
Physician Sponsored

Telephone:

Fax:

[list individual names of physicians if entity has not been incorporated OR name of corporation and request copy of Articles of Incorporation or Letters Patent as a pre-condition to entering into agreement]

(Collectively referred to as the “Recipient”)

[Insert Agreement Date]

Subject: **Interim Family Health Team Funding Agreement (“Agreement”)**

This letter will confirm the intention of the Ministry of Health and Long-Term Care (the “Ministry”) to provide your group with interim Family Health Team grant funding (“hereinafter referred to as the “Funds” and “Funding”). Upon the Ministry’s receipt of the written acceptance by all Recipients **[of, if applicable insert: your corporation]** of these terms, this letter will form our agreement (“Agreement”). In consideration of the mutual covenants, promises, and agreements contained in this Agreement, and other good and valuable consideration, the receipt and sufficiency of which is expressly acknowledged, the parties to this Agreement agree as follows:

Term

- 1.1 The Term of this Agreement will commence on **[Insert Start Date]** and shall expire on **[Insert End Date]** unless terminated earlier pursuant to sections 4.1 or 4.2. The Ministry may offer to extend the Term of this Agreement prior to the termination date by providing the Recipient written notice of its willingness to do so. If it desires to do so, the Recipient agrees to execute such further documentation as may be necessary in order to formalize such extension.

Composition of Family Health Team

Physicians

- 2.1 Your Family Health Team shall be comprised of **[Insert Number of Physicians]** physicians, who are either parties to, or contracted to provide services under one of the following agreements (“Physician Services Agreements”):

- (a) Family Health Network;

- (b) Primary Care Network;
 - (c) Health Service Organization;
 - (d) Rural and Northern Physician Agreement; or
 - (e) [insert name of MOH/OMA approved agreement]
- 2.2 The Recipients herein acknowledge and agree that their Lead Physician and Associate Lead Physician as designated or redesignated under their Physician Services Contract, shall have the authority to bind all Recipients regarding matters involving this Agreement.

[or use the following in the event that the Recipients are not a single pre-existing group but rather a combination of two or more physician groups]

- 2.2 The Recipients hereby designate **[Insert Contact Person]** as the contact person for the entire group.
- 2.3 The Recipients shall be bound by the governance structure established pursuant to the requirements of their Physician Services Contract, and any withdrawal or expulsion of a Recipient from the Physician Services Contract shall result in automatic deletion of such Recipient as a party to this Agreement. All parties added to the Physician Services Contract, must congruently become signatories to this Agreement.

[or use the following in the event that the Recipients are a combination of two or more physician groups:]

- 2.3 Prior to the execution of this Agreement, the Recipients shall establish a governance structure that addresses matters that include:
- a) the establishing of a bank account and signing officers;
 - b) the determination of a minimum of two elected officers who will jointly be able to bind all of the member Recipients in matters pertaining to the execution of reports, budgets, agreements, amendments and disbursement of Funds pertaining to this Agreement;
 - c) the ownership of assets purchased with the Funds;
 - d) management of the Family Health Team;
 - e) a process for admission or deletion of parties to this Agreement based on the requirement that all participants in this Agreement must also be participants in one of the group's Physician Services Contract; and
 - f) the sharing of financial information pertaining to this Agreement.

- 2.4 Nothing in this Agreement precludes a Physician from terminating his or her relationship with any patient in accordance with professional standards. Further, nothing in this Agreement shall create obligations for a Physician that go beyond his or her professional competence or that, using the Physician's best efforts, are beyond the reasonable control of the Physician.

