



The Corporation of the City of Sault Ste. Marie
Council Correspondence

April 30, 2021

	Pages
1. Queen Street West and James Street	2 - 2
2. Algoma Public Health Agenda Package – April 28, 2021	3 - 66
3. Federation of Canadian Municipalities Statement on 2021 Federal Budget	67 - 68
4. Federation of Northern Ontario Municipalities Conference Agenda – May 18, 2021	69 - 69
5. Association of Municipalities of Ontario Policy Update – April 27, 2021	70 - 73
6. Town of Fort Erie <ul style="list-style-type: none">• Resolution regarding road management action on invasive phragmites• Resolution regarding source water protection legislation	74 - 78
7. Municipality of Calvin Resolution regarding carbon tax on primary agriculture producers	79 - 82

RECEIVED
CITY CLERK

APR 26 2021

NO.: _____
DIST: _____

CITY HALL
99 FOSTER DRIVE
SAULT STE MARIE ONT
P6A5X6

RE; QUEEN ST W AND JAMES ST MAKE OVER and city council

*SOME 8 MONTHS AGO PROMISED THE MOON ;
Clean up garbage vacant propeteies and provide a store and much more*

*RESULTS NOTHING ALL TALK AND NOT ACTION Perhaps more police
cars like three and no one taken away USED TO PARK BESIDE THE
SIDEWALK AND TALK TO THE GIRLS WALING BY*

*The two coucillors have never been here and do not answer calls or letters
They are seemingly useless much like our Federal mp who has not
knowledge of anything for the city or country Except Trudeau loves him and
we wonder what in the hell those two are doing*

*This so called proposed action was useless since nothing has happened and
we remain the area not known by anyone in city hall which has with their
change of name disgraced themselves All those changes of names for people
who did nothing for the city and ones children will wonder why that name is
on the place*

*Get on with something please GET YOU INSPECTORS OUT FOR THE
VACANT houses and clean up the place and make it at least a little better
MOST OF US ARE IN THE APARTMENT BUILDINGS AND DO NOT
HAVE TO NOTICE THE LACK OF ATTENTION UNEIL WE HAVE TO
CATCH A BUS THEN WE NOTICE THE DIRT AN GRIME AND POOR
ATTENTION PAID BY THE CITY*

*JUST ONE OF THOSE WHO LIKE THE AREA AND DEMAND SOME
ATTENTION AND ROT JUST WORD UNLESS THE PROMISES ARE KEPT
DISHONESTLY IS NOT THE WAY THE CITY SHOULD BE RUN*

JAMES ST
PEOPLE
DESERVE
BETTER



Algoma
PUBLIC HEALTH
Santé publique Algoma

April 28, 2021

BOARD OF HEALTH MEETING

Videoconference

www.algomapublichealth.com

Meeting Book - April 28, 2021, Board of Health Meeting

Table of Contents

1. Call to Order	
a. Declaration of Conflict of Interest	
<hr/>	
2. Adoption of Agenda	
a. April 28, 2021 Board of Health Meeting Agenda	Page 4
<hr/>	
3. Adoption of Minutes	
a. March 24, 2021, BOH Meeting Minutes	Page 7
<hr/>	
4. Delegation/Presentations	
<hr/>	
5. Business Arising	
<hr/>	
6. Reports to Board	
a. Medical Officer of Health and Chief Executive Officer Report	
i. Report of MOH CEO - April 2021	Page 11
b. Finance and Audit	
i. Unaudited Financial Statements for the period ending February 28, 2021	Page 18
ii. Draft Audited Financial Statements for the year ended December 31, 2020	Page 25
<hr/>	
7. New Business	
a. Board of Health Meeting Evaluations Jan - Mar 2021	Page 48
<hr/>	
8. Correspondence	
<hr/>	
9. Items for Information	
a. aPHa Annual Conference 2021 - Association of Local Public Health Agencies	Page 62
b. 2021 aPHa Fitness-Challenge	Page 64
<hr/>	
10. Addendum	
<hr/>	
11. In-Camera	

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

a. Next Meeting Dates

15. Adjournment



Board of Health Meeting

AGENDA

April 28, 2021 at 5:00 pm

Video/Teleconference | Algoma Community Room

*** Meeting held during the provincially declared emergency**

BOARD MEMBERS

Sally Hagman - Board Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Louise Caicco Tett
Lee Mason
Micheline Hatfield
Musa Onyuna
Brent Rankin
Matthew Scott

APH EXECUTIVE

Dr. Jennifer Loo - Acting Medical Officer of Health / CEO
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Programs
Joel Merrylees - Controller
Tania Caputo - Board Secretary

*** Proceedings are being recorded via Webex and will be available for public viewing.**

1.0 Meeting Called to Order *S. Hagman*

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda *S. Hagman*

RESOLUTION

THAT the Board of Health agenda dated April 28, 2021 be approved as presented.

3.0 Delegations / Presentations

4.0 Adoption of Minutes of Previous Meeting *S. Hagman*

RESOLUTION

THAT the Board of Health meeting minutes dated March 24, 2021 be approved as presented.

5.0 Business Arising from Minutes *S. Hagman*

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports *J. Loo*

i. MOH Report - April 2021

RESOLUTION

THAT the report of the Medical Officer of Health/CEO for April 2021 be accepted as presented.

b. Finance and Audit

i. Unaudited Financial Statements for the period ending February 28, 2021. *E. Pearce*

ii. Draft Audited Financial Statements for the period ending December 31, 2020. *E. Pearce*

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending February 28, 2021, as presented and;

THAT the Board of Health approves the Draft Audited Financial Statements for the period ending December 31, 2020, as presented.

7.0 New Business/General Business

a. **Chair of Boards of Health Meeting**

S.Hagman

b. **Algoma Vaccination Council Update**

L. Caicco Tett

c. **Evaluations Review**

S.Hagman

8.0 Correspondence

S. Hagman

9.0 Items for Information

S. Hagman

a. alPHa Information Break - April 2021

b. alPHa Fitness Challenge

10.0 Addendum

S. Hagman

11.0 In-Camera

S. Hagman

For discussion of labour relations and employee negotiations, **matters about identifiable individuals, adoption of in-camera minutes**, security of the property of the board, litigation or potential litigation.

RESOLUTION

THAT the Board of Health go in-camera.

12.0 Open Meeting

S. Hagman

Resolutions resulting from in camera meeting.

13.0 Announcements / Next Committee Meetings:

S. Hagman

Governance Committee Meeting

Wednesday, May 12, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

Board of Health Meeting

Wednesday, May 26, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

Finance & Audit Committee

Wednesday, June 9, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

14.0 Evaluation

S. Hagman

RESOLUTION

THAT the Board of Health meeting adjourns.



Report of the

Medical Officer of Health / CEO



APH Board of Health Chair, and Blind River Mayor, Sally Hagman receives her vaccination for COVID-19.

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS

APH At-a-Glance	Page 2 - 3
Program Highlights	Pages 3 - 6

APH AT-A-GLANCE

COVID-19 Response

The province of Ontario remains in a declared state of emergency, and Algoma, along with all Ontario health units, are under the provincewide shutdown and stay at home order as of April 8, 2021. Indoor or outdoor gatherings of any size are prohibited at this time. Additionally, the province has announced that elementary and secondary schools will be engaged in remote learning and that data will be assessed to determine the resumption of in-person learning.

At the time of writing, COVID-19 activity in Algoma continues to increase, with a weekly incidence of 32.3 cases per 100,00 from April 8 to 14, which would have corresponded to the Orange – Restrict category of the provincial response framework. High case and contact volumes continue to result in hundreds of Algoma families requiring to isolate, and continues to place significant pressures on APH’s case and contact management capacity. Ongoing preventive messaging continues, in collaboration with enforcement and municipal partners, to reinforce the need for all residents to follow prevailing public health guidance.

