



City of Hamilton
BOARD OF HEALTH ADDENDUM

Meeting #: 20-007
Date: November 16, 2020
Time: 9:30 a.m.
Location: Due to the COVID-19 and the Closure of City Hall

All electronic meetings can be viewed at:

City's Website:

<https://www.hamilton.ca/council-committee/council-committee-meetings/meetings-and-agendas>

City's YouTube Channel:

<https://www.youtube.com/user/InsideCityofHamilton> or Cable 14

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

5. COMMUNICATIONS

- *5.2. Correspondence from Margarita De Antunano respecting the Mandatory Mask By-law.

Recommendation: Be received.

- *5.3. Correspondence from John Neary, MD, respecting tighter measures to prevent the spread of Covid-19 in the City of Hamilton.

WITHDRAWN

- *5.4. Correspondence from the Ministry of Health respecting AIDS & Hepatitis C Programs

Recommendation: Be received.

From: [Pilon, Janet](#)
To: [Kolar, Loren](#)
Cc: clerk@hamilton.ca; [Carson, Katie](#)
Subject: RE: Enforcement
Date: November 12, 2020 11:14:13 AM

For BOH

-----Original Message-----

From: clerk@hamilton.ca <clerk@hamilton.ca>
Sent: Thursday, November 12, 2020 8:40 AM
To: Pilon, Janet <Janet.Pilon@hamilton.ca>; Carson, Katie <Katie.Carson@hamilton.ca>
Subject: FW: Enforcement

Magda Green

Administrative Assistant II to the City Clerk City of Hamilton
905 546-2424 ext. 5485
magda.green@hamilton.ca

-----Original Message-----

From: Margarita De Antunano [REDACTED]
Sent: November 11, 2020 4:57 PM
To: clerk@hamilton.ca
Subject: Enforcement

Dear Clerk Office:

I was asked to forward this letter to you to discuss in your next meeting.

Dear Mayor Eisenberg:

The reason of my letter is to ask you to keep the economy of our city open, while we do it safely.

It has been confirmed by Canada top health officials that the proper use of masks prevents the spread of COVID19. Places that have enforced their proper use along with hygiene and social distancing have not reported any cases. However, the current mask wearing by~law is not enforceable and hence ineffective.

- 1 Invest in programs that will teach people how to properly use a mask.
- 2 Enforce proper mask wearing for everyone indoors NO EXEMPTIONS!!!

The “exempt” are the primary cause of spreading the virus. We need to think of the wellness of the group and not the individual in this case. A few might truly not be able to wear one, but most are simply people who can’t be bothered or do not believe in the virus or the effectiveness of wearing a mask.

Please ENFORCE compulsory mask wearing in all indoor establishments, so we can keep our economy alive safely. There are basic services in place for those who can’t wear a mask to be able to obtain essential by curb side pick up, home delivery etc.

I will happily volunteer my time and expertise to help your office implement this new clause. Feel free to contact me.

I hope you can act quickly.

Margarita De Antunano

From: AIDSHEPCPrograms (MOH)
To: [Richardson, Dr. Elizabeth](#); [Office of the Mayor](#); [Baird, Michelle](#); [Gee, Elaine](#); [Trevisani, David](#)
Cc: [AIDSHEPCPrograms \(MOH\)](#); [Hatzipantelis, Maria \(MOH\)](#); [Huang, Melanie \(MOH\)](#)
Subject: AIDS & Hepatitis C Programs - APPROVED 2020-21 Program Plan Schedules: City of Hamilton, Hamilton Public Health
Date: October 23, 2020 4:30:34 PM
Attachments: [image001.jpg](#)
[City of Hamilton Approved PP DIR Letter 2020-21.pdf](#)
[City of Hamilton APPROVED PP 2020-21.pdf](#)

Greetings:

Email Contains Important Information Related to the Ministry's Funding Agreement with Your Organization

Approved Program Plan 2020-21

Please find attached a letter from Kristin Taylor, Acting Director, Provincial Programs Branch, regarding the approval of Schedules A, B, C and D for fiscal year 2020-21.

We ask that you review the new Schedules carefully. If you have any questions, please contact:

AIDS Bureau Funding Program
Maria Hatzipantelis Senior Program Consultant T: 416-212-0214 E: Maria.Hatzipantelis@ontario.ca

These documents are official correspondence and should be retained for your records.

Sincerely,

Joanne

Joanne Lush | Manager, AIDS and Hepatitis C Programs, Provincial Programs Branch

New: 416-704-7380 | 1-800-268-6066 | joanne.lush@ontario.ca

PLEASE NOTE: The information contained in this e-mail message and any attachments is privileged and confidential, and is intended only for the use of the recipient(s) named above.