Interdisciplinary Team Members and Administrative Staff

- 2.5 The Recipient shall retain the services of the Interdisciplinary Team Members and administrative staff detailed in the "Service Plan", attached hereto as Schedule "A". **[NOTE: ensure that Schedule A contains sufficient details of the services]** The Recipient shall ensure that the terms and conditions of any contractual relationship that the Recipient enters into for the purposes of this Agreement, shall not, in any way, contradict the terms and conditions set out herein unless otherwise agreed to in Schedule "A". In particular, the Recipient shall ensure that the terms of its contractual arrangements do not exceed the term of this Agreement unless an extended term is detailed in Schedule A. In no case shall the Recipient negotiate termination payouts and severances with any of its Interdisciplinary Team Members, or its staff, agents and employees which are greater than the minimum requirements set out in the *Employment Standards Act* and the Common Law.
- 2.6 The Recipient shall not make any changes to the Service Plan or to its Budget (Schedule "B") without the Ministry's prior written consent. The Ministry shall respond in writing to a Recipient's written request for a change to the Service Plan within seven (7) business days of the Ministry's receipt of such request.

Family Health Team Funding

- 3.1 Subject to the terms and conditions of this Agreement, during the Term herein, the Ministry shall pay by direct deposit into the Recipients' designated bank account, the amount or amounts (hereinafter referred to as the "Funds" or "Funding") as set out in the Budget/Payment Schedule attached hereto as Schedule "B".
- 3.2 The Ministry may suspend payment of Funds pertaining to any item in Schedule "B" based upon the Ministry's assessment of the financial reports and any other report submitted pursuant to the terms of this Agreement where such reports indicate that the Funding was not spent or applied in accordance with the terms of this Agreement and its Schedules. Funding for a suspended item will resume in the applicable budget year if the Recipient demonstrates to the Ministry's satisfaction that the Recipient has corrected the event that gave rise to the suspension.
- 3.3 All Funding shall be applied directly to the payment of Schedule "B" expenditures, and for no other purpose. No changes to the approved items

in Schedule "B" are permitted without the prior written consent of the Ministry as set out in section 2.6, unless otherwise specified in this Agreement. Any extension of this Agreement is subject to Ministry review and approval of a revised Budget/Payment Schedule and such Ministry approved revised Budget/Payment Schedule shall automatically replace the previous Budget/Payment Schedule and shall apply as Schedule "B" for the extended Term.

- 3.4 In the event that the Recipient, or any one of them, has entered into a Family Health Team Development Funding Agreement, the terms and conditions of such "Development Agreement" shall continue to apply, however the Recipient acknowledges and agrees that there shall be no duplication of any direct or indirect funding for the same or similar items or services ("Duplicate Funding") received by the Recipient or any other individual or group receiving funding pursuant to this Agreement, and any such Duplicate Funding shall be reconciled and adjusted in Schedule "B" herein upon written notice by the Ministry to the Recipient. The Recipient shall use reasonable efforts to ensure best value when acquiring all supplies, equipment and services purchased with the Funds.
- 3.5 During the Term, and for a period of five (5) years following the expiry date of this Agreement, the Recipient shall not, without the Ministry's prior written consent, sell, lease or otherwise dispose of any equipment valued at an amount of \$5,000.00 or more at the time of disposition, purchased with the Funds. The Recipient agrees to notify the Ministry during such five year period of its desire to sell, lease or otherwise dispose of any equipment valued in excess of \$5,000.00, and the Ministry reserves the right to demand reimbursement in an amount equal to the value of the disposed asset, from the Recipient.
- 3.6 If Schedule B includes Funding for Capital Expenditures in excess of \$50,000.00, the Ministry and the Recipients' may enter into a separate Reconciliation Agreement pertaining to such Capital Expenditures.
- 3.7 Without limiting any of the Ministry's other rights set out in this Agreement, the Recipients shall be individually liable in equal shares for any amount owing to the Ministry pursuant to the terms of this Agreement.
- 3.8 Any Family Health Team Funding not spent in accordance with the terms of this Agreement must be returned to the Ministry unless otherwise agreed to by the Ministry in writing.

Acknowledgement of Interim Family Health Team Funding As Pilot Project

- 3.9 The parties herein acknowledge that this Agreement has been entered into on the expressed understanding that certain relevant terms and conditions of a longer term Funding Agreement are to be discussed and finalized between the OMA and the Ministry. As such, this current arrangement is considered

by the parties herein on an interim basis, which may be amended upon the mutual consent of the parties and the OMA.