A significant positive development is the federal funding of a safe voluntary isolation site program (SVISP) here in Sault Ste. Marie. On April 15, 2021, the Government of Canada announced the funding of \$336,000 to the District of Sault Ste. Marie Social Services Administrative Board. In partnership with APH, and local agencies including Pauline’s Place and the United Way, Sault Ste. Marie social services will be able to leverage this funding to continue providing safe housing for people needing to isolate or quarantine, who do not have an appropriate space to do so in their existing living situation.

COVID-19 Immunization Update

The Algoma district continues in Phase One and is expanding into Phase Two of the provincial roll out of COVID-19 with [immunization clinic sites](#) in place in municipalities and First Nation communities across the district, operated by numerous primary care and hospital partners.

Three Algoma pharmacies have also begun to administer COVID-19 vaccine – two in Sault Ste. Marie, and one in Elliot Lake, offering additional channels for immunization.

APH’s [immunization tracker](#) provides up-to-date information on Algoma’s immunization coverage. As of April 19, 2021,

- 31.5% of eligible adults 16+, or 26.7% of the entire Algoma population, has received at least one dose of COVID-19 vaccine
- About 82% of Algoma adults 80+ have received at least one dose of vaccine
- About 80% of Algoma adults 75 to 79 have received at least one dose of vaccine
- An estimated 95% of Algoma long term care residents are fully immunized with two doses
- An estimated 84% of Algoma long term care staff have received at least one dose of vaccine

APH has built a team of casual RNs and RPNs who assist at mass immunization clinics district-wide. They also operate mobile clinics for those who have challenges accessing a mass immunization clinic, such as people who are homebound and those who live in congregate settings, such as shelters and correctional facilities. APH also provides administrative and logistical support for the above clinics, including

appointment booking, delivery of supplies, software training, and registration and data input so that clinics run as smoothly as possible.

Community agencies and partners, Indigenous communities, municipalities, primary care providers, and local businesses have been instrumental in the success of the various clinics occurring in the district of Algoma by securing the use of facilities, providing human resources and at times, on a voluntary basis, subsidizing food for staff and transportation for clients.

APH continues to budget, monitor, and track costs for both the COVID-19 response and immunization initiatives. APH has budgeted 26 FTE and \$2.9M for the COVID-19 response and 44 FTE and \$4.3M for the COVID-19 immunization initiative for 2021.

PROGRAM HIGHLIGHTS

Topic: Healthy Growth and Development Program Delivery – Pivoting to Recovery

From: Alana Brassard, Acting Manager, Healthy Growth and Development Program

Public Health Goal:

To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health.

Key Messages

- HG&D supports families and children in achieving optimal health through screening, interventions, and collaborating with partners
- The COVID-19 pandemic has interrupted all in-person service delivery; however, some benefits of virtual service delivery have been noted (e.g. mental health ease, removal of barriers for child care and transportation)
- In 2020, 74.1% of all babies born in Algoma received a postpartum HBHC Screen
- Many Algoma families struggle when it comes to having healthy pregnancies, addressing mental health concerns, and accessing primary care, compared to Ontario
- HG&D helps families foster healthy behaviours and works with community partners to strengthen community action

Healthy growth and development in Algoma

The Healthy Growth and Development (HG&D) Program at APH works to support families and children in achieving optimal health through programming focused on preconception health, healthy pregnancies, healthy sexuality, infant feeding, healthy parenting, and delivering the Healthy Babies Healthy Children (HBHC) Program. Optimal family health is the goal, with a focus on screening, child and parent interventions/skill-building, and collaborating with partners across Algoma.

All families in Algoma receive contact from a Public Health Nurse (PHN) within 48 hours of discharge from a hospital birth admission, with consent. This 48-hour call provides timely support for many

families, sets the stage for future interactions, and provides help to clients as they navigate the health system. To assess families for risk and provide support, information, and service coordination, a PHN administers the HBHC Screen. In 2020, 74.1% of all babies born in Algoma received a postpartum HBHC Screen, representing nearly 75% of families across Algoma being contacted by APH.

Algoma risk factors for healthy child development

Every year there are about 1,000 babies born in the Algoma district.¹ Many families struggle during and after pregnancy with health behaviours and risk factors related to the social determinants of health (SDOH). Table 1 outlines health behaviours and risk factors for healthy child development for Algoma and Ontario, 2018-19.^{2,3} As shown in Table 1, many mothers and families in Algoma struggle when it comes to having healthy pregnancies, addressing mental health concerns, and accessing primary care, compared to Ontario.

	Algoma (%)	Ontario (%)
Smoking during pregnancy	19.3	6.5
Folic acid use prior to and during pregnancy	20.2	32.8
Maternal mental health concerns	30.3	19.2
Infant born into a family who has a parent with a mental illness	44.9	19.1
Infant born into a family with concerns about money	9.3	3.7
Infant born into a family who has been involved in Child Protection Services	13.6	3.6
Infant or mother does not have a primary care provider	9.0	3.8

Behaviour change and the health system: An upstream focus on clients and partnerships

Despite the pivot in public health focus to the COVID-19 response, the HG&D Program continues to prioritize clients and families by continuing to accept referrals for families identified with risk (prenatal, postpartum and early childhood) until the child transitions to school. The HBHC program accepts referrals from primary care providers, community agencies, family and friends, and self-referrals. Virtual visits are conducted by telephone or secure video and if needed, in-person visits are arranged.

Developing personal skills

The provision of breastfeeding support is foundational to the HG&D Program. APH Lactation Consultants are available throughout the pandemic to all clients through virtual and in-office visits. Breastfeeding surveillance continues through phone contact with families, informing of trends in Algoma, and identifying opportunities for supporting families during COVID-19. In addition, the HG&D Program works to support mothers and encourage health-promoting behaviours by providing prenatal vitamins through the Canadian Prenatal Nutrition Program (CPNP), enrolling clients in APH's smoking cessation services via HBHC, education through online, self-directed prenatal classes called [InJoy](#) and addressing maternal mental health concerns through learnings obtained in the Mental Health First Aid training.

APH's sexual health information line is available to individuals seeking information about birth control, pregnancy, pregnancy options, emergency contraception, sexually transmitted infections (STIs), HIV, and access to sexual health services. Sexual health services at APH offer confidential and non-judgmental services via virtual and in-person visits.

Helping clients develop personal skills is one element of a fulsome health promotion approach, which also includes strengthening community action, creating supportive environments, reorienting health services, and building healthy public policy.⁴

Community partnerships for strengthened community action

Upstream public health work relies on the power of partnerships and their ability to help clients navigate the health system so that every Algoma citizen has the opportunity to obtain optimal health. For example, throughout COVID-19, the HG&D Program has remained strongly connected with partners to deliver the Canadian Prenatal Nutrition Program (CPNP) and the Learning, Earning And Parenting (LEAP) program.

The CPNP program is for pregnant women in financial need and provides help with milk, food, and vitamins, along with prenatal and postpartum education, support, and referrals to community programs and resources. The traditional drop-in service has moved to virtual service delivery, where families are currently contacted by phone. Since moving to this service delivery modality, enrolment into this program has increased.

In Sault Ste. Marie, the HG&D Program continues to work with the District of Sault Ste. Marie Social Services Administration Board to provide support to young parents between the ages of 16 and 25 enrolled in the Ontario Works LEAP program. Currently, the Nobody's Perfect group is a facilitated, community-based parenting program for parents of children from birth to age 5. The program is designed to meet the needs of parents who are young, single, socially or geographically isolated, or who have low income or limited formal education.

