



**CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT
REVISED**

July 10, 2015

9:30 a.m.

City of Williams Lake Council Chambers

450 Mart Street

Williams Lake, BC

V2G 1N3

Pages

1. CALL TO ORDER

(The meeting is scheduled to commence at 9:30 a.m.)

1.1 Adoption of Agenda

Corporate Vote - Unweighted

That the agenda items be adopted as presented.

2. RECEIPT/ADOPTION OF MINUTES/RECOMMENDATIONS

2.1 Cariboo Chilcotin Regional Hospital District Board Minutes - June 12, 2015

3 - 6

Corporate Vote - Unweighted

That the minutes of the Cariboo Chilcotin Regional Hospital District Board meeting, held June 12, 2015, be received and adopted.

3. DELEGATIONS/GUESTS

3.1 Delegation - 11:30 a.m.

Peter Du Toit, Health Services Administrator -Thompson, Cariboo, Shuswap, Interior Health, will appear before the Board to provide an update regarding the Cariboo Memorial Hospital redevelopment project, mental health services, and physician recruitment.

4. BYLAWS FOR CONSIDERATION OF THREE READINGS AND ADOPTION

5. REPORTS AND CORRESPONDENCE

5.1 Hospital Consent Calendar

Corporate Vote - Unweighted

That the Cariboo Chilcotin Regional Hospital District consent calendar, as of July 10, 2015, be received.

5.1.1	Northern Health - Energy Saving Initiatives and Programs	7 - 8
5.1.2	Northern Health - New Mental Health and Substance Use Programs	9 - 10
5.1.3	Northern Health - New Residential Care Beds Opened at Gateway	11 - 12
5.2	Northern Health - Quesnel sees Boost in Specialty Medical Services	13 - 15
	That the News Release from Northern Health, dated June 26, 2015, regarding the growth of specialty medical services in Quesnel, be received.	
5.3	Northern Health – Capital Expenditure Bylaw Request – Dunrovin Energy Conservation Measures	16 - 20

Corporate Vote - Weighted

That the agenda item summary from Scott Reid, Chief Financial Officer, dated June 18, 2015, regarding a Northern Health request for 2015 Capital Funding, be received. Further, that total funding in the amount of \$128,702, representing 40% of the total cost of the Dunrovin Energy Conservation Measures project, be approved. Further, that the necessary capital expenditure bylaw be brought forward to the Board at its August 21, 2015 meeting for consideration of three readings and adoption.

6. IN-CAMERA SESSION

7. ADJOURNMENT

Corporate Vote - Unweighted

That the meeting of the Cariboo Chilcotin Regional Hospital District Board be adjourned at TIME, July 10, 2015.



**CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT
MINUTES**

June 12, 2015

9:30 a.m.

Esler Sports Complex

1490 Wilkie Road, Williams Lake, BC

PRESENT : Chair J. Massier, Vice-Chair M. Wagner, Director T. Armstrong, Director J. Bruce, Director B. Kemp, Director J. Sorley, Director A. Richmond, Director D. Cash, Director R. William, Director B. Anderson, Director B. Coakley, Director W. Cobb, Director M. Campsall, Director R. Sharpe, Alternate Director P. Webstad

ABSENT : Director S. Forseth, Director B. Simpson, Director S. Watson

STAFF : J. Bell, Chief Administrative Officer, S. Reid, Chief Financial Officer, S. Burich, Manager of Communications, L. Schick, Deputy Corporate Officer

1. CALL TO ORDER

1.1 Adoption of Agenda

Corporate Vote - Unweighted

CCH.2015-6-1

Moved Director Wagner

Seconded Director Armstrong

That the agenda items be adopted as presented.

Carried Unanimously

2. RECEIPT/ADOPTION OF MINUTES/RECOMMENDATIONS

2.1 Cariboo Chilcotin Regional Hospital District Board Minutes - May 14, 2015

Corporate Vote - Unweighted

CCH.2015-6-2

Moved Director Cobb

Seconded Director Anderson

That the minutes of the Cariboo Chilcotin Regional Hospital District Board meeting held May 14, 2015, be received and adopted.

