

**COMMUNITY
INFRASTRUCTURE
RENEWAL FUND
GUIDELINES FOR
2017-2018**

Ministry of Health and Long-Term Care

TABLE OF CONTENTS

2017-18 CIRF Key Updates and Deadlines	3
1.1 Introduction.....	4
1.2 CIRF Overview	4
1.3 How CIRF Works in 2017-18.....	5
1.4 Eligible CIRF Projects	7
1.5 Ineligible CIRF Costs.....	7
1.6 Interim Report	8
1.7 Settlement	8
1.8 Contact Information.....	8
1.9 CIRF Information Available	8
Appendix A: LHIN CIRF Contact Information	9
Appendix B: Examples of Eligible and Ineligible CIRF Projects.....	10
Appendix C: Glossary	12
Appendix D: Certificate of Insurance.....	15

2017-18 CIRF Key Updates and Deadlines

For the 2017-18 Community Infrastructure Renewal Fund (CIRF), the Ministry of Health and Long-Term Care (“the ministry”) has implemented the following changes:

Key Changes:

2016-17 CIRF	2017-18 CIRF
<ul style="list-style-type: none"> The 2016-17 CIRF program was a Pilot Program and only LHINs were Endorsing Organizations. Internal ministry branches did not participate in the program. 	<ul style="list-style-type: none"> The 2017-18 CIRF program includes LHINs, Primary Health Care Branch (for FHT, AHAC, NPLC) and the Accountability and Liaison Branch (for Public Health Units) as Endorsing Organizations.
<ul style="list-style-type: none"> No definition of Lead Organization 	<ul style="list-style-type: none"> Definition of Lead Organization included as defined in the Community Health Capital Programs Policy (CHCP).
<ul style="list-style-type: none"> Description of Certificate of Insurance not included 	<ul style="list-style-type: none"> Description of Certificate of Insurance included in Appendix “D” (also included in CIRF Agreement).

Key Deadlines:

ITEM	DEADLINE
A. Interim Report	December 1, 2017
B. All CIRF Projects Need to be completed	March 31, 2018
C. Settlement Report	June 29, 2018 April 30, 2019 (for Public Health Units)

1.1 Introduction

The Community Infrastructure Renewal Fund (CIRF) Guidelines are intended to provide an overview of the program purpose and processes for the 2017-18 funding year. Community Health Service Providers (HSPs) must also read and be familiar with the terms and conditions of the CIRF Agreement in their entirety in order to fully meet all program reporting and spending requirements.

1.2 CIRF Overview

Community HSPs are responsible for planning infrastructure renewal activities to ensure that their facilities are in a good state of repair. Recognizing the need for the renewal of community health care infrastructure, the Ministry of Health and Long-Term Care (“the ministry”) created the CIRF program as part of the Community Health Capital Programs (CHCP) policy. This program is intended to supplement eligible community HSPs in addressing renewal needs on a priority basis. Beginning in 2016-17, the CIRF provides funding for ongoing repair and renewal needs for community programs meeting specific criteria relating to asset ownership and lease length, and based on an assessment of asset condition.

The 2017-18 CIRF program is rolled out to Endorsing Organizations (LHINs, Accountability and Liaison Branch, Primary Health Care Branch) based on the results of the 2017-18 Community Asset Inventory Survey (“CIRF Survey”). As part of the CIRF program, Endorsing Organizations are asked to assess HSPs that may be eligible for CIRF funding based on urgent/emergent infrastructure needs identified in the survey.

The following community-based Lead Organizations are included in the CIRF Program for 2017-18:

- Aboriginal Health Access Centres (AHACs);
- Community-Based Mental Health and Addictions (MH&As) Agencies (including 24 hour on-site residential treatment)*;
- Community Health Centres (CHCs);
- Family Health Teams (FHTs);
- Nurse Practitioner Led Clinics (NPLCs);
- Public Health Units; and
- Hospital Fund Type 2**

*Excludes other Supportive Housing Programs (such as Dedicated Supportive Housing, Rent Supplement Initiatives, Homes for Special Care, Habitat Services Toronto, etc.).

**Excludes hospital owned sites (including those Fund Type 2 programs delivered within a hospital building site captured by the Facility Condition Assessment Program (FCAP)).