- 3.10 The Recipients agree that they shall participate in and co-operate with evaluation and monitoring activities undertaken by the Ministry or persons designated by the Ministry, following appropriate notice. It is understood that the evaluation and monitoring activities shall be conducted with a view to minimizing disruption to the normal operations of the Recipients' practices.
- 3.11 The Recipients agree that the results of any evaluations of the Family Health Team may be appropriately published or used.

Termination

- 4.1 Subject to the terms and conditions herein, either party may terminate this Agreement at any time without liability, cost, or penalty, and without cause for any reason, upon giving at least sixty (60) days written notice of its intention to do so.
- 4.2 Subject to section 4.3, if either the Recipient or the Ministry is in material breach of this Agreement, either party may terminate this Agreement as follows:
- (a) in the case of any breach that is capable of being cured, any non-defaulting party may provide notice to the other party, which notice shall set out the particulars of the breach, and state that if the breach is not cured within thirty (30) days, then the Agreement may be terminated at any time by immediate written notice provided by the non-defaulting party; and
 - (b) in the case of any breach that is not capable of being cured, any non-defaulting party may terminate this Agreement by immediate notice provided to the other party.
- 4.3 For purposes of section 4.2, but without limiting the provisions thereof, the following events shall be deemed to be material breaches of this Agreement by the Recipient, which the Ministry shall be entitled at its option to treat as incapable of being cured:
- (a) the Recipient has knowingly provided false or misleading information regarding any aspect of the Family Health Team;
 - (b) the Recipient enters into another agreement with the Ministry for the same or similar purposes as those covered in this Agreement; or

- (c) the Physician Services Funding Agreement with the Ministry is terminated.
- 4.4 Upon termination of this Agreement, the Ministry shall cancel all further Funding and may, in its sole discretion demand repayment of any Funds that the Recipient has used for purposes contrary to the terms of this Agreement.
- 4.5 The Ministry may charge interest on any amount that is owed to the Ministry pursuant to this Agreement, at the current interest rate charged by the Province of Ontario on accounts receivable.
- 4.6 Notwithstanding any terms stated in this Article, in the event that either party terminates this Agreement, the Ministry agrees to compensate the Recipient for any amount(s) required by the Recipient to terminate the obligations which it has entered into pursuant to this Agreement.

[Note: s. 4.6 may require revision in consultation with OMA if the parties intend to enter into a Reconciliation Agreement for capital expenditures as referenced in s. 3.6]

Bankruptcy and Creditor Arrangements

- 5.1 Notwithstanding any other provision in this Agreement, the Minister, without liability, cost, or penalty, may terminate this Agreement immediately upon giving notice to the Recipient if the Recipient is adjudged bankrupt or is insolvent according to the provisions of the Bankruptcy and Insolvency Act, R.S.C. 1992, c. 27, s. 2, and the regulations made thereunder; a receiver or trustee of the Recipient's property and affairs is appointed; the Recipient makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, is petitioned into bankruptcy, or files for the appointment of a receiver; or attempts to execute a bulk sale of its property, except with the prior consent of the Minister, which consent shall not be unreasonably withheld.
- 5.2 For the purposes of this section, any advanced Funding received by the Recipient prior to expenditure shall be deemed to be held in trust by the Recipient for the Ministry until such time as such Funds are spent in accordance with the provisions of Schedule "B" or in accordance with any other terms of this Agreement. All such deemed trust funds shall be returned to the Ministry in full in the event of termination pursuant to this section.

