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SENT ELECTRONICALLY

March 10, 2016

Ms. Helen Leung
Chief Executive Officer
Carefirst Seniors & Community Services Association
300 Silver Star Blvd
Scarborough, ON M1W 0G2

Dear Ms. Leung,

Re: 2014-17 Multi-Sector Service Accountability Agreement Refresh

When the Central East Local Health Integration Network (Central East LHIN) and the Carefirst Seniors & Community Services Association (CSCSA) entered into a Multi-Sector Service Accountability Agreement (MSAA) for a three-year term effective April 1, 2014, the budgeted financial data, service activities and performance indicators for the 2014/15 year were included. On April 1, 2015 the 2015/16 targets were refreshed and executed. The Central East 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 A, B, C, D and E.

Subject to CSCSA's agreement, the MSAA will be amended effective April 1, 2016, by adding the amended Schedules that are included in the attachment of 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.

Please print and sign this letter to indicate your organization's acceptance to this amendment to the MSAA, returning the signed version of this entire letter (Pages 1-3) and Schedules A-G by email or by fax to Pauline Rahaman, Analyst – System Finance & Performance Management at pauline.rahaman@hins.on.ca on or before **March 17, 2016**.

.../2



Ontario

Local Health Integration
Network
Réseau local d'intégration
des services de santé

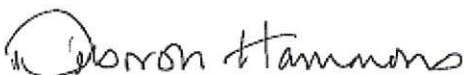
-2-

2014-17 Multi-Sector Service Accountability Agreement Refresh

The Central East LHIN appreciates you and your team's collaboration and hard work during this 2016/17 MSAA refresh process.

If you have any questions or concerns related to your MSAA, please contact Emily Van de Klippe, Lead – Performance & Accountability at emily.vandeklippe@lhins.on.ca or at (905) 427-5497, ext. 213.

Sincerely,



Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network

c: Sunny Ho, Board President, Carefirst Seniors & Community Services Association
Wayne Gladstone, Chair, Central East Local Health Integration Network
Stewart Sutley, Senior Director – System Finance & Performance Management, Central East LHIN
Ritva Gallant, Director – System Finance & Risk Management, Central East LHIN
Emily Van de Klippe, Lead – Performance & Accountability, Central East LHIN

Attachments: Appendix A – Schedules A – G

-3-

2014-17 Multi-Sector Service Accountability Agreement Refresh

Signatures below confirm acceptance of this amendment to the MSAA as articulated in this letter.

By:

HELEN WONG J. Connolly March 9, 2016
Name of CEO/ED CEO/ED Signature Date
(Please Print)

And By:

for Michael Wong Executive Board of Director VP, Board MARCH 9, 2016
Name of Chair Chair Signature Date
(Please Print)

Using one of the following methods, please return the signed version of this entire letter (Pages 1-3) and Schedules A-G to Pauline Rahaman, on or before March 17, 2016.

- Scan and email back to: pauline.rahaman@lhins.on.ca; or
- Fax to (905) 427-9659, Attention: Pauline Rahaman

Schedule A1: Description of Services

Health Service Provider: Carefirst Seniors & Community Services Association

[illegible]

Schedule A2: Population and Geography

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

Client Population

Carefirst serves a diverse community in GTA and surrounding York regions. It serves over 7,000 clients/year, at least 25% (1,625) are frail and homebound seniors, who require more intensive care coordination and support services. Services are delivered in English, Chinese (Mandarin, Cantonese and other Chinese dialects). The profile of the clientele is as follows:

>75% of the 7,000 clients have low-income with an annual income of less than \$22,000.

>60% of the 7,000 clients are aged 75 and over.

>89% of the 7,000 clients speak mainly Chinese and 11% speak other languages (English, Tagalog, Vietnamese, Korean)

> 25% of seniors served suffer from depression due to social isolation, service barriers, deteriorating health status etc.

