January 22, 2016
	2015-16 Q4	April 28, 2016
	2016-17 Q1	July 22, 2016
	2016-17 Q2	October 24, 2016
	2016-17 Q3	January 23, 2017
	2016-17 Q4	May 2, 2017
	2017-18 Q1	July 21, 2017
	2017-18 Q2	October 24, 2017
	2017-18 Q3	January 23, 2018
	2017-18 Q4	May 2, 2018
	2018-19 Q1	July 23, 2018
	2018-19 Q2	October 22, 2018
	2018-19 Q3	January 22, 2019
	2018-19 Q4	April 29, 2019
<b><u>ConnexOntario</u> Health Services Information</b>	All HSPs that received funding to provide mental health and/or addictions services must participate in <u>ConnexOntario</u> Health Services Information's annual validation of service details; provide service availability updates; and inform <u>ConnexOntario</u> Health Services Information of any program/service changes as they occur.	
<ul style="list-style-type: none"> <li>• Drug and Alcohol Helpline</li> <li>• Ontario Problem Gambling Helpline (OPGH)</li> <li>• Mental Health Helpline</li> </ul>		
<b>French Language Service Report</b>	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 Mental Health and Addictions Services

2018-2019

Health Service Provider: Yor-Sup-Net Support Services Network

*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"> <li>• <b>Community Financial Policy, 2016</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Operating Manual for Community Mental Health and Addiction Services (2003)</b></li> </ul>	Chapter 1. Organizational Components 1.2 Organizational Structure, Roles and Relationships 1.3 Developing and Maintaining the HSP Organization / Structure 1.5 Dispute Resolution
	Chapter 2. Program & Administrative Components 2.3 Budget Allocations/ Problem Gambling Budget Allocations 2.4 Service Provision Requirements 2.5 Client Records, Confidentiality and Disclosure 2.6 Service Reporting Requirements 2.8 Issues Management 2.9 Service Evaluation/Quality Assurance 2.10 Administrative Expectations
	Chapter 3. Financial Record Keeping and Reporting Requirements 3.2 Personal Needs Allowance for Clients in Some Residential Addictions Programs 3.6 Internal Financial Controls ( <i>except "Inventory of Assets"</i> ) 3.7 Human Resource Control
<ul style="list-style-type: none"> <li>• <b>Early Psychosis Intervention Standards (March 2011)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Ontario Program Standards for ACT Teams (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Intensive Case Management Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Crisis Response Service Standards for Mental Health Services and Supports (2005)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Psychiatric Sessional Funding Guidelines (2004)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Addictions &amp; Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Addictions staged screening and assessment tools (2015)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>South Oaks Gambling Screen (SOGS)</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Ontario Healthcare Reporting Standards – OHRs/MIS - most current version available to applicable year</b></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Guideline for Community Health Service Providers Audits and Reviews, August 2012</b></li> </ul>	

## Schedule E1: Core Indicators

2018-2019

Health Service Provider: Yor-Sup-Net Support Services Network

Performance Indicators	2018-2019 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	Refer to Schedule E3a	-
**Percentage Total Margin	0.00%	>= 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	TBA	-
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)		
<p>* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget</p> <p>** No negative variance is accepted for Total Margin</p>		

# Schedule E2a: Clinical Activity- Detail

2018-2019

## Health Service Provider: Yor-Sup-Net Support Services Network

OHRs 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*	4.20	n/a
Total Cost for Functional Centre	72 1*	\$841,415	n/a
<b>Clinical Management 72 5 05</b>			
Full-time equivalents (FTE)	72 5 05	2.15	n/a
Total Cost for Functional Centre	72 5 05	\$181,239	n/a
<b>Medical Resources 72 5 07</b>			
Total Cost for Functional Centre	72 5 07	\$44,280	n/a
Mental Health Sessions	72 5 07	82	63 - 101
<b>CMH&amp;A Centralized/Coordinated Access</b>			
Full-time equivalents (FTE)	72 5 08	5.78	n/a
Visits	72 5 08	3,350	2915 - 3786
Individuals Served by Functional Centre	72 5 08	580	476 - 684
Total Cost for Functional Centre	72 5 08	\$470,216	n/a
<b>Case Management/Supportive Counselling &amp; Services - Mental Health 72 5 09 76</b>			
Full-time equivalents (FTE)	72 5 09 76	28.26	n/a
Visits	72 5 09 76	17,020	15658 - 18382
Individuals Served by Functional Centre	72 5 09 76	575	472 - 679
Group Sessions	72 5 09 76	110	85 - 135
Total Cost for Functional Centre	72 5 09 76	\$2,263,143	n/a
Group Participant Attendances	72 5 09 76	500	410 - 590
<b>Crisis Intervention - Mental Health 72 5 15 76</b>			
Full-time equivalents (FTE)	72 5 15 76	22.70	n/a
Visits	72 5 15 76	22,744	20924 - 24564
Individuals Served by Functional Centre	72 5 15 76	7,380	6790 - 7970
Total Cost for Functional Centre	72 5 15 76	\$2,107,930	n/a
<b>Res. Mental Health - Short Term Crisis Support Beds 72 5 40 76 60</b>			
Full-time equivalents (FTE)	72 5 40 76 60	4.21	n/a
Inpatient/Resident Days	72 5 40 76 60	968	794 - 1142
Individuals Served by Functional Centre	72 5 40 76 60	120	92 - 148
Total Cost for Functional Centre	72 5 40 76 60	\$372,280	n/a
<b>ACTIVITY SUMMARY</b>			
Total Full-Time Equivalents for all F/C		67.30	
Total Visits for all F/C		43,114	
Total Inpatient/Resident Days for all F/C		968	
Total Individuals Served by Functional Centre for all F/C		8,655	
Total Group Sessions for all F/C		110	
Total Group Participants for all F/C		500	
Total Mental Health Sessions for all F/C		82	
Total Cost for All F/C		6,280,503	

# Schedule E2c: CMH&A Sector Specific Indicators

2018-2019

Health Service Provider: Yor-Sup-Net Support Services Network

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

  

Explanatory Indicators
Repeat Unplanned Emergency Visits within 30 days for Mental Health conditions
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse conditions
Average Number of Days Waited from Referral/Application to Initial Assessment Complete
Average number of days waited from Initial Assessment Complete to Service Initiation

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

**Health Service Provider: Yor-Sup-Net Support Services Network**

<b>Performance Indicators</b>	<b>2018-2019 Target</b>	<b>Performance Standard</b>
Proportion of Budget Spent on Administration <sup>1,2</sup>	9.8%	≤ 15%

<sup>1</sup> Proportion of Budget Spent on Administration: (Total Admin and Support Expenses - Program Rent)/(LHIN Base Allocation +Service Recipient Revenue)

<sup>2</sup> All Central LHIN HSPs are required to identify cost related to Program Rent out of the total Administration and Support Expenses

## Schedule F: Project Funding

2018-2019

Health Service Provider: Yor-Sup-Net Support Services Network

### 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: Yor-Sup-Net Support Services Network**

**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: Yor-Sup-Net Support Services Network**

**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: Yor-Sup-Net Support Services Network

### 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]