Carried Unanimously

5. REPORTS AND CORRESPONDENCE

5.1 Interior Health Capital Projects and Planning Status Report - April 2015

Corporate Vote - Unweighted

CCH.2015-6-3

Moved Director Armstrong

Seconded Director Bruce

That the Interior Health Capital Projects and Planning Status Report - April 2015 be received.

Carried Unanimously

5.2 Hilary Crowley - Critical Shortage of Physiotherapists in BC

Corporate Vote - Unweighted

CCH.2015-6-4

Moved Director Anderson

Seconded Director Cobb

That the email from Hilary Crowley, Physiotherapist, dated June 2, 2015, and attached Physiotherapy Fact Sheet, regarding the critical shortage of physiotherapists in BC, be received.

Carried Unanimously

CCH.2015-6-5

Moved Director Bruce

Seconded Director Sorley

That correspondence be forwarded to the Minister of Advanced Education and the BC Treasury Board, advocating for the establishment of a Northern Physiotherapy Program at the University of Northern BC to provide for 20 more physiotherapy academic seats in BC.

Further that a resolution advocating for the establishment of a Northern Physiotherapy Program at the University of Northern BC to provide for 20 more physiotherapy academic seats in BC be submitted to NCLGA and UBCM. Still further, that correspondence be forwarded to the UBCM Healthy Communities Committee and all other local government associations in BC, with a copy to all northern municipalities, advising of the Cariboo Chilcotin Regional Hospital District's support of this initiative.

Carried Unanimously

5.3 Ministry of Health - Order in Council Approved to Dissolve the Cariboo Regional Hospital District

Corporate Vote - Unweighted

CCH.2015-6-6

Moved Director Wagner

Seconded Director Sorley

That the letter from Manjit Sidhu, Assistant Deputy Minister, Finance and Corporate Services, Ministry of Health, dated May 27, 2015, and attached Order in Council to dissolve the Cariboo Regional Hospital District, be received.

Carried Unanimously

5.4 Hospital Consent Calendar

Corporate Vote - Unweighted

CCH.2015-6-7

Moved Director Sorley

Seconded Director Cobb

That the Cariboo Chilcotin Regional Hospital District consent calendar, as of June 12, 2015, be received.

Carried Unanimously

7. **ADJOURNMENT**

Corporate Vote - Unweighted

CCH.2015-6-8

Moved Director Wagner

Seconded Director Sorley

That the meeting of the Cariboo Chilcotin Regional Hospital District Board be adjourned at 9:52 a.m., June 12, 2015.

Carried Unanimously

Chair

Corporate Officer

NEWS RELEASE

June 17, 2015

For Immediate Release

Northern Health Board recognizes energy saving initiatives and programs engaging youth about future health care career opportunities

The Northern Health Board praised the work underway to reduce Northern Health's carbon footprint at its latest meeting in Burns Lake on June 15, 2015.

Energy conservation projects were implemented at six facilities across the region in 2014, and were able to save over \$250,000. Funding for these projects was provided through the Carbon Neutral Capital Program that is combined with funding from the local regional hospital district partner. Fortis BC and BC Hydro also provide incentives that can be applied to projects to help reduce energy use and costs.

"We put a strong emphasis on being energy conscious including finding ways to reduce costs for facility maintenance, and utilizing the savings for health care related programs," said Dr. Charles Jago, Northern Health's board chair. "We operate in a uniquely challenging northern climate, but our staff continues to find creative and innovative means to be more efficient despite those challenges."

Northern Health's energy savings team was able to reduce its natural gas consumption by three per cent in 2014 over 2013, and has seen a reduction of seven per cent total since starting the program in 2009. In addition, electrical consumption dropped by two per cent in 2014 from 2013.

The human resources team also provided information on two programs targeted to youth interested in pursuing a career in health care. The first is the Grow Your Own program which includes an interactive presentation to grade 10, 11 and 12 students about the diverse opportunities in health care. These events have been held in Prince George, Quesnel, and Fort St. John, and will occur this month in Vanderhoof and Terrace. The second is the Interactive Clinical Simulations that is a partnership with the Innovation and Development Commons. The first session in April included a wide range of health care professionals and a group of Carrier Sekani youth.

