

Central West LHIN

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August 31, 2009

Janette Smith  
 Commissioner of Health  
 Regional Municipality of Peel  
 10 Peel Centre Drive, 4<sup>th</sup> Floor  
 Brampton, Ontario L6T 4B5

Dear Ms. *Janette* Smith:

Re: Addendum to Aging At Home Year 1 Administrative Letter  
date August 15, 2008

LEGISLATIVE SERVICES	
COPY TO:	FOR:
Chair	<input checked="" type="checkbox"/> Committee
CAO	<input checked="" type="checkbox"/>
Corporate Services	Council
Environment, Transportation and Planning Services	
Employee and Business Services	<i>Sept 10/09 G.C.</i>
Finance	
Health Services	<input checked="" type="checkbox"/> File MDH <input checked="" type="checkbox"/>
Human Services	
Peel Living	

I am pleased to inform Regional Municipality of Peel of the increase in funding of \$84,338 for 2009/10 for the Comprehensive Adult Day Services project funded as part of our Year 1 initiatives. This will result in a revised annual budget for these projects of \$272,118 in total funding. Funding allocation and sign-back requirements in support of your organization's service programs are as follows:

- The **Approved revised Base Funding Allocation** for the Adult Day Services is outlined in **Appendix 1** (attached)
- **Sign-Back Requirements.** Please confirm receipt of this Notification of Approved Funding Allocation by signing and returning to us by **September 9, 2009**, a copy of **Appendix 1**.

Once sign-back requirements are met, we will be processing your organization's incremental increase to **cash flow** retroactive to April 1, 2009.

In respect of funding for your organization for 2009/10, the Central West LHIN expects that your organization will meet its performance requirements and deliver contracted programs and services based on the Multi Sector Accountability Agreement (MSAA) schedule 2B, 3A and E.

The Central West LHIN also anticipates that your organization will participate in community engagement, identify integration opportunities, plan and achieve an annual balanced budget, and comply with all terms of existing agreements and applicable legislation.

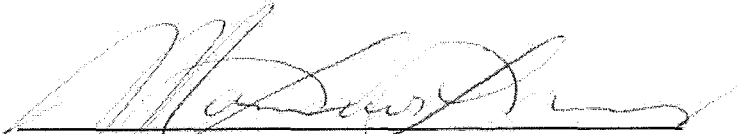
REFERRAL TO Health Services  
 RECOMMENDED \_\_\_\_\_  
 DIRECTION REQUIRED \_\_\_\_\_  
 RECEIPT RECOMMENDED \_\_\_\_\_

HE - C20-2

Throughout the term of your agreement, the Central West LHIN will monitor fiscal performance, adherence to policy and program standards.

Thank you once again for your continued support in meeting the health care needs of the people in our region.

Sincerely,



Mimi Lowi-Young, M.H.A. FACHE, FCCHSE  
Chief Executive Officer

Attachment(s)

C: Emil Kolb, Board Chair, Regional Municipality of Peel  
Joe McReynolds, Board Chair, Central West LHIN

HE - C 20-3

Appendix 1  
Central West Local Health Integration Network 2009/10 Approved Funding Allocation  
Provider Name: Regional Municipality of Peel  
IFIS Recipient # 3319

Service Funding	Funding Amount
2009-10 Total Aging at Home Year 1 as per letter dated August 25, 2009	187,780
2009-10 Incremental Funding*	84,338
*business case budget approved as presented in revised business case submission. Report according to categorization in approved budget.	
<b>Total Approved Funding Allocation</b>	<b>272,118</b>

**Sign Back Agreement**

We acknowledge that the funds provided to Regional Municipality of Peel by the Central West Local Health Integration Network as described in the above table are subject to program specific and performance requirements, as detailed in the Multi Sector Accountability Agreement (MSAA), which, if not met, may result in the Central West LHIN recovering funds from Regional Municipality of Peel through reduction.

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Name of CEO/ED \_\_\_\_\_ CEO/ED Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name of Chair, Board of Directors \_\_\_\_\_ Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return a signed copy of this form to Andrea Shiwcharan, Central West LHIN, using one of the following methods:

By fax to - # 905-455-0427, or  
Scanned copy by e-mail to: Andrea.Shiwcharan@lhins.on.ca