Evaluating virtual service delivery & supporting innovative community-based approaches to building healthy families

As APH staff and clients become more familiar and comfortable with virtual service delivery, APH is planning to increase prenatal education, parenting education, including Nobody's Perfect, Triple P, Kids Have Stress Too, and Community Kitchen sessions in an effort to reach at-risk families across Algoma.

Amidst the challenges that virtual service delivery has presented, there have been some benefits to this model, such as increased access for those who have barriers to attending in-person sessions due to mental health challenges (e.g. anxiety), transportation, and/or child care.

Preparing for recovery includes evaluation of virtual and in-person services to ensure that the needs of Algoma families are being met as much as possible. The HG&D Program is exploring methods for evaluating the work that occurred throughout the pandemic. Remaining flexible in service delivery will be crucial to providing equitable access to services and sharing valuable information with families.

Despite constraints on service delivery, APH has continued to work with partners to help identify and address community needs throughout the pandemic. For example, fathers play a vital role in the healthy growth and development of their children; however, they are underrepresented in APH services. APH staff have been trained to implement strategies to further engage fathers. As a member of the Child and Family Network in Algoma, APH is supporting a proposed project through the Government of Canada's Feminist Response and Recovery Fund to create curriculum to deliver a program that is dedicated to fathers and their families in Algoma.

The HG&D Program looks forward to future opportunities to improve both virtual and in-person service delivery so that APH and its partners can continue to optimize the health of families and children across Algoma.

References

1. Algoma Public Health (2018). Community Health Profile. Sault Ste. Marie, ON: Algoma Public Health. Retrieved from <https://www.algomapublichealth.com/media/2799/2018-community-health-profile-full-release-digital-v2.pdf>
2. Public Health Ontario. (30 September 2020). Maternal Health Snapshot: Algoma Public Health: Smoking during pregnancy, overall per cent; Folic acid use prior to and during pregnancy, overall per cent; Maternal mental health concerns, overall per cent; 2018. Retrieved from <https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Maternal-health.asp>
3. Public Health Ontario. (30 September 2020). Risk Factors for Healthy Child Development: Algoma Public Health: Snapshots: No designated primary care provider for mother and/or infant; Infants with families who have concerns about money; Parent or partner with mental illness; Involvement with Child Protection Services, 2018-19. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/reproductive-and-child-health/healthy-child-development>
4. World Health Organization (1986). The 1st International Conference on Health Promotion. Retrieved from <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>

**Algoma Public Health
(Unaudited) Financial Statements February 28, 2021**

<u><i>Index</i></u>	<u><i>Page</i></u>
Statement of Operations	1
Statement of Revenues - Public Health	2
Statement of Expenses - Public Health	3
Notes to the Financial Statements	4-7
Statement of Financial Position	N/A

Algoma Public Health
Statement of Operations
February 2021
(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ YTD Budget 2021
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	\$ 952,095	\$ 952,095	\$ 0	\$ 3,808,378	0%	100%
Provincial Grants - Cost Shared Funding	1,444,402	1,451,352	(6,950)	12,816,879	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	293,521	265,961	27,560	1,595,786	10%	110%
Provincial Grants - Mitigation Funding	172,968	172,968	-	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	34,784	47,988	(13,204)	418,330	-28%	72%
Total Public Health Revenue	\$ 2,897,770	\$ 2,890,364	\$ 7,406	\$ 19,677,173	0%	100%
Expenditures						
Public Health Cost Shared	\$ 2,108,251	\$ 2,744,090	\$ 635,839	\$ 18,081,388	-23%	77%
Public Health 100% Prov. Funded Programs	162,353	200,064	37,711	1,595,785	-19%	81%
Total Public Health Programs Expenditures	\$ 2,270,604	\$ 2,944,154	\$ 673,550	\$ 19,677,173	-23%	77%
Total Rev. over Exp. Public Health	\$ 627,165	\$ (53,791)	\$ 680,956	\$ 1		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 979,011	979,010	(1)	1,068,011	0%	100%
Expenditures	995,635	979,177	16,459	1,068,011	2%	102%
Excess of Rev. over Exp.	(16,624)	(167)	(16,458)	-		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 1,036,286	514,964	(521,322)	1,349,700		
Expenditures	253,324	455,402	(202,078)	1,349,700		
Excess of Rev. over Fiscal Funded	782,962	59,562	723,400	-		

Community Health Programs (Non Public Health)

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	47,905	47,905	-	71,858	0%	100%
Total Community Health Revenue	\$ 47,905	\$ 47,905	\$ -	\$ 71,858	0%	100%
Expenditures						
Child Benefits Ontario Works	0	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	44,932	47,905	2,974	71,858	-6%	94%
Total Calendar Community Health Programs	\$ 44,932	\$ 47,905	\$ 2,974	\$ 71,858	-6%	94%
Total Rev. over Exp. Calendar Community Health	\$ 2,974	\$ -	\$ 2,974	\$ -		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 4,977,651	\$ 5,303,209	\$ (325,559)	\$ 5,800,757	-6%	94%
Municipal, Federal, and Other Funding	125,775	119,247	6,528	119,247	5%	105%
Other Bill for Service Programs	35,115	-	35,115	-		
Total Community Health Revenue	\$ 5,138,541	\$ 5,422,456	\$ (283,915)	\$ 5,920,004	-5%	95%
Expenditures						
Brighter Futures for Children	115,560	104,910	(10,650)	114,447	10%	110%
Infant Development	447,909	590,791	142,881	644,317	-24%	76%
Preschool Speech and Languages	522,266	563,251	40,985	614,256	-7%	93%
Nurse Practitioner	146,060	148,807	2,747	162,153	-2%	98%
Community Mental Health	2,973,901	3,239,613	265,712	3,539,060	-8%	92%
Community Alcohol and Drug Assessment	524,305	651,554	127,249	710,786	-20%	80%
Stay on Your Feet	77,701	91,666	13,965	100,000	-15%	85%
Bill for Service Programs	28,277	-	(28,277)	-		
Misc Fiscal	4,382	34,984	30,602	34,984	-87%	13%
Total Fiscal Community Health Programs	\$ 4,840,362	\$ 5,425,575	\$ 585,214	\$ 5,920,004	-11%	89%
Total Rev. over Exp. Fiscal Community Health	\$ 298,180	\$ (3,119)	\$ 301,299	\$ 0		