In order to be classified as a Lead Organization, the organization must meet all of the following eligibility criteria:

- **Service and Organization Types:** Organization type(s) within the community sector that are not-for-profit (either unincorporated or incorporated) organizations and that directly provide health care services in Ontario;
- **Direct Health Service Provider:** The organization delivers one or more of a range of health care services on its premises that include: primary care, health assessment, diagnosis and treatment services, mental health and/or addictions treatment (including on-site residential treatment - see definition in [Appendix “C”:](#) [Glossary](#)), counselling and/or therapy services, allied health care, and health promotion (see definition of Public Health Unit in CHCP policy);
- **Operational Funding:** There must be an ongoing funding relationship between the organization and the ministry and/or the Local Health Integration Network (LHIN), that provides a minimum of 50% of the HSP’s total operating revenue;
- **Operational Oversight:** The ministry or LHIN has a clearly defined accountability structure in place for oversight of the HSP (e.g., accountability agreements); and
- **Endorsement:** The LHIN or area within the ministry that is responsible for providing operational funding will fulfil the role of Endorsing Organization in the capital process.

1.3 How CIRF Works in 2017-18

1. The ministry provides Endorsing Organizations with a list of eligible HSPs derived from the CIRF Survey, along with notional allocations. See Appendix “C” for definition of Endorsing Organization.
2. The Endorsing Organization will:
 - (a) direct eligible HSPs with urgent/emergent infrastructure needs to:
 - (i) complete a CIRF Application Form for any capital projects that fall within the Eligible CIRF project parameters as set out in the Eligible CIRF project section;
 - (ii) submit the CIRF Application Form by email to the Endorsing Organization contact (see [Appendix “A”](#) for the list of LHIN CIRF contacts);
 - (b) identify any other eligible HSP not included in the project list provided;
 - (c) review the HSP’s completed CIRF Application Form to ensure that the project meets the eligibility criteria for an Eligible CIRF project and recommend the funding necessary to complete the project.

3. Where the Endorsing Organization is a LHIN, it will review the CIRF Application in their service area, and will:
 - (a) submit to the ministry's Health Capital Investment Branch (HCIB) all endorsed CIRF Application Forms, with all fields completed including "Section 3: Endorsement" (in both Excel and PDF formats); and
 - (b) provide all documents to the HCIB of the ministry via email to HealthCapitalInvestmentBranch@ontario.ca with the subject line "[HSP Name] CIRF Project Submission".
4. The Health Capital Investment Branch:
 - (a) will review all LHIN endorsed CIRF funding request submissions to ensure that it is an Eligible CIRF project;
 - (b) may approve or reject the CIRF Application Form;
 - (c) advise LHINs and HSPs of the amount of their CIRF grant amount and require the HSP to enter into a CIRF Funding Agreement.
5. The Primary Health Care Branch and Accountability and Liaison Branch:
 - (a) will review all eligible CIRF funding request submissions to ensure that it is an Eligible CIRF project;
 - (b) may approve or reject the CIRF Application Form;
 - (c) advise HSPs of the amount of their CIRF grant amount and require the HSP to enter into a Funding Agreement.
6. Where the LHIN is the Endorsing Organization, the HSPs will send their signed CIRF Agreement and Certificate of Insurance (refer to Appendix D for additional details) to the following HCIB email address:
HealthCapitalInvestmentBranch@ontario.ca with the subject line "[HSP Name] CIRF Agreement".
7. Upon receiving the signed CIRF Agreement from the HSP, the ministry will sign two copies of the CIRF Agreement and provide one fully executed copy to the HSP. Subsequently, the ministry will provide the grants to the HSP.
8. HSPs will:
 - (a) begin any ministry approved CIRF project once the ministry advises them of the amount of their CIRF grant;
 - (b) utilize funding approved for the fiscal year by March 31, 2018;
 - (c) submit an Interim Report by December 1, 2017; and,

- (d) submit a Settlement Report by June 29, 2018 (or April 30, 2019 for public health units).

1.4 Eligible CIRF Projects

CIRF funding is available to the above-referenced eligible community sector HSPs that:

- Own their physical site/asset* (i.e., facility and/or land); or
- Have signed leases prior to the implementation of the 2017-18 CIRF program on April 1, 2017, and where the terms of the lease make the organization responsible for repair and/or replacement of land and/or building components (“capital lease”), and the remaining length of the lease meets the ministry’s minimum requirement of 24 months.

*Where a hospital Fund Type 2 owns its site/asset, it is ineligible for CIRF funding, as it is captured in FCAP and is eligible for HIRF funding.

