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March 10, 2016

Ms. Jackie Rai
Executive Director
VESTA Recovery Program for Women Inc.
101 James Street
Ottawa, ON K1R 5M2

Dear Ms. Rai,

Re: Amendment of 2014-17 MSAA for 2016/17

When the Champlain Local Health Integration Network (the “LHIN”) and VESTA Recovery Program for Women Inc. (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)”. 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.

Please indicate the HSP’s acceptance of, and agreement to this amendment, by signing below and returning one copy of this letter to the LHIN attention:

Mr. Eric Partington
Senior Director – Health System Performance
Email: ch.accountabilityteam@lhins.on.ca

Please return a copy of the letter by **March 24, 2016**.

VESTA Recovery Program for Women Inc. re: Amendment of 2014-17 MSAA for 2016/17, March 10, 2016

If you have any questions or concerns, please contact Elizabeth Woodbury, Director of Health System Accountability at 613.747.3221 or send an email to elizabeth.woodbury@lhins.on.ca.

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

Sincerely,

Chantale LeClerc, RN, MSc
Chief Executive Officer

.cc Eric Partington, Senior Director, Health System Performance, LHIN
Elizabeth Woodbury, Director, Health System Accountability, LHIN

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

AGREED TO AND ACCEPTED BY:

VESTA Recovery Program for Women Inc.

By:

Jackie Rai

March 29, 2016

Jackie Rai, Executive Director

Date

I have the authority to bind
VESTA Recovery Program for Women Inc.

And By:

Crystal Dorion

March 29, 2016

Crystal Dorion, President of the Board

Date

I have the authority to bind
VESTA Recovery Program for Women Inc.

APPENDIX 1

Schedule B1: Total LHIN Funding
2016-2017

Health Service Provider: Vesta Recovery Program For Women Inc.

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	\$422,257
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
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$422,257
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*]	\$0
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$0
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$422,257
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$406,420
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$0
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*	\$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$15,837
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$0
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$0
Contracted Out Expense	32	F 8*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$0
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$422,257
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*	\$5,000
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$5,000
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	\$427,257
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$427,257
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*	\$0
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$0
General Administration	52	72 1*	\$76,706
Admin & Support Services	53	72 1*	\$76,706
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)	\$76,706

Schedule B2: Clinical Activity- Summary
2016-2017

Health Service Provider: Vesta Recovery Program For Women Inc.

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
Case Management	72 5 09*	1.00	1,170	0	0	0	90	0	225	0	1,800	0	0	0
Residential-Addictions	72 5 40 78*	8.00	0	0	0	4,200	50	0	0	0	0	0	0	0

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Vesta Recovery Program For Women Inc.

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 Mental Health and Addictions Services

2016-2017

Health Service Provider: Vesta Recovery Program For Women Inc.

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
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
DATIS (Drug & Alcohol Treatment Information System)	• 2016-17 Q4 June 30, 2017
	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

Schedule C: Reports

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Vesta Recovery Program For Women Inc.

Other Reporting Requirements

Requirement	Due Date
ConnexOntario Health Services Information <ul style="list-style-type: none">• Drug and Alcohol Helpline• Ontario Problem Gambling Helpline (OPGH)• Mental Health Helpline	All HSPs that receive funding to provide mental health and/or addictions services must participate in ConnexOntario Health Services Information's annual validation of service details; provide service availability updates; and inform ConnexOntario Health Services Information of any program/service changes as they occur.

French language service Report

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

Schedule D: Directives , Guidlelines and Policies

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Vesta Recovery Program For Women Inc.

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"> Community Financial Policy, 2015 	
<ul style="list-style-type: none"> Operating Manual for Community Mental Health and Addiction Services (2003) 	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"> Early Psychosis Intervention Standards (Nov 2010) 	
<ul style="list-style-type: none"> Ontario Program Standards for ACT Teams (2005) 	
<ul style="list-style-type: none"> Intensive Case Management Service Standards for Mental Health Services and Supports (2005) 	
<ul style="list-style-type: none"> Crisis Response Service Standards for Mental Health Services and Supports (2005) 	
Psychiatric Sessional Funding Guidelines (2004)	
<ul style="list-style-type: none"> Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008) 	
<ul style="list-style-type: none"> Addictions & Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014) 	

Schedule D: Directives , Guidlelines and Policies

Community Mental Health and Addictions Services

2016-2017

Health Service Provider: Vesta Recovery Program For Women Inc.

- | |
|--|
| ▪ Ontario Admission Discharge Criteria for Addiction Agencies (2000) |
| ▪ Admission, Discharge and Assessment Tools for Ontario Addiction Agencies (2000) |
| ▪ South Oaks Gambling Screen (SOGS) |
| ▪ 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: Vesta Recovery Program For Women Inc.**

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
Proportion of Budget Spent on Administration	18.2%	<=21.8%
**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	12.7%	<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: Vesta Recovery Program For Women Inc.