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months

and variances of 10% and \$10,000 occurring in the final 6 months

Algoma Public Health
Revenue Statement
For Two Months Ending February 28, 2021
(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Bgt. to Act. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Annual Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Levies Sault Ste Marie	670,847	670,847	0	2,683,388	0%	25%	667,344	667,344	0
Levies District	281,248	281,248	0	1,124,992	0%	25%	279,780	279,780	0
Total Levies	952,095	952,095	0	3,808,380	0%	25%	947,125	947,124	0
MOH Public Health Funding	1,451,356	1,451,352	4	8,708,100	0%	17%	1,224,152	1,044,594	179,558
MOH Funding Needle Exchange	0	0	0	0	0%	0%	10,784	10,783	1
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	4,100	4,100	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	128,316	128,317	(1)
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	30,084	30,080	4
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	20,252	20,252	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	2,584	2,583	1
MOH Funding Infection Control	0	0	0	0	0%	0%	52,068	52,068	0
MOH Funding Diabetes	0	0	0	0	0%	0%	25,000	25,000	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	72,268	72,267	1
MOH Funding Harm Reduction	0	0	0	0	0%	0%	25,000	25,000	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	18,116	18,116	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	11,600	11,600	0
Total Public Health Cost Shared Funding	1,451,356	1,451,352	4	8,708,100	0%	17%	1,624,324	1,444,760	179,564
MOH Funding - MOH / AMOH Top Up	56,525	25,346	31,179	152,086	123%	37%	26,041	25,348	693
MOH Funding Northern Ontario Fruits & Veg.	19,568	19,567	1	117,400	0%	17%	19,568	19,567	1
MOH Funding Unorganized	88,400	88,400	0	530,400	0%	17%	88,400	88,400	0
MOH Senior Dental	112,696	116,317	(3,621)	697,900	-3%	16%	0	116,317	0
MOH Funding Indigenous Communities	16,332	16,332	0	98,000	0%	17%	0	0	0
One Time Funding (Pandemic Pay)	0	0	0	0	0%	0%	0	0	0
OTF COVID-19 extraordinary costs mass imm	(6,954)	0	(6,954)	4,108,779	0%	0%	0	0	0
Total Public Health 100% Prov. Funded	286,567	265,961	20,606	5,704,565	8%	5%	134,009	249,631	695
Total Public Health Mitigation Funding	172,968	172,968	0	1,037,800	0%	17%	0	134,756	0
Recoveries from Programs	1,760	1,680	80	28,010	5%	6%	1,672	4,588	(2,916)
Program Fees	27,773	24,676	3,098	105,320	13%	26%	31,275	33,547	(2,272)
Land Control Fees	2,550	10,000	(7,450)	160,000	-75%	2%	6,436	10,000	(3,564)
Program Fees Immunization	1,748	8,332	(6,584)	45,000	-79%	4%	19,442	19,167	275
HPV Vaccine Program	0	0	0	12,500	0%	0%	0	0	0
Influenza Program	0	0	0	25,000	0%	0%	0	0	0
Meningococcal C Program	0	0	0	7,500	0%	0%	0	0	0
Interest Revenue	952	3,300	(2,348)	20,000	-71%	5%	7,336	6,667	669
Other Revenues	0	0	0	15,000	0%	0%	(2,120)	7,500	(9,620)
Total Fees and Recoveries	34,784	47,988	(13,204)	418,330	-28%	8%	64,041	81,469	(17,428)
Total Public Health Revenue Annual	2,897,770	2,890,364	7,406	19,677,175	0%	15%	2,769,499	2,857,740	162,831
Public Health Fiscal April 2020 - March 2021									
Vaccine Refrigerators	6,776	6,782	(6)	7,400	0%	92%			
Infection Prevention and Control Hub	616,670	616,670	0	740,000	0%	83%			
Practicum	9,174	9,168	6	10,000	0%	92%			
Public Health CCM Solution	22,644	22,638	6	25,300	0%	90%			
School Nurses Initiative	315,022	410,376	(95,354)	469,000	0%	67%			
Sr Dental Capital Upgrades	66,000	66,000	0	98,000	0%	67%			
Total Provincial Grants Fiscal	1,036,286	1,131,634	(95,348)	1,349,700	0%	77%	0	0	0

Algoma Public Health
Expense Statement- Public Health
For Two Months Ending February 28, 2021
(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Salaries & Wages	\$ 1,429,692	\$ 1,918,802	\$ 489,110	\$ 12,378,300	-25%	12%	\$ 1,497,117	\$ 1,569,555	\$ 72,438
Benefits	375,701	395,326	19,625	2,565,216	-5%	15%	412,591	381,881	(30,711)
Travel	8,675	26,818	18,143	172,909	-68%	5%	30,885	31,833	948
Program	71,695	131,909	60,214	1,262,452	-46%	6%	118,166	112,336	(5,830)
Office	10,895	13,230	2,335	57,040	-18%	19%	11,542	11,283	(259)
Computer Services	138,448	168,767	30,319	979,676	-18%	14%	123,107	120,112	(2,995)
Telecommunications	22,677	52,533	29,856	371,200	-57%	6%	33,105	34,605	1,500
Program Promotion	5,644	9,629	3,984	82,773	-41%	7%	2,293	15,529	13,236
Professional Development	2,872	10,500	7,628	113,000	-73%	3%	11,686	22,583	10,897
Facilities Expenses	143,699	143,062	(637)	996,365	0%	14%	133,516	129,069	(4,446)
Fees & Insurance	17,750	19,883	2,133	290,300	-11%	6%	34,001	18,980	(15,021)
Debt Management	76,816	76,816	(0)	460,900	0%	17%	76,816	76,817	0
Recoveries	(33,960)	(23,120)	10,840	(52,959)	47%	64%	(13,724)	(13,724)	(0)
	\$ 2,270,605	\$ 2,944,155	\$ 673,550	\$ 19,677,173	-23%	12%	\$ 2,471,101	\$ 2,510,859	\$ 39,758

Notes to Financial Statements – February 2021

Reporting Period

The February 2021 financial reports include two months of financial results for Public Health and Algoma Community Health programs. All other programs are reporting eleven-month result from operations year ending March 31 2021.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of February 28, 2021, Public Health calendar programs are reporting a \$674k positive variance.

Total Public Health Revenues are indicating a \$7k positive variance.

APH's Community Health (Non-Public Health) Fiscal Programs are eleven months into the fiscal year. These programs, which include Infant Development, Preschool Speech and Language, Community Mental Health, and Community Alcohol, and Drug Assessment Programs are all indicating positive variances associated with expenses because of inherent staff gapping.

Brighter Futures for Children has a deficit of \$11k. This is due to a significant increase in participation in this program whereby clients access program education and support including receipt of a grocery gift card each month.

Public Health Revenue (see page 2)

Overall, Public Health calendar funding revenues are within budget.

Mitigation funding from the province will continue for 2021.

APH received \$617k of the total \$740k for the Infection Prevention and Control (IPAC) Hub. APH was recently notified that a portion of this one-time funding could be carried over through to March 31, 2022. With this notification, APH has posted for a temporary IPAC position to aid our congregate living community partners in assisting them with education of IPAC practices.

The School Nurses Initiative for the fiscal period April 2020 – March 2021 provides \$469k in funding. Due to timing of the announced funding and the difficulty in the recruitment of qualified temporary public health nurses to fill these positions there will be a surplus in this program. The province withheld \$95k in funding in February.

The province also withheld \$137k in funding for the recovery of the surplus from one-time Temporary Pandemic Pay program from the summer of 2020.

Notes Continued...

Public Health Expenses (see page 3)

Salary & Wages

There is a \$489k positive variance associated with Salary and Wages or 6% under budget. This is a result of budgeted positions not yet filled. Also contributing the surplus is a total of 41 business days for 2 months (January 21 days and February 20 days). The average business days per month is 21.8. This represents 2.6 fewer business days over 2 months or approximately \$90k.

Benefits

There is a \$20k positive variance with Benefits due to budgeted positions not filled yet.

Travel

There is an \$18k positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling throughout the district or attending meetings outside of the district.

Program

Program expense is indicating a \$60k positive variance. This is due to the timing of expenses. It is anticipated that APH is on track to be close to budget for Program expenses.

Computer Services

The \$30k positive variance is due primarily to being down 1.0 FTE by the IT service provider as finding a replacement is proving challenging.

Telecommunications

Telecommunications expense is indicating a \$30k positive variance. This is due to the timing of expenses. It is anticipated that APH is on track to be close to budget for Telecommunication expenses.

Recoveries

There is an \$11k positive variance for Recoveries. This is due to MCCSS funded programs permitting an increase to administrative recoveries until March 31, 2021 as a result of increased costs to support these programs due to COVID-19.

COVID-19 Expenses

COVID-19 Response

This program includes case and contact management as well as supporting the information phone lines. February YTD expenses were \$733k. The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances are working in other public health programs. These expenses are expected to rise due to hiring more staff to support this initiative.

COVID-19 Mass Immunization

Notes Continued...

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. February YTD expenses were \$245k. The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances are working in other public health programs. These expenses are expected to increase significantly and there will be significant hiring of staff, to support this initiative.