Projects at these sites must meet the following criteria:

1. Be a minor infrastructure renewal project (see list of examples of Eligible and Ineligible Projects in [Appendix B](#)).
2. Can be completed by March 31, 2018.
3. Is not part of an existing approved project that is funded by the ministry.
4. Is a tangible Asset or capital leased Asset that will have a useful life extending beyond one year and is intended to be used on a continual basis.
5. Extends the useful life of the Asset or improves the HSP’s facility’s quality or functionality.
6. Is capitalizable.
7. Costs between \$5,000 and \$1M, inclusive.
8. Addresses an infrastructure need only and not programs and services.
9. Does not require an increase to an HSP’s operating budget; and
10. Is not an expansion, addition or modification for new programs.

1.5 Ineligible CIRF Costs

A cost will be ineligible if the project is:

1. An infrastructure project to accommodate expansion, addition or modifications to programs or services or relocation; or

2. An infrastructure project for non-HSP purposes.

See [Appendix “B”](#) for a list of examples of Eligible and Ineligible Projects.

1.6 Interim Report

The HSP is required to submit an Interim Report to the ministry by December 1, 2017. In the Interim Report, the HSP will identify the projects being undertaken from Schedule “A” of the CIRF Agreement, the costs incurred to date and estimated spending by the end of the fiscal year. Based on the Interim Report submitted by the HSPs, the ministry may adjust payments to the HSPs as required. The Interim Report for CIRF is due to the ministry as set out in Schedule “C” of the CIRF Agreement.

1.7 Settlement

In accordance with the CIRF Agreement for each contract year, the HSP is required to submit a Settlement Report and relevant invoices to the ministry by June 29, 2018 (or April 30, 2019 for Public Health Units). The ministry will use the Settlement Report and relevant invoices to reconcile the funding.

If a HSP is not able to spend their 2017-18 CIRF grants by March 31, 2018, or uses the CIRF grants towards ineligible projects, the balance will be recovered by the ministry as part of the settlement process in accordance with the CIRF Agreement. HSPs are not permitted to carry unspent funds or deficits forward to subsequent funding years.

Please note, failure to comply with the terms and conditions of the CIRF Agreement will constitute an Event of Default and the ministry may take Corrective Action, including recovery of ministry funds.

1.8 Contact Information

To ask program-related questions, HSPs should contact their LHIN CIRF contact identified in Appendix “A”.

1.9 CIRF Information Available

CIRF information will be available at all LHIN websites, or through the Primary Health Care Branch or Accountability and Liaison Branch.

The general LHIN site, to which each LHIN website is linked, can be accessed at: <http://www.lhins.on.ca/>

Appendix A: LHIN CIRF Contact Information

Central	Alice Lee/Mark Rovere	Alice.Lee@lhins.on.ca Mark.Rovere@lhins.on.ca	905-948-1872 ext. 209 905-948-1872 ext. 228	Senior Business Analyst, Performance, Contracts & Allocation; Senior Planner, Strategic Initiatives
Central East (CE)	Tunde Igli	Tunde.Igli@lhins.on.ca	905-427-5497 ext. 231	Senior Consultant, System Finance and Risk Management
Central West (CW)	Mark Edmonds/Kim Delahunt	Mark.Edmonds@lhins.on.ca ; kim.delahunt@lhins.on.ca	(905) 452-6974	Director, Senior Director, Health System Integration
Champlain	Colleen Taylor	Colleen.Taylor@lhins.on.ca	613-747-3223	Senior Accountability Specialist
Erie St. Clair (ESC)	Mark Erdelyan/Jacquelin Seguin	Mark.Erdelyan@lhins.on.ca Jacquelin.Seguina@lhins.on.ca	519-351-5677;519-351-3242	Health System Design Manager; Performance Analyst
Hamilton Niagara Haldimand Brant (HNHB)	Doris Downie	Doris.Downie@lhins.on.ca	(905) 945-4930 ext. 4221	Advisor, Finance
Mississauga Halton (MH)	Susan Swartzack	Susan.Swartzack@lhins.on.ca	905-337-7131, ext. 235	Executive Lead, Health System Development
North Simcoe Muskoka (NSM)	Ligaya Byrch	Ligaya.Byrch@lhins.on.ca	705-326-7750 Extension: 230	Senior Manager, Health System Transformation
North East (NE)	Barry Lajeunesse	barry.lajeunesse@lhins.on.ca	((705) 840-2610	Senior Advisor, System Performance
North West (NW)	Kevin Holder	Kevin.Holder@lhins.on.ca	807- 548-5590	Senior Consultant, Funding, Performance & Contract Management
South East (SE)	Megan Jaquith	Megan.jaquith@lhins.on.ca	613-967-0196 Ext. 2226	Planning and Integration Consultant
South West (SW)	Scott Chambers/Josh Clark	Scott.Chambers@lhins.on.ca Josh.Clark@lhins.on.ca	519-640-2578; 519-640-2584	Team Lead, Finance; Financial Analyst
Toronto Central (TC)	Chris Sulway/Krista Cauz	Chris.sulway@lhins.on.ca ; krista.cauz@lhins.on.ca	416-969-3230; 416-969-3321	Director, Performance Management; Senior Project Analyst, Health Analytics and Innovation
Waterloo Wellington (WW)	Mladen Samac	mladen.samac@lhins.on.ca	519-650-4472 , ext. 218	Senior Manager, Finance and Corporate Support