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*	1.00	n/a
Total Cost for Functional Centre	72 1*	\$76,706	n/a
Case Management Addictions - Substance Abuse 72 5 09 78 11			
Full-time equivalents (FTE)	72 5 09 78 11	1.00	n/a
Visits	72 5 09 78 11	1,170	1053 - 1287
Individuals Served by Functional Centre	72 5 09 78 11	90	72 - 108
Group Sessions	72 5 09 78 11	225	180 - 270
Total Cost for Functional Centre	72 5 09 78 11	\$65,767	n/a
Group Participant Attendances	72 5 09 78 11	1,800	1620 - 1980
COM Residential Addiction - Treatment Services-Substance Abuse 72 5 40 78 11			
Full-time equivalents (FTE)	72 5 40 78 11	8.00	n/a
Inpatient/Resident Days	72 5 40 78 11	4,200	3780 - 4620
Individuals Served by Functional Centre	72 5 40 78 11	50	40 - 60
Total Cost for Functional Centre	72 5 40 78 11	\$279,784	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		10.00	n/a
Total Visits for all F/C		1,170	1053 - 1287
Total Inpatient/Resident Days for all F/C		4,200	3780 - 4620
Total Individuals Served by Functional Centre for all F/C		140	112 - 168
Total Group Sessions for all F/C		225	180 - 270
Total Group Participants for all F/C		1,800	n/a
Total Cost for All F/C		\$422,257	n/a

Schedule E2c: CMH&A Sector Specific Indicators

2016-2017

Health Service Provider: Vesta Recovery Program For Women Inc.

Performance Indicators	2016-2017 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
2016-2017**

Health Service Provider: Vesta Recovery Program For Women Inc.

LHIN Performance: The Health Service Provider will take actions to contribute to the LHIN's performance and will monitor its contribution to the region's overall performance on the indicators within the LHIN Performance Report.

Indigenous Cultural Awareness: The Health Service Provider will report on the activities it has undertaken during the fiscal year to increase the indigenous cultural awareness and sensitivity of its staff, physicians and volunteers throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The Indigenous Cultural Awareness Report, using a template to be provided by the LHIN, is due to the LHIN by April 30, 2017 and should be submitted using the subject line: 2016-17 Indigenous Cultural Awareness Report to ch.accountabilityteam@lhins.on.ca . HSPs that have multiple accountability agreements with the LHIN should provide one aggregated report for the corporation.

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

Health Service Provider: Vesta Recovery Program For Women Inc.

Executive Succession: The Health Service Provider must inform the LHIN prior to undertaking a recruitment process or appointment for a CEO or Executive Director.

Health Links: The Health Service Provider will be expected to collaborate in the implementation of Health Links across Champlain region

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

Health Service Provider: Vesta Recovery Program For Women Inc.

Client Evaluation - Mental Health and Addictions: The Health Service Provider (HSP) will adopt the Ontario Perception of Care tool (OPOC) as a standard feedback and evaluation tool for all clients, including family members. This will apply to all new and existing/active clients. The HSP will work with the LHIN and the Centre for Addictions and Mental Health (CAMH) to develop a reporting mechanism. Reporting may include, but not be limited to, a breakdown of the following by age and gender: total number of clients in service; total number of clients completing an OPOC.

Screening and assessment tools - Mental Health and Addictions: To help build a more integrated system, Community Mental Health and Addictions Health Service Providers (HSPs) will use the Staged Screening and Assessment Tools, all new screening and assessment tools supported by the Ministry of Health and Long-Term Care and the Centre for Addiction and Mental Health, as follows:

Tools Existing MSAA Obligations

Stage 1 Screener: Global Appraisal of Individual Need (GAIN) Short Screener (SS) (Addictions, Concurrent Disorders, Mental Health)

Stage 2 Screener for 18+: Modified Mini Screener (MMS) (Addictions, Concurrent Disorders, Mental Health (Optional))

Stage 2 Screener for under 17: Problem Oriented Screening Instrument for Teenagers (POSIT) (Addictions, Concurrent Disorders, Mental Health (Optional))

Stage 1 Assessment: GAIN Q3 MI ONT (with substance use grids from GAIN-I) (Addictions, Concurrent Disorders, Mental Health (Optional))

The HSP will work with the LHIN and CAMH to develop a reporting mechanism. Reporting may include a breakdown of the following by age and gender: total number of clients in service; total number of clients completing each tool; total number of clients referred to Ottawa Addictions Access and Referral System (OAARS) to complete screening and assessment tools (not OPOC). HSPs will submit their screening and assessment results into the corresponding data system (e.g. Catalyst, DATIS, CLHIN Sharepoint).

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

Health Service Provider: Vesta Recovery Program For Women Inc.

Workforce Development and Capacity Building: Mental Health and Addictions: All Community Mental Health and Addictions Health Service Providers (HSPs) will integrate all components of the Champlain Mental Health and Addictions Competency model and related tools with their organizational workforce for purposes of recruitment, professional development, and performance management. Components include the following competency based tools: 1. Competency based Job profiles, 2. Competency based job descriptions, 3. Interview questions, 4. Technical and behavioural competencies (both), 5. Performance management tools. The Champlain model incorporates the competency research and tools developed by the Canadian Centre on Substance Abuse (2014). The HRSR tool, CompetencyCore, will be used as one of the reporting tools to monitor adherence to this obligation. HSPs preferring to use alternative sector-specific, evidence-based Competency models and tools must submit their request to the LHIN for approval.

Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions: The Health Service Provider will achieve a target of 22.4%; performance standard is 22.5% to 27.5%

Schedule F: Project Funding

2016-2017

Health Service Provider: Vesta Recovery Program For Women Inc.

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: Vesta Recovery Program For Women Inc.

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: Vesta Recovery Program For Women Inc.

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: Vesta Recovery Program For Women Inc.

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]