In 2020, the Ministry of Health reimbursed APH for COVID-19 extraordinary costs and they will continue this financial support for 2021.

Financial Statements of

ALGOMA PUBLIC HEALTH

And Independent Auditors' Report thereon

Year ended December 31, 2020

DRAFT

ALGOMA PUBLIC HEALTH

Financial Statements

Year ended December 31, 2020

Independent Auditors' Report

Financial Statements

Statement of Financial Position	1
Statement of Operations and Accumulated Surplus	2
Statement of Change in Net Debt	3
Statement of Cash Flows	4
Notes to Financial Statements	5 - 14
Schedule 1 Statement of Revenue and Expenses - Public Health Programs	15
Schedule 2 Expenditures - Community Health Programs	16 - 17
Schedule 3 Summary of Public Health Programs	18



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INDEPENDENT AUDITORS' REPORT

Opinion

We have audited the accompanying financial statements of Algoma Public Health (the "Board"), which comprise:

- the statement of financial position as at December 31, 2020
- the statement of operations and accumulated surplus for the year then ended
- the statement of change in net debt for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Board as at December 31, 2020, and its results of operations, its changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "***Auditors' Responsibilities for the Audit of the Financial Statements***" section of our report.

We are independent of the Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.



In preparing the financial statements, management is responsible for assessing the Board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Board or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Board's financial reporting process.

Auditors' Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Board to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Sault Ste. Marie, Ontario

April 28, 2021

ALGOMA PUBLIC HEALTH

Statement of Financial Position

December 31, 2020, with comparative information for 2019

	2020	2019
Financial assets		
Cash	\$ 3,906,995	\$ 3,456,984
Accounts receivable	935,870	433,414
Receivable from participating municipalities	69,618	74,976
	<u>4,912,483</u>	<u>3,965,374</u>
Financial liabilities		
Accounts payable and accrued liabilities	1,660,233	1,579,445
Payable to the Province of Ontario	1,673,441	514,362
Deferred revenue (note 4)	286,418	281,252
Employee future benefit obligations (note 5)	3,117,450	2,910,195
Term loans (note 9)	4,466,918	4,836,784
	<u>11,204,460</u>	<u>10,122,038</u>
Net debt	(6,291,977)	(6,156,664)
Non-financial assets		
Tangible capital assets (note 6)	18,530,766	19,301,093
Contingencies (note 10)		
Commitments (note 12)		
Effects of COVID-19 (note 14)		
Accumulated surplus (note 7)	<u>\$ 12,238,789</u>	<u>\$ 13,144,429</u>

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Operations and Accumulated Surplus

Year ended December 31, 2020, with comparative information for 2019

	2020	2019
Revenue:		
Municipal levy - public health	\$ 3,559,233	\$ 3,519,703
Provincial grants:		
Public health	11,305,754	10,796,234
Community health	6,628,663	6,996,929
Fees, other grants and recovery of expenditures	812,915	1,267,644
	<u>22,306,565</u>	<u>22,580,510</u>
Expenses (note 13):		
Public Health Programs (Schedule 1)	15,129,859	14,258,074
Community Health Programs (Schedule 2)		
Healthy Babies and Children	1,074,945	1,060,788
Child Benefits Ontario Works	6,125	24,500
Nurse Practitioner	159,482	154,598
CMH Transformational Supportive Housing	95,748	135,733
CMH/ASH Supportive Housing	31,857	40,883
Genetics Counseling	-	118,193
Stay on Your Feet	90,857	104,887
Community Alcohol and Drug Assessment	647,539	718,792
Remedial Measures	12,993	7,760
Community Alcohol and Drug Assessment - Ontario Works	-	71,166
CHPI	4,294	214
Community Mental Health Housing	34,585	131,506
Community Mental Health	3,184,222	3,350,379
Garden River CADAP Program	287,316	267,452
Infant Development	498,920	629,893
CMH 1150 Units	49,220	37,713
Brighter Futures for Children	141,067	129,237
Preschool Speech and Languages Initiative	28,689	152,335
PSL Communication Development	605,204	488,449
Employee future benefits	207,255	98,481
Interest on long-term debt	91,032	97,867
Amortization on tangible capital assets	830,996	962,867
	<u>23,212,205</u>	<u>23,041,767</u>
Operating deficit	(905,640)	(461,257)
Accumulated surplus, beginning of year	13,144,429	13,605,686
Accumulated surplus, end of year	<u>\$ 12,238,789</u>	<u>\$ 13,144,429</u>

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Change in Net Debt

Year ended December 31, 2020, with comparative information for 2019

	2020	2019
Operating deficit	\$ (905,640)	\$ (461,257)
Additions to tangible capital assets	(60,669)	(216,131)
Loss on disposal of tangible capital assets	-	2,423
Amortization of tangible capital assets	830,996	962,867
	(135,313)	287,902
Change in prepaid expenses	-	20,790
Net debt, beginning of year	(6,156,664)	(6,465,356)
Net debt, end of year	\$ (6,291,977)	\$ (6,156,664)

See accompanying notes to financial statements.

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ALGOMA PUBLIC HEALTH

Statement of Cash Flows

Year ended December 31, 2020, with comparative information for 2019

	2020	2019
Cash provided by (used in):		
Operating activities:		
Operating deficit	\$ (905,640)	\$ (461,257)
Items not involving cash:		
Amortization of tangible capital assets	830,996	962,867
Loss on disposal of tangible capital assets	-	2,423
Increase in employee future benefit obligations	207,255	98,481
	132,611	602,514
Change in non-cash working capital:		
Decrease (increase) in accounts receivable	(502,456)	59,160
Decrease in receivable from participating municipalities	5,358	750
Increase in accounts payable and accrued liabilities	80,788	234,061
Increase in payable to the Province of Ontario	1,159,079	170,057
Increase (decrease) in deferred revenue	5,166	(147,089)
Decrease in prepaid expenses	-	20,790
	880,546	940,243
Financing activities:		
Repayment of principal on term loans	(369,866)	(363,032)
Capital activities:		
Additions to tangible capital assets	(60,669)	(216,131)
Increase in cash	450,011	361,080
Cash, beginning of year	3,456,984	3,095,904
Cash, end of year	\$ 3,906,995	\$ 3,456,984

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

The Board of Health for the District of Algoma operating as Algoma Public Health (the "Board") is governed by a public health board as mandated by the Health Protection and Promotion Act for the purpose of promoting and protecting public health.

1. Significant accounting policies:

The financial statements are prepared in accordance with the Canadian generally accepted accounting principles for government organizations as recommended by the Public Sector Accounting Board ("PSAB") of the Chartered Professional Accountants of Canada. Significant aspects of the accounting policies adopted by the Board are as follows:

(a) Basis of accounting:

Revenue and expenses are reported on the accrual basis of accounting.

The accrual basis of accounting recognizes revenue as they are earned and measurable. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Revenue recognition:

The operations of the Board are funded by the Province of Ontario, levies to participating municipalities and user fees. Funding amounts not received at year end are recorded as receivable. Funding amounts in excess of actual expenditures incurred during the year are repayable and are reflected as liabilities.

Certain programs of the Board operate on a March 31 fiscal year. Revenues received in excess of expenditures incurred at December 31 are deferred on the statement of financial position until related expenditures are incurred or upon final settlement.

(c) Prior years' funding adjustments:

The Ministry of Health and Long-Term Care undertakes financial reviews of the Board's operations from time to time, based on the Board's submissions of annual settlement forms. Adjustments to the financial statements, if any, a result of these reviews are accounted for in the period when notification is received from the Ministry.