Appendix B: Examples of Eligible and Ineligible CIRF Projects

The following list of projects is not intended to be exhaustive. Its purpose is to assist HSPs to identify eligible CIRF projects.

A.) Examples of Eligible CIRF Projects

<ul style="list-style-type: none">• Mold remediation• Inserting view panels in existing doors• Addressing barrier-free requirements (i.e., at entrance/exit points, washrooms)• Sidewalk replacement• Installing sprinklers in sections of building• Addressing penetration to fire separations• Removing contaminated soil• Replacing roof/roof sections• Replacing pumps• Replacing windows• Replacing flooring• Replacing AHU (Air Handling Unit)• Replacing cooling tower• Replacing transfer switch gear for emergency power• Restoring exterior cladding (i.e., tuck/stone-pointing)	<ul style="list-style-type: none">• Installing protective glass partitions• Addressing hazardous materials• Installing, for security purposes, closed circuit television systems• Installing infection control barriers• Removing asbestos• Replacing/removing underground tank(s)• Addressing egress from buildings• Upgrading fire alarm system• Replacing/upgrading chiller• Replacing boiler(s)• Replacing HVAC (rooftop) unit• Upgrading elevator(s)• Replacing emergency generator(s)• Upgrading electrical distribution and/or supply• Consulting costs directly related to the CIRF approved project
--	--

Appendix B: Examples of Eligible and Ineligible CIRF Projects

The following are examples of projects which are not eligible under the CIRF program and for which CIRF grants cannot be used.

B.) Examples of Ineligible CIRF Projects

<ul style="list-style-type: none">• Fund Type 2 Hospital owned assets• All operating costs, for example: Salaries, wages and benefits for HSP staff• Patching roof/flooring systems• Replacing hardware• Duct cleaning• Painting walls, ceilings, etc.• Repairing leaks to windows/skylights• Replacing lights• Treating/Testing water quality/medical gases• Installing valves• Furnishings• Gardens, works of art, and decorations• Any regular maintenance work• Conducting planning and/or feasibility studies of any kind• Consulting costs unrelated to the approved CIRF project	<ul style="list-style-type: none">• Financing charges and/or campaign costs associated with fundraising• Infrastructure issues for revenue generating areas (e.g., parking lots/garages, gift shops, etc.)• Purchasing/Installing:<ul style="list-style-type: none">○ Medical equipment○ Information technology○ Communications technology• Paging/telephone replacements or upgrades except when integrated with a fire alarm system
---	--

Appendix C: Glossary

Asset

An Asset is a free-standing structure, a portion of a structure, or any part of facility infrastructure that is distinguishable from its surroundings by date of construction, construction type, and/or the Systems that comprise it.

Capital Assets

Capital Assets are non-financial Assets that have physical substance that are purchased, constructed, developed or otherwise acquired. Capital Assets have useful lives extending beyond one year.

CIRF

Community Infrastructure Renewal Fund.

CIRF Guidelines

The CIRF Guidelines are the guidelines established by the Ministry of Health and Long-Term Care for CIRF Grants and are located at <http://www.lhins.on.ca>.

CIRF Grant

A CIRF Grant is funding the ministry agrees to provide to a HSP to assist it with the costs of renewing infrastructure.

Code Compliance

Projects in this category are initiated to:

- Ensure that the Building systems and components are in compliance with current legislation.
- Prevent compliance orders from the Ministry of Labour and the Ministry of Environment.
- Eliminate fines, lawsuits and public embarrassment.

Examples of applicable legislation includes:

- Building Code Act, 1992 and the Ontario Building Code
- Fire Protection and Prevention Act, 1997 and the Ontario Fire Code
- Accessibility for Ontarians with Disabilities Act, 2005
- Municipal By-laws for noise, parking, etc.

Critical Infrastructure Projects

Renewal projects that must be undertaken to extend a building asset's useful life or improve its functionality; classified in three categories, including Health and Safety, Code Compliance and Imminent Breakdown (see definitions provided in the Glossary).