Financial Reports

- 6.1 Continued Funding under this Agreement is conditional upon the Recipient's reasonable compliance in completing, signing and submitting the following reports to the Ministry:

- (a) monthly service reports as provided for in Appendix 1 to Schedule “C” herein;
 - (b) monthly reports concerning client-based encounters submitted in a manner similar to billing the Plan on a fee-for-service basis (shadow billing);
 - (c) quarterly expenditure reports submitted using the form attached as Appendix 2 to Schedule “C”:
 - i. that support and explain all fees and expenses corresponding with the items and amounts set out in your Detailed Proposal and Budget;
 - ii. that are sequentially feasible;
 - (d) annual audited financial statements due within the earlier of 30 days following each anniversary date of the commencement of this Agreement, or 30 days following the Recipients’ fiscal year end, accounting for the Funding received by the Recipient under this Agreement; and
 - (e) semi-annual financial status reports using the form attached as Appendix 3 to Schedule “C” confirming that the Recipient is meeting all of its financial obligations; is not operating in a deficit; and, based on current knowledge, is projected to meet its financial obligations during the next 6 months.
- 6.2 The Recipient agrees to respond in a timely manner to such reasonable inquiries or requests for information or materials as may be made from time to time by the Ministry in relation to this Agreement.
- 6.3 Unless it has agreed to do so, the Ministry shall not pay any amount in excess of the total Funding set out in section 3.1. The Ministry will not recognize expenditures in excess of the approved Budget, or in excess of other expenditures, agreed to in writing by the Ministry.
- 6.4 Upon reviewing of Appendix C, Schedule 3 or an annual audited financial statement, if the Ministry reasonably believes that the Recipient is likely to go into default of its financial obligations within the following 6 months, the Ministry may:
- a) appoint any of the employees or agents of the Ministry to conduct an audit/operational review or investigation for the purpose of ensuring that the Recipient is funding and administering its Service Plan in accordance with its Budget; and/or

- b) make remedial recommendations to the Recipient and require that the Recipient submit a detailed plan within 14 days of receiving such recommendations, as to how and when the Recipient intends to take corrective action.

Accounting

- 7.1 The Recipient shall keep and maintain all records, invoices and other documents relating to the Funding in a manner consistent with generally accepted accounting principles and clerical practices, and shall maintain such records and keep them available for review by the Ministry and its agents for a period of seven (7) years from the termination or expiry of this Agreement.
- 7.2 The Recipient jointly and severally, authorize the Ministry and its agents, upon twenty-four (24) hours' notice and during normal business hours, to visit their premises in order to review the operation of the Family Health Team and to inspect and copy, at the Ministry's expense, any records, invoices and documents in the possession or under any of their control relating to the Family Health Team and the Family Health Team Funding.
- 7.3 The Ministry's right of inspection in this Agreement includes the right to perform an audit at its own expense.
- 7.4 To assist the Ministry in the task described in this section, the Recipient shall provide any other information to the Ministry reasonably requested by the Ministry.

Conflict of Interest

- 8.1 The Recipient shall provide for the delivery of services, as set out in Schedule "A" and use the Funds in a manner that no person associated with the Family Health Team in any capacity shall have a conflict of interest.
- 8.2 For these purposes, a conflict of interest is considered a situation in which an unqualified person associated with the Family Health Team or any unqualified member of his or her family is able to benefit financially from his or her involvement in the Family Health Team.
- 8.3 The Recipient shall disclose to the Ministry without delay any situation that amounts to a conflict of interest.

Notices

- 9.1 Any notice, communication, invoice or report required or permitted to be given under this Agreement shall be in writing; delivered personally, by pre-paid courier, registered or prepaid regular mail and addressed to the other party as follows:

To the Ministry:

**Director, Family Health Teams
Primary Health Care Team**

**Ministry of Health and Long-Term Care
Primary Health Care Team
1075 Bay Street, 9th Floor
Toronto ON M5S 2B1
Fax: (416) 326-4684
Telephone: (416) 325-3575**

To the Recipient:

[Insert recipient name - use name and address of the Lead Physician if applicable - if there is no Lead Physician all of the physicians in the group should be named and all should sign this Agreement]

[Insert Address]

[Insert Telephone Number]