(d) Non-financial assets:

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

1. Significant accounting policies (continued):

(e) Tangible capital assets:

Tangible capital assets are recorded at cost which includes amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over the following number of years:

Asset	Years
Building	40
Leasehold improvements	10
Furniture and equipment	10
Vehicle	4
Computer equipment	3

Annual amortization is charged in the year of acquisition and in the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

(f) Employee future benefit obligations:

The Board sponsors a defined benefit life and health care plan for all employees who retire from active service with an unreduced OMERS pension. The Board accrues its obligations under the defined benefit plan as the employees render the services necessary to earn these retirement benefits. The cost of future benefits earned by employees is actuarially determined using the projected benefit method prorated on service and incorporates management's best estimates with respect to mortality and termination rates, retirement age and expected inflation rate with respect to employee benefit costs.

Actuarial gains (losses) on the accrued benefit obligation arise from the differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation.

(g) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Significant items subject to estimates and assumptions include the carrying amount of tangible capital assets, valuation allowances for accounts receivables and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

2. Participating municipalities:

The participating municipalities are as follows:

City of Sault Ste. Marie
City of Elliot Lake
Town of Blind River
Town of Bruce Mines
Town of Thessalon
Town of Spanish
Municipality of Wawa
Municipality of Huron Shores
Village of Hilton Beach
Township of Dubreuilville
Township of Hilton
Township of Jocelyn
Township of Johnson
Township of Laird
Township of Macdonald, Meredith & Aberdeen Additional
Township of North Shore
Township of Plummer and Plummer Additional
Township of Prince
Township of St. Joseph
Township of Tarbutt & Tarbutt Additional
Township of White River
Certain unincorporated areas in the District of Algoma

3. Credit facility:

The Board has an authorized line of credit available in the amount of \$500,000. The credit facility bears interest at prime + 0.75% and is unsecured. At December 31, 2020, \$Nil (2019 - \$Nil) was outstanding under the facility.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

4. Deferred revenue:

The Board operates several additional programs funded by the Ministry of Health and Long-Term Care. Excess funding received for these programs or programs funded for a program year which differs from the Health Unit's fiscal year is deferred in the accounts until the related costs and final settlements are determined.

A summary of the year's activity relating to those programs is as follows:

	2020	2019
Deferred revenue, beginning of year	\$ 281,252	\$ 428,341
Funds received during the year	11,240	40,511
Expenses incurred in the year	(6,074)	(187,600)
Deferred revenue, end of year	\$ 286,418	\$ 281,252

5. Employee future benefits:

(a) Pension agreements:

The Board makes contributions to the Ontario Municipal Employees Retirement Fund ("OMERS"), which is a multi-employer plan, on behalf of 193 (2019 - 193) members of its staff. The plan is a multi-employer, defined-benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. The multi-employer plan is valued on a current market basis for all plan assets.

The Board's contributions to OMERS equal those made by the employees. The amount contributed was \$1,397,106 (2019 - \$1,354,295) for current service and is included as an expense on the Statement of Operations and Accumulated Surplus. No pension liability for this type of plan is included in the Board's financial statements.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

5. Employee future benefits (continued):

(b) Employee future benefit obligations:

Employee future benefit obligations are future liabilities of the Board to its employees and retirees for benefits earned but not taken as at December 31, 2020. The liabilities will be recovered from future revenues and consist of the following:

	2020	2019
Post-retirement benefits (i)	\$ 1,209,932	\$ 1,194,626
Non-vested sick leave (ii)	523,929	424,835
Accrued vacation pay (iii)	1,383,589	1,290,734
	<u>\$ 3,117,450</u>	<u>\$ 2,910,195</u>

(i) Post-retirement benefits:

The post-retirement benefit liability is based on an actuarial valuation performed by the Board's actuaries. The date of the most recent actuarial valuation of the post-retirement benefit plan is December 31, 2020. The significant actuarial assumptions adopted in estimating the Board's liability are as follows:

- Discount Rate 2.5%
- Health Care Trend Rate 4.0% to 6.5%

Information about the Board's future obligations with respect to these costs is as follows:

	2020	2019
Accrued benefit obligations, beginning of year	\$ 1,194,626	\$ 1,177,620
Current service cost	57,747	47,604
Interest cost	32,113	35,234
Benefits paid	(60,237)	(40,588)
Amortization of actuarial gains	(14,317)	(25,244)
Accrued benefit obligations, end of year	<u>\$ 1,209,932</u>	<u>\$ 1,194,626</u>

(ii) Non-vested sick leave:

Accumulated sick leave credits refers to the balance of unused sick leave credits which accrue to employees each month. Unused sick days are banked and may be used in the future if sick leave is beyond their yearly entitlement. No cash payments are made for unused sick time upon leaving the Board's employment.

(iii) Accrued vacation pay:

Accrued vacation pay represents the liability for vacation entitlements earned by employees but not taken as at December 31.

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2020

6. Tangible capital assets:

Cost	Balance at December 31, 2019	Additions	Transfers & (Disposals)	Balance at December 31, 2020
Building	\$ 22,867,230	-	-	22,867,230
Leasehold improvements	1,572,805	-	-	1,572,805
Furniture and equipment	1,998,119	60,669	-	2,058,788
Vehicle	40,113	-	-	40,113
Computer equipment	3,252,107	-	-	3,252,107
Total	\$ 29,730,374	60,669	-	29,791,043

Accumulated Amortization	Balance at December 31, 2019	Disposals	Amortization expense	Balance at December 31, 2020
Building	\$ 4,568,824	-	544,984	5,113,808
Leasehold improvements	789,943	-	105,938	895,881
Furniture and equipment	1,785,026	-	177,381	1,962,407
Vehicle	40,112	-	1	40,113
Computer equipment	3,245,376	-	2,692	3,248,068
Total	\$ 10,429,281	-	830,996	11,260,277

	Net book value, December 31, 2019	Net book value, December 31, 2020
Building	\$ 18,298,406	17,753,422
Leasehold improvements	782,862	676,924
Furniture and equipment	213,093	96,381
Vehicle	1	-
Computer equipment	6,731	4,039
Total	\$ 19,301,093	18,530,766

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2020

6. Tangible capital assets (continued):

Cost	Balance at December 31, 2018	Additions	Transfers & (Disposals)	Balance at December 31, 2019
Building	\$ 22,732,421	134,809	-	22,867,230
Leasehold improvements	1,572,805	-	-	1,572,805
Furniture and equipment	1,936,987	73,245	(12,113)	1,998,119
Vehicle	40,113	-	-	40,113
Computer equipment	3,244,030	8,077	-	3,252,107
Total	\$ 29,526,356	216,131	(12,113)	29,730,374

Accumulated Amortization	Balance at December 31, 2018	Disposals	Amortization expense	Balance at December 31, 2019
Building	\$ 3,986,288	-	582,536	4,568,824
Leasehold improvements	684,004	-	105,939	789,943
Furniture and equipment	1,603,362	(9,690)	191,354	1,785,026
Vehicle	30,084	-	10,028	40,112
Computer equipment	3,172,366	-	73,010	3,245,376
Total	\$ 9,476,104	(9,690)	962,867	10,429,281

	Net book value, December 31, 2018	Net book value, December 31, 2019
Building	\$ 18,746,133	18,298,406
Leasehold improvements	888,801	782,862
Furniture and equipment	333,625	213,093
Vehicle	10,029	1
Computer equipment	71,664	6,731
Total	\$ 20,050,252	19,301,093

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

7. Accumulated surplus:

Accumulated surplus is comprised of:

	2020	2019
Invested in tangible capital assets	\$ 18,530,766	\$ 19,301,092
Reserve (note 8)	1,152,894	1,145,116
Operating	139,496	445,200
Unfunded:		
Employee future benefits	(3,117,450)	(2,910,195)
Term loans	(4,466,917)	(4,836,784)
	\$ 12,238,789	\$ 13,144,429

8. Reserves:

The Board has set aside reserves for specific purposes to be approved by the Board.