Client service target outcomes are: 1) to reduce the seniors' dependency on hospital service; 2) to defer their admissions to long-term care facilities; and 3) to increase more days for them to stay at home by providing them with quality in-home and community support services in a cultural and language appropriate manner.

Geography Served

Carefirst serves GTA and surrounding regions within Central East, Central, and Toronto Central LHINs' boundaries, including Toronto, Scarborough, North York, Richmond Hill, Markham, south east York Region, and Mississauga.

Basket of home and community support services are delivered through Carefirst's multiple service sites include: 1) Carefirst South Toronto Services Centre at 479 Dundas St., Toronto; 2) Carefirst One-Stop Multi-Services Centre at 300 Silver Star, Blvd, Scarborough; 3) Supportive Housing Services (operate 24/7) site office at 3825 Sheppard Avenue East, Scarborough and 91 Augusta Avenue, #707, Toronto; 4) Carefirst Adult Day Centre at 17-19 Glen Watford Drive, Scarborough; and 5) Carefirst York Region Service Centre at 9893 Leslie Street, Richmond Hill; 6) Carefirst Ip Fu Ling Fung Community Services Centre at 420 Highway 7 East, #104A, Richmond Hill; 7) Carefirst Social and Congregate Dining Services are provided on-site at all services centres and other off-site, community centres in 15 locations - housing buildings, community centres, churches and restaurants

Transportation service boundary: Scarborough, North York, Toronto and Southern York Region

Homecare and Assisted Living Service boundaries (operate 24/7): 1) Central East LHIN: East Victoria Park Ave to Neilson Road, North to Steeles Ave, South to Lakeshore Blvd; 2) Toronto Central LHIN: Entire area; 3) Central LHIN: East Dufferin Street to 9th Line, North to 19th Ave, South to Steeles Ave.

Schedule B1: Total LHIN Funding
2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 9.0	2016-2017 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$4,450,758
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	\$873,070
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$5,323,828
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$50,000
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*]	\$621,322
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$671,322
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$5,995,150
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$4,260,279
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$591,476
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
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$39,950
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$689,259
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$23,100
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$186,860
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$204,226
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$5,995,150
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*	\$11,495,672
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$11,495,672
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	\$17,490,822
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$17,490,822
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*	\$204,226
Volunteer Services	50	72 1*	\$53,287
Information Systems Support	51	72 1*	\$84,470
General Administration	52	72 1*	\$504,683
Admin & Support Services	53	72 1*	\$846,666
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)	\$846,666

Schedule B2: Clinical Activity- Summary

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

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
Health Promotion and Education	72 5 50	7.00	0	70	0	0	0	0	0	0	0	0	0	0
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	93.16	37,950	0	121,368	58,792	5,547	82,548	0	0	0	0	0	0

Schedule C: Reports

Community Support Services

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

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)	
2014-2015	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 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 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 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 Reporting Due

Schedule C: Reports

Community Support Services

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

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

Schedule D: Directives , Guidelines and Policies

Community Support Services

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

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 |
| ▪ Community Financial Policy, 2015 |
| ▪ 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, 1994, 2015 |
| ▪ 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

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	14.1%	<=16.9%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.45%
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	12.7%	<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: Carefirst Seniors & Community Services Association