[Insert Fax Number]

[Insert electronic address]

Limitation of Liability

- 10.1 The Ministry and the Ministry's officers, employees, independent contractors, subcontractors, agents, and assigns shall not be liable to the Recipient, and/or its Interdisciplinary Providers, for any losses, expenses, costs, claims, damages, and liabilities occasioned by or attributable to anything done or omitted to be done by the Recipient and/or its Interdisciplinary Providers in connection with this Agreement or with the performance by the Recipient and/or its Interdisciplinary Providers of their obligations under this Agreement, or the exercise by the Ministry of any rights or remedies given to the Ministry under this Agreement, unless the losses, expenses, costs, claims, damages or liabilities are caused by the Ministry.
- 10.2 The Recipient shall be responsible for the collection and remittance of any applicable statutory remittances from its employees including remittances for Canada Pension Plan, Employment Insurance, Income Tax and Employment Health Tax.
- 10.3 The Recipient shall indemnify and save harmless the Ministry, its officers, employees, and agents harmless from all costs, losses, damages, judgments, claims, demands, suits, actions, causes of action, contracts, or other proceedings of any kind or nature based on, occasioned by or attributable to anything done or omitted to be done by the Recipient in

connection with the services rendered pursuant to this Agreement, and to the extent that that comprehensive commercial general liability insurance and all risk property insurance is available.

Insurance

- 11.1 The Recipient shall put in effect and maintain for the duration of this Agreement, all the necessary insurance that would be considered appropriate for a prudent entity or person carrying out a venture similar to that which is set out in this Agreement.
- 11.2 For the purpose of section 11.1, and without restricting the generality of that section, the Recipient shall maintain in full force and effect during the Term of this Agreement, at its own expense, a policy of commercial general liability insurance for third party bodily injury, personal injury and property damage to an inclusive limit of not less than five million (\$5,000,000.00) dollars for each occurrence, as well as the naming of Her Majesty the Queen in right of Ontario as represented by the Ministry of Health and Long-Term as an additional insured.

General

- 12.1 Subject to Regulation 114/94 of the Medicine Act, during the Term of this Agreement, the Recipient shall use its best efforts to use the phrase "Family Health Team" in all forms of communication, correspondence, identification and branding. The Recipient shall use reasonable efforts to consult with the Ministry prior to participating in media communications and publications pertaining to the Recipient's Family Health Team.
- 12.2 The Ministry may disclose in any manner to any person or entity the name of the Recipient and any other information (subject to all privacy legislation) of any kind pertaining to the Family Health Team.
- 12.3 Pursuant to the provisions of the *Financial Administration Act*, R.S.O 1990, c. F.12 as amended, the payment obligations of the Ministry under this Agreement are subject to,
 - (a) the Ministry securing the requisite appropriation for payment during the Province's fiscal year in which payment is due, or
 - (b) the Ministry securing the requisite appropriation for a multi-year payment during a previous fiscal year which cover the year in which payment is due.
- 12.4 In no case shall the Recipient, or any employee, agent, or subcontractor of the Recipient, be entitled to bill the Ministry, a patient or any other person or entity, for services funded pursuant to this Agreement, unless

specifically authorized in accordance with the terms and conditions herein.