	2020	2019
Balance, beginning of year	\$ 1,145,116	\$ 831,407
Additions to reserves	–	300,000
Investment Income	7,778	13,709
Balance, end of year	\$ 1,152,894	\$ 1,145,116

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

9. Term loans:

	2020	2019
Term loan #1	\$ 4,205,903	\$ 4,554,157
Term loan #2	261,015	282,627
	<u>\$ 4,466,918</u>	<u>\$ 4,836,784</u>

Principal payment due on the term loans is as follows:

Year	Annual payments
2021	\$ 377,164
2022	384,585
2023	392,152
2024	399,867
2025	407,735
Thereafter	2,505,415

Term loan #1 is a non-revolving loan bearing interest of 1.95%. The loan is repayable in blended monthly interest and principal payments of \$36,164 and matures on September 1, 2031. Security is in the form of a first charge over the Board's building.

Term loan #2 bears interest of 1.95%. The loan is repayable in monthly interest and principal payments of \$2,244. The loan is due on September 1, 2031. Security is in the form of a second charge over the Board's building.

Interest paid in the year is \$91,032 (2019 - \$97,867).

10. Contingencies:

The Board is periodically subject to legal claims or employee grievances. In the opinion of management, the ultimate resolution of any current claims or grievances would not have a material effect on the financial position (or results of operations) of the Board and any claims would not exceed the current insurance coverage. Accordingly, no provisions for losses has been reflected in the accounts of the Board for these amounts. Settlements, if any, resulting in a cost to the Board will be accounted for in the period the amounts can be determined.

11. Segmented Information:

The Board provides a wide range of services to citizens of the District of Algoma. For management reporting purposes, the Board's operations and activities are organized and reported by programs. Programs were created for the purposes of recording specific activities to attain certain objectives in accordance with special regulations, restrictions or limitations. Public health services are provided by programs and their activities are reported in these funds. Certain programs have been separately disclosed in Schedule 2 – Expenditures – Community Health Programs.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2020

12. Commitments:

The Board is committed to minimum annual lease payments under various operating leases as follows:

Year	Annual payments
2021	\$ 168,021
2022	157,792
2023	163,228
2024	164,268
2025	134,712

The annual lease payments are exclusive of maintenance and other operating costs.

13. Expenses by object:

	2020	2019
Salaries and benefits	\$ 18,074,368	\$ 17,392,789
Materials and supplies	4,306,841	4,686,111
Capital	830,996	962,867
	\$ 23,212,205	\$ 23,041,767

14. Effects of COVID-19:

On March 11, 2020, the World Health Organization declared the Coronavirus COVID-19 (COVID-19) outbreak a pandemic. This has resulted in significant financial, market, and societal impacts in Canada and around the world.

From the declaration of the pandemic to the date of approval of these financial statements, the Board implemented the following actions in relation to the COVID-19 pandemic:

- Employees are practicing social distancing and when it is not possible wearing masks when working in close proximity.
- Work from home arrangements with staff where possible.

The ultimate duration and magnitude of the COVID-19 pandemic's impact on the Board's operations and financial position is not known at this time. These impacts could include a decline in future cash flows, changes to the value of assets and liabilities. An estimate of the financial effect of the pandemic on the Board is not practicable at this time.

ALGOMA PUBLIC HEALTH

Statement of Revenue and Expenses – Public Health Programs

Schedule 1

Year ended December 31, 2020, with comparative information for 2019

	2020 Budget	2020 Total	2019 Total
Revenue:			
Provincial grant	\$ 11,870,371	\$ 11,305,754	\$ 10,796,234
Levies	3,559,232	3,559,233	3,519,703
Recoveries	620,814	516,087	698,343
	16,050,417	15,381,074	15,014,280
Expenses:			
Salaries and wages	9,888,134	9,903,137	8,850,883
Benefits	2,264,828	2,234,355	2,132,488
Accounting and audit	25,000	9,345	23,513
Equipment	65,746	268,964	258,544
Insurance	115,000	135,109	122,971
Occupancy and renovations	774,417	861,630	874,985
Office supplies	71,200	25,646	66,621
Other	41,000	45,010	40,681
Professional development	135,500	46,491	139,999
Program promotion	118,068	41,080	40,530
Program supplies	437,336	439,658	448,451
Program administration (recovery)	(82,343)	(135,109)	(109,670)
Purchase professional services	1,244,274	860,539	892,621
Telephone and telecommunications	300,257	290,551	260,123
Travel	191,100	103,453	215,334
	15,589,517	15,129,859	14,258,074
Excess of revenue over expenses before the undernoted	460,900	251,215	756,206
Interest on long-term debt	-	91,032	97,867
Amortization	-	830,996	962,867
Excess (deficiency) of revenue over expenses	\$ 460,900	\$ (670,813)	\$ (304,528)

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs

Year ended December 31, 2020, with comparative information for 2019

	Healthy Babies and Children	Child Benefits Ontario Works	Nurse Practitioner	Stay on Your Feet	Remedial Measures	Community Mental Health Housing	Garden River CADAP Program	Infant Development	Brighter Futures for Children	CHPI
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Salaries and employee benefits:										
Salaries	823,287	3,903	108,983	66,100	12,993	23,107	197,213	321,450	77,910	-
Employee benefits	215,789	1,202	23,542	15,556	-	6,132	48,840	77,609	16,965	-
	1,039,076	5,105	132,525	81,656	12,993	29,239	246,053	399,059	94,875	-
Supplies and services:										
Equipment	4,104	-	-	-	-	-	-	4,000	-	-
Occupancy and renovations	-	-	7,600	-	-	-	-	51,159	3,833	-
Office supplies	-	-	4,400	-	-	-	-	750	-	-
Insurance	-	-	1,200	-	-	-	-	-	-	-
Audit fees	2,239	-	2,035	-	-	-	-	2,035	-	-
Professional development	3,093	-	522	1,417	-	-	271	695	-	-
Program administration	-	-	-	-	-	4,789	39,674	21,293	-	-
Program promotion	-	-	-	-	-	-	-	-	-	-
Program supplies	3,525	1,020	-	7,758	-	-	-	3,200	42,183	4,294
Purchased professional services	7,333	-	6,800	-	-	-	-	-	-	-
Telephone and telecommunications	10,247	-	4,400	-	-	114	1,225	9,124	176	-
Travel	5,328	-	-	26	-	443	93	7,605	-	-
	35,869	1,020	26,957	9,201	-	5,346	41,263	99,861	46,192	4,294
Total expenditures	1,074,945	6,125	159,482	90,857	12,993	34,585	287,316	498,920	141,067	4,294

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs (continued)