"These unique programs engage youth across Northern Health and are helpful to get youth thinking about their future, and hopefully a career in healthcare within northern B.C.," said Cathy Ulrich, Northern Health's Chief Executive Officer and President. "We know people that come from rural communities and learn in northern communities are more likely to practice in a rural setting; presenting these career opportunities will encourage youth to pursue post-secondary education in a health care related field."

The opening of the new Lakes District Hospital and Health Centre in Burns Lake and Learning and Development Centre in Prince George were also celebrated at the board meeting.

The next Northern Health Board Meeting will be held in Prince George on October 21, 2015.

Media Contact:
NH media line - 250-961-7724



BRITISH
COLUMBIA

NEWS RELEASE

June 26, 2015
For Immediate Release

New mental health and substance use support programs to help support residents of northern B.C.

Northern Health is introducing new programs in communities across northern B.C. to support people with severe mental illness or substance use concerns. The programs will better connect northerners with crucial mental health or substance use services, when and where they need them the most.

“Caring for people who are experiencing issues with mental health and substance abuse is a complex issue,” said Shirley Bond, MLA for Prince George-Valemount. “We know that it involves a number of community partners, including the RCMP and health care providers. The funding announced today will provide new programs to better support northern residents and help improve the way services are delivered to individuals on the street, emergency rooms and in communities.”

To reduce the amount of time members of the RCMP spend with patients in the emergency department, a new psychiatric liaison nurse position will be added to hospitals in Prince George, Prince Rupert, and Fort St. John. The nurse will support physicians and staff in the emergency department by quickly helping to assess the patient, and start determining the best supports – either community based programs or in-patient care.

“Mental health and substance use support cannot come from a single organization, and instead need to be created in partnerships that wrap services around the patient,” said Mike Morris, MLA for Prince George-Mackenzie. “The new programs will help Northern Health better serve its clients, while getting the police officers back onto the road more quickly.”

As well, new intensive case management teams will be expanding from Prince George to Terrace and Fort St. John. The intensive case management teams are community-based, outpatient support teams that provide street and community outreach services to people with mental illness and/or substance use problems to connect them with appropriate care and services to reduce their time spent in hospital.

“Mental health and substance use challenges are not only an urban issue, but also seen in rural and remote parts of our province,” said Cathy Ulrich, Northern Health’s chief executive officer and president. “Having the new psychiatric liaison nurse and intensive case management team spread out across the region will help us to better serve residents closer to home.”

The third and final program underway in Prince George is the new Car 60, modeled after the similar Car 40 in Kamloops, Car 87 for the Vancouver Coastal Health region, and Car 67 for Fraser Health residents. Car 60 is a community mobile crisis response program comprised of staff with an expertise in mental health and substance use problems and a plain clothes RCMP officer. The program connects a person in the community in crisis with appropriate supports, determines if medical care at the hospital is required, and supports the RCMP in developing a joint response in addressing community mental health and substance use related calls.

“We have seen an increase in the number of mental health and substance use -related calls, and having the Car 60 program will help to better serve the person we’re trying to help,” said Warren Brown, Superintendent, Prince George RCMP. “This mobile crisis response program has been successful in other communities in B.C., and we’re confident that it will also be successful here in Prince George.”

The three new programs were made possible by the Ministry of Health’s investment beginning in 2014/15 of \$20.25 million to health authorities to support programs and services for those with severe mental illness or substance use issues. This investment aligns with the provincial government’s 10-year mental-health and substance use plan, Healthy Minds, Healthy People, which focuses on prevention, early intervention, treatment and sustainability.

As well, the Ministry of Health recently released several policy papers which outline the strategic service priorities for the health sector. These priorities focus on building primary and community care supports to better meet the needs of individuals, including those with mental health and substance use challenges.

Northern Health continues to work with community partners and the Province to enhance mental health and addiction supports in northern British Columbia. For a full list of mental health and addiction programs within the region, visit: www.northernhealth.ca.