- 12.5 In the event that any portion of the Funding pertains to Capital Expenditures, the Recipient acknowledges that such Funding may be subject to compliance by the parties herein, with the provisions of the *Ontarians With Disabilities Act*.
- 12.6 Except as otherwise specifically stated herein, this Agreement and its Schedules constitutes the entire Agreement between the parties pertaining to the Family Health Team. No modification of this Agreement shall be binding unless in writing and executed by all parties.
- 12.7 The parties herein are, at all times, independent of one another and shall not be deemed to be employees, agents, partners of, or in a joint venture with, one another.
- 12.8 The terms and provisions set out in sections 3.4, 3.7, 3.8, 6.2, 7.1, 7.2, 7.3, 7.4, 10.1, 10.2, 10.3, 12.5 and 12.10 shall survive the termination or expiry of this Agreement, and shall bind the parties and their successors and assigns.
- 12.9 No waiver of any breach of this Agreement shall operate as a waiver of any subsequent breach or of the breach of any other provision of this Agreement. No provision of this Agreement shall be deemed to be waived, and no breach excused, unless such waiver or the consent excusing the breach is in writing and signed by the party that is purported to have given such waiver or consent. No delay or omission on the part of any party to this Agreement to avail itself of any such right shall be construed as a waiver of such right.
- 12.10 The Recipient shall not assign, transfer, or pledge any provision or right under this Agreement without the Ministry's prior written consent. The Ministry may withhold such consent in its sole discretion, or it may grant it subject to such terms and conditions as it may require.
- 12.11 Time is of the essence.
- 12.12 The Recipient shall acknowledge the support of the Ministry in all advertising and publicity associated with this Agreement in a format approved by the Ministry, unless doing so constitutes a violation of Regulation 114/94 of the Medicine Act.
- 12.13 Unless otherwise agreed to in writing by the Ministry, the Family Health Team shall not be permitted to fund positions or services which are already funded through existing Ministry programs, agencies or organizations

including, but not limited to, hospitals, public health units, and Local Integrated Health Networks.

If the terms of this letter Agreement are acceptable, please date sign and return the duplicate of this letter to the contact set forth in section 9.1. Note that all members in your group must be signatories to the Agreement in order for it take effect.

Yours truly,

On behalf of
her MAJESTY THE QUEEN in right of Ontario,
as represented by the
Minister of Health and Long-Term Care

The undersigned understand and agree to the terms of this letter of Agreement this _____
day of _____, 2006 in _____, Ontario.

Name of Group _____

Signature of Physician

Signature of Witness

Print Name of Physician

Signature of Physician

Signature of Witness

Print Name of Physician

Signature of Physician

Signature of Witness

Print Name of Physician

Signature of Physician

Signature of Witness

Print Name of Physician

[OR – If the Recipient is a corporate entity]

[Insert Name of Recipient]

[Insert Name and Title of the Authorized Signing Officer]

Signature of Witness

I have the authority to bind the Corporation.

INTERIM FUNDING AGREEMENT

Schedule “A”

Attached to and forming part of the Agreement between the Ministry of Health and Long-Term Care and the Recipient dated the **[Insert Number]** day of **[Insert Month]**, **[Insert Year]**.

SERVICE PLAN

Service Plan Description

Description:

[Insert Service Description]

INTERIM FUNDING AGREEMENT

Schedule "B"

Attached to and forming part of the Agreement between the Ministry of Health and Long-Term Care and the Recipient dated the [Insert Number] day of [Insert Month], [Insert Year].

BUDGET AND PAYMENT SCHEDULE **(Page 1 of 2)**

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

INTERIM FUNDING	
HUMAN RESOURCES	FY 2006/07 Costs
[Insert item]	[Insert amount]
<i>Subtotal- HUMAN RESOURCES</i>	
SUPPLIES / EQUIPMENT – Other Overhead Costs	
[Insert item]	[Insert amount]
<i>Subtotal – SUPPLIES / EQUIPMENT - Other Overhead Costs</i>	
START UP/ONE-TIME COSTS	
Clinical Equipment	
[Insert item]	[Insert amount]
Administrative Equipment/Furnishings	
[Insert item]	[Insert amount]
Leasehold Improvements/Renovations	
[Insert item]	[Insert amount]
<i>Subtotal - CLINICAL SUPPLIES / EQUIPMENT – Start Up/One-Time Costs</i>	
TOTAL COST	

INTERIM FUNDING AGREEMENT

Schedule "B"

Attached to and forming part of the Agreement between the Ministry of Health and Long-Term Care and the Recipient dated the [Insert Number] day of [Insert Month], [Insert Year].