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*	7.00	n/a
Total Cost for Functional Centre	72 1*	\$846,666	n/a
Health Prom/Educ & Dev - General Geriatric 72 5 50 96 10			
Full-time equivalents (FTE)	72 5 50 96 10	7.00	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 96 10	70	56 - 84
Total Cost for Functional Centre	72 5 50 96 10	\$567,000	n/a
CSS IH - Social and Congregate Dining 72 5 82 12			
Full-time equivalents (FTE)	72 5 82 12	3.06	n/a
Individuals Served by Functional Centre	72 5 82 12	2,965	2669 - 3262
Attendance Days Face-to-Face	72 5 82 12	64,140	60933 - 67347
Total Cost for Functional Centre	72 5 82 12	\$269,734	n/a
CSS IH - Transportation - Client 72 5 82 14			
Full-time equivalents (FTE)	72 5 82 14	1.25	n/a
Visits	72 5 82 14	3,450	3105 - 3795
Individuals Served by Functional Centre	72 5 82 14	280	224 - 336
Total Cost for Functional Centre	72 5 82 14	\$68,174	n/a
CSS IH - Crisis Intervention and Support 72 5 82 15			
Full-time equivalents (FTE)	72 5 82 15	2.80	n/a
Visits	72 5 82 15	5,500	5225 - 5775
Individuals Served by Functional Centre	72 5 82 15	750	638 - 863
Total Cost for Functional Centre	72 5 82 15	\$153,250	n/a
CSS IH - Day Services 72 5 82 20			
Full-time equivalents (FTE)	72 5 82 20	21.50	n/a
Hours of Care	72 5 82 20	20,655	19622 - 21688
Individuals Served by Functional Centre	72 5 82 20	275	220 - 330
Attendance Days Face-to-Face	72 5 82 20	18,408	17488 - 19328
Total Cost for Functional Centre	72 5 82 20	\$1,246,652	n/a
CSS IH - Homemaking 72 5 82 31			
Full-time equivalents (FTE)	72 5 82 31	18.50	n/a
Hours of Care	72 5 82 31	31,000	29450 - 32550
Individuals Served by Functional Centre	72 5 82 31	380	304 - 456
Total Cost for Functional Centre	72 5 82 31	\$681,600	n/a
CSS IH - Assisted Living Services 72 5 82 45			
Full-time equivalents (FTE)	72 5 82 45	43.75	n/a
Hours of Care	72 5 82 45	69,713	66227 - 73199
Inpatient/Resident Days	72 5 82 45	58,792	55852 - 61732
Individuals Served by Functional Centre	72 5 82 45	247	198 - 296
Total Cost for Functional Centre	72 5 82 45	\$2,031,674	n/a
CSS IH - Visiting - Social and Safety 72 5 82 60			
Full-time equivalents (FTE)	72 5 82 60	2.30	n/a
Visits	72 5 82 60	29,000	27550 - 30450

Schedule E2a: Clinical Activity- Detail

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

OHRS Description & Functional Centre		2016-2017	
		Target	Performance Standard
¹ These values are provided for information purposes only. They are not Accountability Indicators.			
Individuals Served by Functional Centre	72 5 82 60	650	553 - 748
Total Cost for Functional Centre	72 5 82 60	\$130,400	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		107.16	n/a
Total Visits for all F/C		37,950	36053 - 39848
Total Not Uniquely Identified Service Recipient Interactions for all F/C		70	56 - 84
Total Hours of Care for all F/C		121,368	115300 - 127436
Total Inpatient/Resident Days for all F/C		58,792	55852 - 61732
Total Individuals Served by Functional Centre for all F/C		5,547	5270 - 5824
Total Attendance Days for all F/C		82,548	78421 - 86675
Total Cost for All F/C		\$5,995,150	n/a

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

Health Service Provider: Carefirst Seniors & Community Services Association

Cultural Sensitivity Obligation

To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.

Health Link Obligation

Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the Central East LHIN.

In addition, the following two explanatory obligations regarding the identification of complex vulnerable patients and the process for developing Coordinated Care Plans will be added and monitored:

1. HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and Central East LHIN Health Links programs).
2. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that:
 - a. Is developed with the patient and caregiver;
 - b. Involves two or more health care professionals – at least one of which is from outside the organization and;
 - c. Contains an action plan for one or more of patient and/or caregiver identified health concerns.

Schedule F: Project Funding

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

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

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

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

2016-2017

Health Service Provider: Carefirst Seniors & Community Services Association

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**

8.1The 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: Carefirst Seniors & Community Services Association

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]