Endorsing Organization

Refers to the LHIN and/or those areas within the ministry (Primary Health Care Branch or Accountability and Liaison Branch) that are responsible for providing operational funding and/or oversight responsibilities to the HSP organization.

Health and Safety

Life safety hazards cause accidents that may physically injure occupants:

- Health hazards may cause an injury or result in the development of disease
- Health and life safety projects (a consequence of deferred maintenance)
- Relate to indoor air quality, such as mould remediation and asbestos abatement.
- Prevent the growth of mould
- Ensure safe drinking water
- Entail repairs or replacements of failing Building envelope or structural components.

Imminent Breakdown

If left unattended, work in this category threatens program delivery due to the imminent breakdown of critical Building systems and components. Projects in this category are initiated to:

- Avoid disruption to Ministry program delivery and maintain occupancy;
- Reduce expensive emergency repairs including premium labour charges;
- Cut undue costs associated with alternate accommodation.

Maintenance

Is work that results in the retention of the pre-determined service potential of a capital Asset for a given useful life. Costs incurred that do not prolong an Asset's economic life nor improve its efficiency are not considered capital expenditures. Maintenance expenditures are operating expenditures and should not be included as part of capital expenditures.

Residential Treatment

Residential addiction treatment facilities provide intensive time-limited treatment (clients' length of stay up to 2 years) in structured, substance-free, in-house environments. Individuals accessing these services are most likely to be those with more complex and/or chronic substance use. Residential treatment programs provide daily programming that supports participants to examine and process issues related to their substance use. Treatment includes counseling/therapy, as well as psycho-social education and life-skills training. In addition to the scheduled program activities, service recipients have 24-hour-per-day on-site access to support and residential treatment. Some programs may also provide medical, nursing, or psychiatric support.

Renewal

Renewal refers to work done to extend an Asset's useful life or improve its functionality. Renewal of an Asset can appreciably prolong its period of usefulness or enhance its service potential. Service potential may be enhanced when there is an increase in the previously assessed physical output or service capacity such that associated operating costs are lowered, the useful life of the Asset is extended, and the quality of the output is improved. It includes upgrades that increase the service potential of an Asset (and may or may not increase the remaining useful life of the Asset). This type of expenditure should be reported as a capital expenditure.

System

A System is an assembly, finish, fixture, piece of equipment, or other component that makes up an Asset.

Useful life

Useful life is defined as the estimated finite period over which a capital Asset is expected to be used. The actual life of a capital Asset may extend beyond its useful life due to good maintenance or under-utilization.

Appendix D: Certificate of Insurance

Pursuant to Article 11 of the Funding Agreement, and prior to the flow of Ministry funds , all recipients are required to provide the Ministry with proof of at least \$2 million commercial general (or equivalent) liability insurance coverage.

The certificate of insurance certificate must:

1. State the full legal name of the insured party with whom the ministry has a funding agreement. The insured party should be the Recipient.
2. Identify the date of coverage (e.g., the dates should cover the project duration).
1. Identify the Ministry as an additional insured, in the following language:

Her Majesty the Queen in right of Ontario, her ministers, agents, appointees and employees.

2. Identify the type (a) and amount (b) of coverage (commercial general or equivalent) liability insurance is listed and is on an occurrence basis for \$2 million).
3. Include a cross-liability clause, contractual liability coverage, and personal Injury coverage.
4. Include a statement that the certificate holder will be notified of any cancellation or material change within 30 days.
5. Include the signature of an authorized insurance representative.

All successful applicants are required to carry at least \$2 million commercial general (or equivalent) liability insurance coverage before the legal grant agreement can be executed. It is mandatory that “Her Majesty the Queen in the right of Ontario as represented by the Minister of Health and Long-Term Care” is added as an additional insured.

Generally, a certificate of insurance should:

1. State that the insured party is the recipient organization with whom the ministry has a funding agreement. This is important since a policy will only respond to cover the Named Insured on the policy.
2. Identify the date of coverage (e.g., the dates should cover the project duration).
3. Identify “Her Majesty the Queen in the right of Ontario as represented by the Minister of Health and Long-Term Care” as an additional insured. This should appear on the certificate face.

4. Identify the type (a) and amount (b) of coverage (commercial general or equivalent) liability insurance is listed and is on an occurrence basis for \$2 million).
5. Include a statement that the certificate holder will be notified of any cancellation or material change within 30 days.
6. Include the signature of an authorized insurance representative.