If you have received this e-mail in error, please notify me immediately and delete this e-mail and any attachments without copying, distributing or disclosing their contents.

AIDS BUREAU AND HEPATITIS C FUNDING PROGRAMS 2020-21 PROGRAM PLAN
SCHEDULE A1: KEY FUNDED ACTIVITIES

Community/ Organization Name:	City of Hamilton
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1. AIDS Bureau Funding Program

Contact	Michelle Baird, Director Epidemiology, Wellness and Communicable Disease Control		
Email:	Michelle.Baird@hamilton.ca	Tel:	905-546-2424 ext. 3529

Goal 1: Improve the health and well-being of populations most affected by HIV				
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.				
Activity Type <small>(Choose from drop-down)</small>	Activity Description	Targets		Staff Involved
		H1	H2	<small>(Check all that apply)</small>
1. Choose an item.	N/A			<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker <input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)

Goal 2: Promote sexual health and prevent new HIV, STI and Hepatitis C infections					
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.					
Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
1. Choose an item.	N/A			<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)

Goal 3: Diagnose HIV infections early and engage people in timely care					
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.					
Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
1. Targeted HIV testing	<p><u>Anonymous HIV Testing:</u></p> <p>Provide anonymous HIV testing (AT) including pre and post-test counselling at Hamilton Public Health Services (PHS) Sexual Health, Street Health clinic sites. Sexual health clinics are open to public and not specifically targeted to priority populations.</p> <p>Street health clinics and outreach are more targeted to homeless and injection drug using clients.</p>	125 persons tested by AT at clinic sites	125 persons tested by AT at clinic sites	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) PHNs on sexual health team & on Harm Reduction teams (includes 0.5 FTE funded position)

Goal 3: Diagnose HIV infections early and engage people in timely care

Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.

Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
	<p>Clients who request HIV testing will be offered anonymous and nominal options and allowed to choose.</p> <p>Rapid HIV testing will be routinely offered to clients self-identified to be high risk/priority populations at clinic sites.</p>				
2. Targeted HIV testing	<p><u>Anonymous HIV Testing:</u></p> <p>Promote and provide AT through outreach/satellite site testing to priority populations through collaboration with community partners/agencies including:</p> <p>The AIDS Network</p> <p>Womankind Addiction Services</p> <p>Men’s bathhouses</p> <p>OAHAS</p> <p>Testing at other sites outside of regular clinic hours is dependent on staffing resources.</p>	<p>In addition to target above, testing targets for outreach testing:</p> <p>MSM: 50</p> <p>At risk women: 10</p> <p>IDU clients: 10</p> <p>Indigenous: 5</p> <p>African/ Caribbean/ Black: 5</p>	<p>In addition to target above, testing targets for outreach testing:</p> <p>MSM: 50</p> <p>At risk women: 10</p> <p>IDU clients: 10</p> <p>Indigenous: 5</p> <p>African/ Caribbean/ Black: 5</p>	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) PHNs on Harm Reduction team (0.5 FTE funded position)

Goal 3: Diagnose HIV infections early and engage people in timely care

Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.

Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
3. Targeted HIV testing	<p><u>Anonymous HIV Testing:</u></p> <p>Clients who test HIV positive through AT will be offered referral and encouraged to attend local HIV clinic.</p> <p>Referral to HIV care will be offered and arranged for all newly diagnosed and consenting clients with HIV. If referral refused, PHN will document reason i.e. wishes to remain anonymous. PHN will ensure client knows he/she can self refer to local HIV clinic.</p> <p>PHN will routinely follow up with clients refusing HIV clinic referral or not attending first HIV clinic visit in 3 months post diagnosis to offer referral again to HIV specialist.</p>	# referrals made & # referrals refused by client, reason for refusal	# referrals made & # referrals refused by client, reason for refusal	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) PHNs on Harm Reduction team (0.5 FTE funded position)

Goal 4: Improve the health, longevity and quality of life for people living with HIV

Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.

Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
1. Choose an item.	N/A			<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)

Goal 5: Ensure the quality, consistency and effectiveness of all provincially-funded HIV programs and services

Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.

Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
1. Other	Complete ministry reporting requirements As applicable, includes use of mandatory tracking tools (e.g., OCHART tracking tools, Ontario Harm Reduction Database - NEO)	OCHART Annual Reconciliation Report (ARR) Audited Financial Statement (AFS) / Auditor's Statement (AS)	OCHART Financial Projection Report (FPR) Program Plan & Budget	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) All funded staff
2. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in OAN skills program and training	N/A	N/A	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) Applicable staff

Goal 5: Ensure the quality, consistency and effectiveness of all provincially-funded HIV programs and services					
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.					
Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
3. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in HRON activities (meetings, teleconferences, webinars)	N/A	N/A	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input checked="" type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)
4. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in WHAI network activities (meetings and teleconferences)	N/A	N/A	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input checked="" type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)
5. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in GMSH network activities (meetings)	N/A	N/A	<input type="checkbox"/> ACB PPN Worker <input checked="" type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)
6. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in ACCHO network activities (meetings)	N/A	N/A	<input checked="" type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)

Goal 5: Ensure the quality, consistency and effectiveness of all provincially-funded HIV programs and services					
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.					
Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
				<input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	
7. Evaluation/feedback	<u>Anonymous HIV Testing:</u> Manager to evaluate uptake of AT at fixed and outreach locations and develop plan to improve as needed.	Review uptake of AT during H1	Review uptake of AT during H2	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker <input checked="" type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)	
8. Evaluation/feedback	<u>Anonymous HIV Testing:</u> Manager & supervisor to meet with program staff regularly i.e. monthly or more often to provide supervision, review operational plan and progress in meeting activity goals;	6 meetings with teams who conduct AT testing	6 meetings with teams who conduct AT testing	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker <input checked="" type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) PH Supervisor	
9. Evaluation/feedback	<u>Anonymous HIV Testing:</u> Communicate/meet regularly with The AIDS Network staff assigned to priority populations to discuss and implement testing initiatives for priority populations.	# meetings/consultations held with AIDS network staff	# meetings/consultations held with AIDS network staff	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker <input checked="" type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) Harm Reduction PHNs, PH Supervisor	

AIDS Bureau & Hepatitis C Funding Programs 2020-21

SCHEDULE B: APPROVED BUDGET SUMMARY

City of Hamilton	
Anonymous HIV Testing:	\$ 63,076
Total Funding for 2020-21	\$ 63,076

Attached to and forming part of the Agreement dated April 1, 2011
As amended by the addition of New Schedules effective on April 1, 2020

HIV Consolidated Approved Budget 2020-21

Category	Goal 1: Improve the health and well being of populations most affected by HIV.	Goal 2: Promote sexual health and prevent new HIV, STI and Hepatitis C infections.	Goal 3: Diagnose HIV infections early and engage people in timely care.	Goal 4: Improve the health, longevity and quality of life for people living with HIV.	Goal 5: Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services.	Total	
Salaries, Wages, FTE:	0	0	45,480	0	0	45,480	0.50
Benefits:	0	0	11,396	0	0	11,396	25.06%
Rent and Utilities:	0	0	0	0	0	0	
Supplies and Program Expenses:	0	0	5,950	0	0	5,950	
Protected Allocations:	0	0	250	0	0	250	
Other/Special Items:	0	0	0	0	0	0	
Total Consolidated Budget	\$0	\$0	\$63,076	\$0	\$0	\$63,076	

Approved Sch A1: Key Funded Activities, Sch B: Budget 2020-21, Sch C: Payment Plan, Sch D: Reports
AIDS Bureau & Hepatitis C Funding Programs, Provincial Programs Branch, Ministry of Health

AIDS Bureau & Hepatitis C Funding Programs 2020-21

Schedule C: Payment Plan

The Province shall provide the Funds in equal amounts on a semi-monthly basis

Payment dates are the 15th and the last day of the month. If the payment date falls on a holiday, the next business banking date will apply.

Payment for base funding in the current fiscal year is made in equal semi-monthly payments starting mid-April of the funding year.

Adjustments to the payment schedule may be made upon request. Ministry approval for this amendment may be provided by the Manager, AIDS and Hepatitis C Programs.

