

THE CORPORATION OF THE MUNICIPALITY OF TEMAGAMI

BY-LAW NO. 06-674

Being a by-law to authorize the execution of an Amendment to By-law No. 06-671, being a by-law to execute an Agreement between the Ministry of Health and Long-Term Care and the Corporation of the Municipality of Temagami for a Temagami Family Health Team Development Grant.

WHEREAS under Section 8 of the Municipal Act, 2001, S.O., 2001 C.25, as amended, a municipality has the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority under this or any other act;

AND WHEREAS under section 9. (1) (a) and (b) of the Municipal Act, 2001, S.O., 2001, c.25, as amended, Section 8 shall be interpreted broadly so as to confer broad authority on municipalities to enable them to govern their affairs as they consider appropriate and to enhance their ability to respond to municipal issues.

NOW THEREFORE the Council of the Corporation of the Municipality of Temagami enacts as follows:

1. The Mayor and Chief Administrative Officer be authorized to execute the amendment to the agreement on behalf of the Corporation of the Municipality of Temagami, affix the Seal of the Corporation, and deliver the attached agreement known as Schedule 'A' to this By-law and forming part of the By-law;
2. This By-law shall come into force and take effect upon the final passing thereof.

Read a first and second time this 14th day of September, 2006.

Read a third time and finally passed this 14th day of September, 2006.



Mayor



CAO/Clerk

**Ministry of Health
and Long-Term Care**

HEALTH RESULTS TEAM
Primary Health Care Team
Family Health Team Funding Unit
1075 Bay Street, 9th Floor
Toronto ON M5S 2B1

Telephone: 416-327-9340
Toll free: 1-866-766-0266
Facsimile: 416-326-4684

**Ministère de la Santé
et des Soins de longue durée**

EQUIPE DES RÉSULTATS DANS LE DOMAINE DE LA SANTÉ
Équipe de renouvellement des soins primaires
Unité du financement des équipes Santé familiale
1075, rue Bay, 9^e étage
Toronto ON M5S 2B1

Téléphone: 416-327-9340
Sans frais: 1-866-766-0266
Télécopieur: 416-326-4684

September 21, 2006

Mr. Brian Koski
The Corporation of the Municipality of Temagami
Welcome Centre
Lakeshore Drive
Temagami ON P0H 2H0

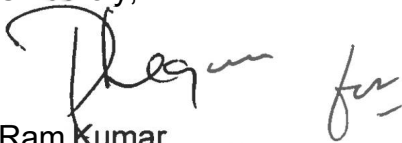
Dear Mr. Koski:

Attached is an original signed Family Health Team Development Grant Amending Agreement. The Grant amount is \$48,000.00. Payment has been requested on your behalf so you should be receiving funds shortly via Electronic Fund Transfer to your bank account.

Please note that any further funding will be contingent on the review and approval of your Business and Operational Plan.

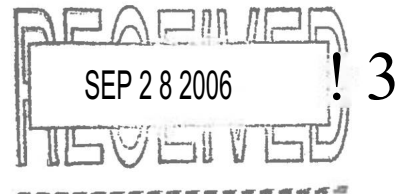
If you have any questions or concerns please contact your Family Health Team Coordinator.

Sincerely,



Ram Kumar
Manager (A) Family Health Team Funding Unit
Primary Health Care Team

c.c. Suzanne Brunet
Marian Nalley
Pat Legris



Family Health Teams

Advancing Primary Health Care

Family Health Team Development Grant Amending Agreement

THIS AMENDING AGREEMENT effective as of the **1st day of September 2006**
BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

as represented by the Minister of Health and Long-Term Care

(the “Ministry”)

- and -

The Corporation of the Municipality of Temagami

(the “Recipient”)

WHEREAS the Ministry and the Recipient entered into Family Health Team Development Agreement dated the **9th day of June 2006** (the “Agreement”); and **into the Family Health Team Development Grant Amending Agreement effective on the 1st day of September 2006.**

AND WHEREAS the parties to the Agreement wish to amend the Agreement in order to provide for the flow of interim Family Health Team funding and to establish certain terms and conditions pertaining to such interim funding;

NOW THEREFORE in consideration of the respective covenants and agreements contained in the Agreement and for other good and valuable consideration, the receipt and sufficiency of which the parties acknowledge, the Ministry and the Recipient hereby agree to amend the Agreement as follows:

1. The Term of the Agreement is extended to the **31st day of March 2007** and all references to “expiry date” throughout the Agreement are amended accordingly. **The further certainty, the Completion Date to carry out and complete the Implementation Plan, as set out in section 4.0 and Schedule A of the Agreement, continues to be in effect.** The Ministry may, in its sole discretion by written notice to the Recipient, extend the Term and Grant Funding for a period or periods and upon conditions which it considers appropriate.
2. The Recipient shall at all times use the phrase “Family Health Team” in all forms of communication, correspondence, identification and branding. All media communications and publications pertaining to your Family Health Team must be reviewed in advance by the Business Lead of the Primary Health Care Team at the Ministry of Health and Long-Term Care.



3. **Schedules C.1, C.2, C.3, and C.4** of this Amending Agreement are hereby added to the Agreement.
4. The Recipient acknowledges that **Schedule C.3** herein pertains to interim funding designated for the pilot operation of the Family Health Team. The terms and conditions of this Amending Agreement will be formalized and replaced by a separate Family Health Team Interim Agreement which will contain specific reporting requirements applicable to the services of the Family Health Team and its providers.
5. The notice period in section 18.1 for the Ministry's right to terminate the Agreement for convenience is hereby changed to 60 days.
6. In all other respects, the parties hereby confirm that the terms of the Agreement shall continue to apply and that time shall continue to remain of the essence.