PAYMENT SCHEDULE

Page 2 of 2

The Ministry has granted to the "Recipient" the amount of [Insert Amount] for the interim implementation of the Plan. The full funding for the interim implementation of [Insert Amount] would be deposited in:

[Insert Name of Bank]

[Insert Full Branch Address]

Account Name: [Insert Account Name]

Account Number: [Insert Account Number]

Transit Number: [Insert Transit Number]

Institution Number: [Insert Institution Number]

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

PAYMENT SCHEDULE:

[Insert Date]	[Insert Amount]
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[Insert Date]	[Insert Amount]
---------------	-----------------

[Insert Date]	[Insert Amount]
---------------	-----------------

INTERIM FUNDING: [Insert Amount]

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 [Insert Start Date] to [Insert End Date] or upon completion of the Plan, or the termination of this agreement, whichever occurs first.

Schedule “C”

Attached to and forming part of the Agreement between the Ministry of Health and Long-Term Care and the Recipient dated the **[Insert Number]** day of **[Insert Month]**, **[Insert Year]**.

Appendix 1 – Service Reports

Schedule "C"

Attached to and forming part of the Agreement between the Ministry of Health and Long-Term Care and the Recipient dated the [Insert Number] day of [Insert Month], [Insert Year].

Appendix 2 - Financial Report Form
[Insert Name] Family Health Team
For the Period
[Insert start date] to [Insert end date]

Human Resources	Approved Budget Allocation	Actual Current Reporting Period	Actual Year-To-Date (YTD)	Forecast to End of Current Fiscal Year	Forecast to [Agreement End Date]	Year-To-Date (Overspending)/ Underspending
<i>Non-Physician Personnel:</i>						
Benefits @ 20%	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Non-Physician Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Physician Personnel:</i>						
Total Physician Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Non-Physician &	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Physician Salaries						
Other Overhead	Approved Budget Allocation	Actual Current Reporting Period	Actual Year-To- Date (YTD)	Forecast to End of Current Fiscal Year	Forecast to [Interim Funding End Date]	Year-To-Date (Overspending)/ Underspending
Total Other Overhead Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
One-Time Costs	Approved Budget Allocation	Actual Current Reporting Period	Actual Year-To- Date (YTD)	Forecast to End of Current Fiscal Year	Forecast to [Interim Funding End Date]	Year-To-Date (Overspending)/ Underspending
<i>Clinical Equipment:</i>						
<i>Administrative Equipment/ Furnishings:</i>						
<i>Leasehold Improvements/ Renovations¹:</i>						

One-Time Costs	Approved Budget Allocation	Actual Current Reporting Period	Actual Year-To-Date (YTD)	Forecast to End of Current Fiscal Year	Forecast to [Interim Funding End Date]	Year-To-Date (Overspending)/ Underspensing
<i>Other (please describe)</i>						
Total Start Up/One-Time Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Interest accrued from [Date of funds deposited] to [insert end of funding period]						\$ -
Amount recoverable by the Ministry						\$ -

1. Leasehold Improvements/ Renovations cannot exceed \$50,000

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:_____

INTERIM FUNDING AGREEMENT

Schedule "C"

Attached to and forming part of the Agreement between the Ministry of Health and Long-Term Care and the Recipient dated the [Insert Number] day of [Insert Month], [Insert Year].

REPORTS

Appendix 3

Semi-annual financial status report

In accordance with section 6.1 (e) of the Interim Funding Agreement between the Ministry of Health & Long-Term Care and the Recipient, dated _____, I hereby confirm:

- (a) That the Recipient is meeting its financial obligations, is not operating a deficit; and, based on current knowledge, is projected to meet its financial obligations during the next six (6) months.

SIGNED BY: _____ DATE: _____

I have the authority to bind the Recipient

SIGNED BY: _____ DATE: _____

I have the authority to bind the Recipient

Name of Recipient: [insert name of corporate entity or, if unincorporated, list each physician]

Note: If the Recipient cannot confirm the above statement, please advise your Site Coordinator.