Media Contact:

Northern Health media line: 250-961-7724

NEWS RELEASE

June 26, 2015
For Immediate Release

New residential care beds officially opened during Gateway's fifth anniversary celebration

MLA for Prince George-Valemount Shirley Bond and MLA for Prince George-Mackenzie Mike Morris today officially opened 26 new beds at the Gateway Complex Care building and celebrated the fifth anniversary of Gateway Assisted Living.

"We want to find the most appropriate ways we can to care for seniors in our community. It is important to have a range of options available to meet the specific needs that our aging residents require," said Shirley Bond, MLA for Prince George-Valemount. "The new space at Gateway will allow for additional convalescent and respite care as well as critical complex care beds. Gateway has served us well for 5 years and these new enhancements will help us to better serve a growing population of seniors."

Located on the third floor of the facility, the new beds include 11 convalescent care and respite beds and 15 complex care beds. Convalescent care and respite beds provide short term relief for people with illness or those recovering from illness who would otherwise be admitted to hospital. The complex care beds are available for people who can no longer safely or independently live at home or in an assisted living residence due to their complex care needs.

"Gateway opened five years ago to increase the residential care and assisted living options available in Prince George. Having the third floor open to further increase that support to people in northern B.C. who need more care is very exciting," said Mike Morris, MLA for Prince George-Mackenzie. "We will continue to work to ensure residents of this region have appropriate access to services from community to residential care."

Ground was officially broken on the Gateway Complex Care and Gateway Assisted Living facilities in the fall of 2007 at the corner of Victoria Street and 20th avenue in Prince George. The complex care portion of the building was finished first and opened in 2009. It was followed by the assisted living portion of the building officially opening in 2010. The assisted living unit has 50 beds, while the

residential care unit has 109 long term care beds and 11 respite/convalescent beds.

The renovations cost approximately \$1.2 million, with 60 per cent provided by the Province of B.C. through Northern Health, and 40 per cent by the Fraser Fort George Regional Hospital District.

“We continue to work to meet the needs of seniors and adults in northern B.C. that have a variety of care needs,” said Dr. Charles Jago, Northern Health Board Chair. “Opening the new beds at Gateway will help with the types of care needed as our population ages; something we heard is important to seniors’ during our 2014 public consultation on healthy aging and seniors’ wellness.”

The opening of the new beds is part of the strategy approved by the Northern Health board in December 2014 to help with capacity challenges at the University Hospital of Northern B.C.

For further information on home and community care programs, please visit www.northernhealth.ca.

Media Contact:

NH media line - 250-961-7724

NEWS RELEASE

June 26, 2015

Quesnel sees boost in specialty medical services

Specialist services are seeing an expansion in Quesnel as physicians choose to practice in the community. Over the last two years, the community has been able to recruit a psychiatrist, Dr. Hezekiah Agboji, providing a new service to Quesnel, and a replacement ear, nose, and throat specialist, Dr. Lalenthra Naidoo.

“We know that in some areas of the province recruitment can be a challenge, and that’s why it is great news that Quesnel has been able to attract specialist physicians to support patients in the community,” said Health Minister Terry Lake. “The recruitment of Drs. Agboji and Naidoo are examples of the successes that we are seeing across the province as we work closely with our partners to improve access to primary and specialist care.”

“We know it is important for residents to have access to the care they need as close to home as possible and that is why we have worked hard at a community level in partnership with the health authority, municipality and local doctors to recruit physicians to this region,” said Coralee Oakes, MLA for Cariboo North. “Recruiting these specialist physicians to live and work in our community is great news for local families.”

An ear, nose, and throat physician manages and treats disorders of the head and neck including the ears, nose and throat. A psychiatrist plays a pivotal role in partnership with the local mental health and addictions team in providing assistance to community members facing mental health and addiction challenges.

“Specialist physicians work in collaboration with family physicians and other health care professionals to ensure a patient receives a comprehensive assessment and follow-up,” said Dr. Helene Smith, the local chief of staff in Quesnel. “Having these specialists as members of our health care team in Quesnel helps with the range of services we can offer to residents.”