AIDS Bureau & Hepatitis C Funding Programs 2020-21

Schedule D: Reports

For Recipients That Receive More than \$25,000 in Base Funding

Name of Report	Reporting Period	Due Date
1A. Schedule A1: Key Funded Activities; and Schedule A2: Narrative	Proposed plan for the upcoming fiscal year. On an annual basis in each subsequent year.	February 15, or a date as directed by the Ministry
1B. Schedule B: Budget	Proposed budget for the upcoming fiscal year. On an annual basis in each subsequent year.	February 15, or a date as directed by the Ministry
2. Financial Projections Report in every Funding Year	As directed by the Ministry	October 15, or a date as directed by the Ministry
3. Annual Reconciliation Report in every Funding Year (Settlement Form)	For the entire Funding Year	June 30, or a date as directed by the Ministry
4. Audited Financial Statement in every Funding Year	For the entire Funding Year	June 30, or a date as directed by the Ministry
5. Semi-annual Activity Reports in every Funding Year. (Ontario Community HIV/AIDS Reporting Tool - OCHART)	<p>Program activity report submitted on two six-month periods; including a narrative summary report</p> <p>1. H1: covering the period from April 1 - September 30.</p> <p>2. H2: covering the period from October 1- March 31.</p>	<p>H1 is due October 31, or a date as directed by the Ministry</p> <p>H2 is due April 30, or a date as directed by the Ministry</p>

Report Details:

1. Schedules A1, A2, and 1B: Program Plan and Budget

The Recipient shall prepare and submit schedules A1: Key Funded Activities, A2: Narrative and Schedule B: Budget reports as directed by the Province.

The Recipient shall:

- (a) provide a report on the proposed funded activities, and corresponding budget to complete the Program, including details requested by the Province;
- (b) shall ensure that the program report is signed on behalf of the Recipient by such number of signing officers as the Province may require.

2. Financial Projections Reports

The Recipient shall submit the financial projections reports using a reporting system and containing the details as directed by the Province.

3. Annual Reconciliation Report (ARR)

The Recipient shall:

- (a) prepare the annual reconciliation report using a reporting system as directed by the Province;
- (b) include details as directed by the Province;
- (c) shall ensure that the annual reconciliation report is signed on behalf of the Recipient by an authorized signing officer; and
- (d) provide the annual reconciliation report to the Province as set out in the agreement at the address outlined in the instructions.

4. Audited Financial Statements

The Recipient shall prepare the audited financial statement in accordance with Canadian generally accepted accounting principles and attested to by a licensed public accountant.

5. Semi-Annual Activity Report: Ontario Community HIV/AIDS Reporting Tool (OCHART)

The Recipient shall:

- (a) provide a report on program activity data and a summary narrative report about whether and how the Recipient completed the Program, including details requested by the Province; and
- (b) shall ensure that the report is approved on behalf of the Recipient by such number of signing officers as the Province may require.

Ministry of Health

Ministère de la Santé

Hospitals and Capital Division
Provincial Programs Branch

Division des hôpitaux et des immobilisations
Direction des programmes provinciaux

56 Wellesley Street West, 9th Floor
Toronto ON M5S 2S3
Telephone: 416-314-1185

56, rue Wellesley Ouest, 9^e étage
Toronto ON M5S 2S3
Téléphone: 416-314-1185

174-2020-245

October 23, 2020

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton
Hamilton Public Health
110 King Street West, 4th Floor
Hamilton ON L8P 4S6

Dear Dr. Richardson:

Re: Ministry of Health (the “ministry”) Agreement with City of Hamilton effective the 1st of April, 2011 (the “Agreement”) for the AIDS and Hepatitis C Programs

Pursuant to section 4.2 of the Agreement, please find enclosed a new Program Description, Budget, Payment Plan, and Reporting Schedule, which shall replace the Program Description in Schedule “A1”, Budget in Schedule “B”, Payment Plan in Schedule “C”, and Reports in Schedule “D”, for the period of time to which they relate. All terms and conditions in the Agreement remain in full force and effect.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided.

It is critical that you continue to manage costs within your approved budget as the government remains committed to eliminating the deficit.

.../2

Dr. Elizabeth Richardson

Please review the new Program Description and Budget carefully. Should you require further information or clarification, please contact:

AIDS Bureau Funding Program	Hepatitis C Funding Program
Maria Hatzipantelis Senior Program Consultant P: 416-212-0214 E: Maria.Hatzipantelis@ontario.ca	Valérie Pierre-Pierre Senior Policy Analyst P: 416-212-5473 E: Valerie.Pierre-Pierre@ontario.ca

Sincerely,



Kristin Taylor
Acting Director
Provincial Programs Branch

Attachments: 2020-21 Approved Program Plan

c: Mayor Fred Eisenberger, Mayor of Hamilton, City of Hamilton
Mr. Mike Heenan, Assistant Deputy Minister, Hospitals and Capital Division, MOH
Mr. Jim Yuill, Director, Financial Management Branch, MOH
Mr. Jeffrey Graham, Acting Director, Fiscal Oversight and Performance Branch,
MOH
Ms. Joanne Lush, Manager, AIDS and Hepatitis Programs, Provincial Programs
Branch, MOH