IN WITNESS WHEREOF THE PARTIES hereto have executed this Amending Agreement on this **1st day of September 2006**.

**HER MAJESTY THE QUEEN IN RIGHT
OF ONTARIO** as represented by the Minister of Health and Long-Term Care

per:

SEP 20 20116

Date

The Corporation of the Municipality of Temagami

SekesnkC 18, 2006

Date

Name: **Bria fr Korff** CAO

I have the authority to bind the Corporation.

Witness

Patrick Cormier

Print Witness Name

Schedule "C.I"

Grant Funding Payment Schedule

Attached to and forming part of the Agreement between the **Ministry of Health and Long-Term Care** and "**Recipient**" dated the **9th day of June 2006**.

The Ministry has granted to **The Corporation of the Municipality of Temagami** the amount of **\$48,000.00** for the interim implementation of the Plan. The full funding amount of **\$48,000.00** will be deposited in:

Name of Bank: Scotiabank
Branch: Temagami Branch (New Liskeard ON)
Address: PO Box 245, Temagami ON P0H 2H0

Account Name: Municipality of Temagami
Account Number: 0053414
Transit Number: 50682
Institution Number: 002

The payment amount for the Plan will be allocated as follows:

Fiscal 2006/07 - \$48,000.00

The Recipient is required to deposit the funding amount into this specified account immediately upon the receipt of the funds, and must report back to the Ministry of the deposit date. This is the date the Ministry acknowledges as the date the funding begins to bear interest.

The funding will cover expenditures incurred between the **1st day of September 2006 to the 31st day of March 2007** or upon completion of the Plan, or the termination of this agreement, whichever occurs first.

Schedule "C.2"

Implementation Plan Description

Attached to and forming part of the Agreement between the **Ministry of Health and Long-Term Care** and the **"Recipient"** dated the **9th day of June 2006**.

The Recipient shall:

Implement 1.0 FTE Nurse Practitioner to fulfill the following roles within the team:

- Complete health assessments including health history and physical examinations
- Formulate and communicate medical diagnosis
- Determine the need for, and order and interpret reports of X-rays, ECGs and diagnostic ultrasound
- Monitor the ongoing therapy of clients with chronic stable illnesses by providing pharmacological and counseling interventions
- Initiate and manage care of patients with diseases
- Determine the need for, and the implementation of health promotion and prevention strategies for individuals and families
- Use nursing strategies based on evidence based information
- Consult with a physician in accordance with the standards for physician consultation
- Prescribe drugs from an approved list

Schedule "C.3"

Attached to and forming part of the Agreement between the **Ministry of Health and Long-Term Care** and **"Recipient"** dated the **9th day of June 2006**.

The Recipient shall expend the Grant Funds in accordance with the following budget:

INTERIM COST CATEGORIES	
HUMAN RESOURCES	
1.0 FTE Nurse Practitioner @ \$80,000 per year for a period of six months	\$40,000.00
Benefits @ 20%	\$8,000.00
Subtotal	\$48,000.00
OVERHEAD	
ONE TIME/START UP	
TOTAL PROPOSAL COST	\$48,000.00

Schedule "C.4"

Final Report

Attached to and forming part of the Agreement between the **Ministry of Health and Long-Term Care** and the **"Recipient"** dated the **9th day of June 2006**.

- 1) The Recipient shall submit a Final Report to the Ministry. This report is due the **31st day of March 2007** or one month following completion of the Plan, whichever comes first.
 - (a) including a final audited financial statement, which accounts for grant funding and final expenditures for cost items approved in **Schedule C.3**. In-kind goods and services supplied by the recipients shall be described in full but are not subject to independent audit.
 - (b) indicating how the deliverables, goals and evaluation objectives of the Plan (as outlined below) have been met as identified in the proposed Plan.

Goals:

The purpose (goal) of this project to commence providing interim Family Health Team Services as funded. The pilot operation of the Family Health Team will provide first steps in negotiating legal agreements that will describe the services, funding, deliverables and reporting requirements of the Family Health Team.

Deliverables:

The Interim Funding Agreement (Family Health Team Development Grant Amending Agreement) is part of an overall and comprehensive Business and Operational Plan for the implementation of a Family Health Team.

Appendix 1.a

Reporting Plan

Financial Progress Reports:

Audited financial statements must be submitted for Implementation Plans receiving funds of \$50,000 or more and for all final financial progress reports.

2006/2007

9th day of June 2006 to the 31st day of March 2007

DUE: 30th day of April 2007

Final Report:

30th day of April 2007 or one month after completion date, whichever occurs first.

Appendix 2.a is to be used as a guideline by the Recipient for submitting the required reports on specified dates. The Recipient is only responsible for reports applicable to the Implementation Plan's time period, and not necessarily all the reports specified in this Appendix.



Appendix 2.a

Financial Progress Report Form Ministry of Health and Long-Term Care

Project Name: Municipality of Temagami Family Health Team

For the Period between: 1st day of September 2006 and the 31st day of March 2007

HUMAN RESOURCES	Salary	Benefits	Total Cost	FTE#
Subtotal				
OTHER OPERATING COSTS			Total Cost	
Sub-total				

The following section is only necessary for fiscal year end reporting:

Total costs for the period 1 st day of September 2006 and the 31 st day of March 2007	
<i>Total approved budget allocation</i>	\$48,000.00
Over-spending (or Under-spending)	
Interest accrued from <Date of funds deposited>	
Amount recoverable by the Ministry	

RECORD OF EXPENDITURES

I certify that this is an accurate account of expenditures for the period specified and that supporting documents are available for audit.

SIGNED BY: _____

DATE: _____