In addition to these two specialists, Quesnel is also home to internal medicine and surgical services. A second internist will join the team in August 2015. Internal specialists provide care to people with heart and lung disease, metabolic abnormalities, liver and kidney disease.

"The Cariboo Chilcotin Regional Hospital District continues to be a strong partner in enhancing health care services in our region," said John Massier, Cariboo Chilcotin Regional Hospital District chair. "We, along with other key community partners, want to help ensure that the appropriate equipment is available for medical professionals in Quesnel, including specialists."

"I am proud of the work that has been undertaken by the local physicians and Northern Health to expand specialty services in Quesnel," said Bob Simpson, City of Quesnel Mayor. "Council will continue to work proactively with the local physicians, Northern Health, the Province of B.C., and other community partners to recruit physicians to Quesnel."

Ensuring appropriate equipment and supports can play a role in recruiting specialists and physicians to the community. These have been provided through Northern Health capital funding and the Cariboo Chilcotin Regional Hospital District, and supplemented by private donations, the Quesnel Hospital Auxiliary, and Spirit of the North Healthcare Foundation.

"We're grateful for the generous contributions for groups that fundraise to enhance health care in Quesnel," said Debbie Strang, Northern Health's Quesnel health services administrator. "Over the last four years, \$5.5 million in donations and capital funding has helped improve services at G.R. Baker Hospital in Quesnel. It is this community spirit that helps keep us an attractive community to practice."

"It is great to have a fantastic team of specialists and general practitioners in Quesnel, it makes it an enjoyable place to work," said Dr. Dietrich Fürstenburg, Chief of staff in Quesnel. "I chose to come to Quesnel for my family and myself, and the opportunity definitely is well worth it. I feel fortunate to be afforded an opportunity to practice medicine as a full service GP in a rural community with the appropriate specialist support when the need arises."

Access to specialist services is available through a referral from a general practitioner.

For further information on specialist services available in the Northern Health region, please visit northernhealth.ca.

Media Contact:

NH media line - 250-961-7724



BRITISH
COLUMBIA



Date: 18/06/2015

AGENDA ITEM SUMMARY

To: Chair and Directors, Cariboo Chilcotin Regional Hospital District

And To: Janis Bell, Chief Administrative Officer

From: Scott Reid, Chief Financial Officer

Date of Meeting: Cariboo Chilcotin Regional Hospital District_Jul10_2015

File: [Click here to enter text.](#)

Short Summary:

Northern Health – Capital Expenditure Bylaw Request – Dunrovin Energy Conservation Measures

Voting:

Corporate Vote - Weighted

Memorandum:

The Northern Health Authority (NHA) has allocated a portion of their Carbon Neutral Capital Program (CNCP) funding to an Energy Conservation Measures project for Dunrovin Lodge. The total cost of the project is \$321,754. NHA is requesting that the Cariboo Chilcotin Regional Hospital District (CCRHD) provide 40 % of the funds required to complete the project, or \$128,702. CNCP is providing funds in the amount of \$160,000 and the balance of funds required for the project will be provided through a grant from BC Hydro.

Attachments:

- Northern Health Bylaw Request – Dunrovin Energy Conservation Measures
- CNCP Project Proposal – Dunrovin
- CNCP Project Budget - Dunrovin

Financial Implications:

Sufficient funds are available in the CCRHD 5 Year Financial Plan to accommodate this capital expenditure bylaw request.

Policy Implications:

None

CAO Comments:

Concur

Options:

- 1) Endorse the recommendation

- 2) Receipt and other action
- 3) Defer

Recommendation:

That the agenda item summary from Scott Reid, Chief Financial Officer, dated June 18, 2015, regarding a Northern Health request for 2015 Capital Funding, be received. Further, that total funding in the amount of \$128,702, representing 40% of the total cost of the Dunrovin Energy Conservation Measures project, be approved. Further, that the necessary capital expenditure bylaw be brought forward to the Board at its August 21, 2015 meeting for consideration of three readings and adoption.

June 17, 2015

Scott Reid
Chief Financial Officer
Cariboo Chilcotin Regional Hospital District
Suite D, 180 North 3rd Avenue
Williams Lake, BC V2G 2A4

emailed: sreid@cariboord.bc.ca

RE: Bylaw Request 2015 – Dunrovin Energy Conservation Measures

Dear Mr. Reid:

The Ministry of Health has developed a Carbon Neutral Capital Program (CNCP) in which the carbon offsets paid by Health Authorities will be invested in capital improvements that achieve the following:

- Reduced energy costs
- Demonstrate clean technology
- Lower emissions

In March 2015, the Ministry of Health announced the funding available to Health Authorities for 2015/16; Northern Health's funding is \$561,546. Northern Health will use these funds for four projects, one of which is in the Cariboo Chilcotin Regional Hospital District:

	<u>Project Budget</u>	<u>RHD Share</u>
Dunrovin Energy Conservation Measures	\$321,754	\$128,702

Northern Health would like to request funding of \$128,702 for this project. I have included the project proposal form for your review.

Thank you for your consideration of this request. If you have any questions please do not hesitate to contact our office.

Sincerely,



Deb Taylor, HB.Comm, CPA, CGA
Regional Manager, Capital Accounting

Cc: Michael McMillan, Chief Operating Officer, NI
Mike Hoefler, RD Capital Planning and Support Services

CNCP Project Proposal 2014/15
Project Data Sheet (one per project including supporting documentation)

Date Submitted (mm/dd/yyyy):
 HA Ref #:

Health Authority (HA):

Facility Name
 Facility Street Address
 Contact Person Name
 Contact Person Email

Northern Health Authority
Dunrovin Park Lodge Care Facility
Paul Rudecki
paul.rudecki@northernhealth.ca

City:
 Phone:

Project Description:
 (provide as much detail as possible in the space provided)

Energy Conservation measures described in the Energy Study carried out by Kane Consulting: 5.2 Lead Lag Control of P103/104 Radiation Pumps, 5.4 Re-Commission RTU-1/2 Heat Pipe Heat Recovery System (Option 2), 5.5 Re-commission Melink Kitchen Hood Demand Controlled Ventilation System, 5.6 Add VFD to Radiant Panel Pumps, 5.7 Add Controls to Heating Terminal Units, 5.8 Add Monitoring & Control Points for AHU-101, 5.9 AHU-104 Replacement

Environmental Benefits:
 (e.g. energy efficiency, air quality, lighting)

Improve overall energy efficiency, reduction of natural gas and electricity consumption

Budget

Estimated Total Project Costs (\$)	\$ 321,754
CNCP Funding (\$)	\$ 160,000
HA Contribution (\$)	\$ -
Other Funding Sources (\$)**	\$ 161,754
Total Funding (\$)	\$ 321,754

HA funding (% of Total Pr Costs)
 Other Funding Sources (% of Total P Costs)

*Specify Other Funding Sources:

Estimated Annual Fuel Savings (\$/yr)	\$ 7,980
Estimated Annual Electricity Savings (\$/yr)	\$ 1,157
Estimated Annual Total Energy Savings (\$/yr)	\$ 9,107
Estimated Annual Carbon Offset Avoided (\$/yr)	\$ 1,493

Stationary GHG and Energy Reductions (per calendar year)

SmartTool Emissions Calendar Year	2014
SmartTool Emissions for Site (tCO2e/yr)	530.0
Expected Emissions Savings (%)	11%
Fuel Type	02 - Natural Gas
Expected Annual Savings (in GJ/yr)	1,190
Avoided Emissions (tCO2e/yr)	59.5
Electricity Provider	02 - BC Hydro
Expected Annual Savings (in kWh/yr)	16,400
Avoided Emissions (tCO2e/yr)	0
Total Avoided Emissions (tCO2e/yr)	59.7
Simple Payback (yr)	30
(total project cost/total energy savings)	
Expected Life or Persistence of Savings (yr)	15
(for how long savings can be achieved)	

Project Information

Age of Facility or Construction Year:
 Facility Size (m2):
 Reports/Studies Attached: Yes No
 OR if reports/studies not available
 Document on Project Rational (justification/feasibility) Attached**: Yes No

Comments:

CNCP Project Proposal Prepared by:
 (name, title)

Email:

Approved by HA:
 (name, title)

Signature of the HA Approver

Date HA Approved (mm/dd/yyyy):

** E.g. Provide Cost-Benefit Analysis of a proposed project to determine its feasibility. Cost-benefit analysis calculates and compares benefits and costs of a project and is a relatively straightforward tool for deciding whether to pursue a project. To use the tool, first list all the anticipated costs associated with the project, and then estimate the benefits that you'll receive from it. You can carry out a cost-benefit analysis using only financial costs and benefits. However, you may decide to include intangible items within the analysis. As you must estimate a value for these items, this inevitably brings more subjectivity into the process.

Any Additional Comments:

PROJECT BUDGET WORKSHEET

FACILITY: Dunrovin Park Lodge Care Facility		LOCATION: Quesnel
PROJECT: Dunrovin Park Lodge Care Facility - Energy Conservation Measures		
FILE NUMBER:	BUDGET CREATION DATE: March 30, 2015	BUDGET REVISION DATE:

LIST CHANGES TO ORIGINAL PLANNED COSTS HERE:

ACCOUNT		Costs	Disbursements	GST	GST Rebate	Total
1 CONSTRUCTION (INCL SITE PREP)		218,600		10,930	(9,072)	220,458
2 CONSTRUCTION CONTINGENCY	10%	21,860		1,093	(907)	22,046
3 REMEDIATION				-	-	-
4 BUILDING PERMIT				-	-	-
5 ARCHITECT (FEES)				-	-	-
6 STRUCTURAL ENGINEER				-	-	-
7 MECHANICAL ENGINEER		43,720	4,372	2,405	(1,996)	48,501
8 ELECTRICAL ENGINEER				-	-	-
9 CIVIL ENGINEER				-	-	-
10 QUANTITY SURVEYOR				-	-	-
11 PROJECT MANAGEMENT	4.0%	9,618		481	(399)	9,700
12 HAZARDOUS MATERIALS				-	-	-
13 INFECTION CONTROL				-	-	-
14 BUILDING CODE ISSUES				-	-	-
15 LANDSCAPE CONSULTANT				-	-	-
16 DIETARY CONSULTANT				-	-	-
17 INTERIOR DESIGNER				-	-	-
18 OTHER CONSULTANTS				-	-	-
19 TESTING				-	-	-
20 COURSE OF CONSTRUCTION INSURANCE				-	-	-
21 ADMINISTRATION				-	-	-
22 LAND / SITE COSTS				-	-	-
23 LOCAL GOVT / UTILITIES / ETC.				-	-	-
24 OFF SITE CIVIL WORKS				-	-	-
25 OTHER COSTS				-	-	-
a)				-	-	-
b)				-	-	-
c)				-	-	-
26 INFORMATION TECHNOLOGY				-	-	-
27 EQUIPMENT / FURNISHINGS				-	-	-
32 LANDSCAPING / SITE IMPROVEMENTS				-	-	-
39 PROJECT CONTINGENCY	7%	20,871.93		1,044	(866)	21,049
TOTAL PROJECT COSTS		314,670	4,372	15,952	(13,240)	321,754

	NUMBER OF YEARS	ANNUAL ESCALATION	
45 PROJECT ESCALATION			321,754

Notes:

Signature: _____
 Project Manager - Paul Rudecki

Date: _____

Signature: _____
 Regional Director - Mike Hoefler

All Measures
 Date: _____

CONSTRUCTION CONTINGENCY	21,860.00
Less Change Orders:	
Construction Contingency balance	21,860.00
EQUIPMENT	-
Changes to original equipment list:	
Equipment balance	-
PROJECT CONTINGENCY	20,871.93
Items charged to project contingency:	
Project Contingency Balance	20,871.93
CONTINGENCIES BALANCE	42,731.93