Year ended December 31, 2020, with comparative information for 2019

	Preschool Speech and Languages Initiative \$	PSL Communication Development \$	Community Alcohol and Drug Assessment \$	Community Mental Health \$	CMH Transformational Supportive Housing \$	CMH/ASH Supportive Housing \$	CMH 1150 Units \$	2020 Total \$	2019 Total \$
Salaries and employee benefits:									
Salaries	12,496	510,753	453,815	2,120,623	102,811	-	-	4,835,444	5,193,550
Employee benefits	2,227	70,573	118,240	504,757	-	-	-	1,101,432	1,215,868
	14,723	581,326	572,055	2,625,380	102,811	-	-	5,936,876	6,409,418
Supplies and services:									
Equipment	-	2,200	435	1,403	-	-	-	12,142	27,275
Occupancy and renovations	-	2,105	44,550	355,865	(35,681)	28,943	49,220	507,594	488,932
Office supplies	-	2,600	(1,943)	3,693	-	-	-	9,500	19,854
Insurance	-	-	-	-	-	-	-	1,200	1,200
Audit fees	-	2,239	-	21,262	-	-	-	29,810	23,895
Professional development	-	594	6,025	9,493	-	-	-	22,110	28,451
Program administration	-	5,000	10,404	34,715	8,205	-	-	124,080	97,670
Program promotion	-	-	-	2,000	-	-	-	2,000	2,000
Program supplies	-	3,127	2,764	11,010	20,413	2,914	-	102,208	175,776
Purchased professional services	-	1,800	6,063	22,345	-	-	-	44,341	97,324
Telephone and telecommunications	-	2,241	6,059	45,297	-	-	-	78,883	94,079
Travel	13,966	1,972	1,127	51,759	-	-	-	82,319	158,604
	13,966	23,878	75,484	558,842	(7,063)	31,857	49,220	1,016,187	1,215,060
Total expenditures	28,689	605,204	647,539	3,184,222	95,748	31,857	49,220	6,953,063	7,624,478

ALGOMA PUBLIC HEALTH

Summary of Public Health Programs

Schedule 3

Year ended December 31, 2020, with comparative information for 2019

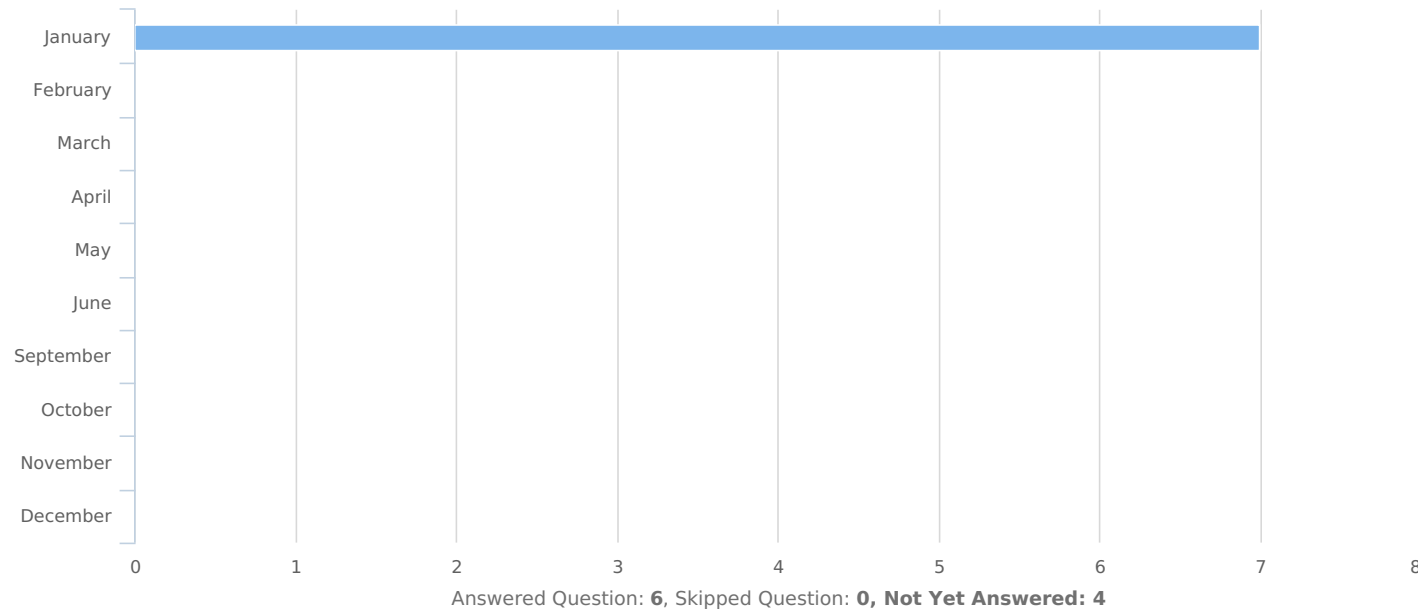
	2020	2019
	Total	Total
Revenue:		
MOH Public Health Funding	\$ 6,183,788	\$ 7,344,900
Levies	3,559,223	3,519,703
One Time Funding Mitigation	1,037,800	-
MOH Funding Healthy Smiles	769,900	649,483
Senior Dental	682,017	229,227
MOH Funding Unorganized	530,400	530,400
One Time Funding COVID-19 Extraordinary Costs	385,100	-
Social Determinants of Health	339,200	180,500
MOH Funding Smoke Free Ontario	275,270	320,600
Recoveries from Programs	274,368	409,052
Land Control	206,872	157,920
Medical Officer of Health Compensation	179,525	155,563
MOH Funding Infection Control	155,610	222,300
MOH Funding Harm Reduction	150,000	150,000
Northern Ontario Fruit and Vegetables	117,400	117,400
Diabetes Strategy	105,000	150,000
Unorganized - Indigenous Communities	98,000	-
One Time Funding COVID-19 School Nurses	86,650	-
Funding - Chief Nursing Officer	30,375	121,500
Interest	27,775	60,543
MOH Funding Vector Bourne Disease	27,175	108,700
MOH Funding Haines Food Safety	24,600	24,600
One Time Funding COVID-19 CCM software	23,500	-
MOH Funding Infection Control Nurse	22,525	90,100
MOH Funding SFO Youth Engagement	20,000	80,000
MOH Funding Safe Water	17,400	69,600
MOH One Time Funding Safe Water Enhanced Safe Water	15,500	15,500
MOH Funding PHI Practicum Student	10,000	10,000
Other	7,073	73,251
One Time Funding Mass Imms	6,954	-
One Time Funding COVID-19 Pandemic Pay	6,298	-
MOH Funding SFO Prosecution	4,250	17,000
MOH Funding SFO E - Cigarettes	4,000	16,000
One Time Funding Sr. Dental Start Up	2,159	-
Needle Exchange Program Initiative	(4,633)	64,700
One Time Funding North East Collaborative	-	93,158
New Purpose Built Vaccine Refrigerators	-	14,500
One Time Funding Legal Fees	-	14,002
One Time Funding School Vision	-	6,500
	15,381,074	15,016,703
Expenditures:		
Public Health	13,007,647	10,768,673
Unorganized	530,400	530,400
Senior Dental	682,017	229,227
One Time Funding COVID-19 Extraordinary Costs	385,100	-
Land Control	145,910	157,920
Medical Officer of Health Compensation	179,525	155,563
Northern Ontario Fruit and Vegetables	117,400	117,400
100% Funded Indigenous Communities	98,000	-
One Time Funding COVID-19 School Nurses	86,650	-
One Time Funding COVID-19 CCM software	23,500	-
PHI Practicum Student	10,000	10,000
One Time Funding Mass Imms	6,954	-
One Time Funding COVID-19 Pandemic Pay	6,298	-
One Time Funding Sr. Dental Start Up	2,159	-
Healthy Smiles	-	649,483
Smoke Free Ontario	-	419,200
Infection Control	-	222,300
Social Determinants of Health	-	180,500
Diabetes strategy	-	150,000
Harm Reduction	-	150,000
Vector Bourne Disease	-	144,933
Chief Nursing Officer	-	121,500
Safe Water	-	92,800
North East Collaborative	-	92,566
Infection Control Nurse	-	90,100
Needle Exchange Program Initiative	-	64,700
Haines Food Safety	-	24,600
Safe Water Enhanced	-	15,500
New Purpose Built Vaccine Refrigerators	-	14,500
Legal fees	-	14,002
School Vision	-	6,500
	15,281,560	14,422,368
Excess of revenue over expenses	\$ 99,514	\$ 594,335

January 27, 2021 - BOH Meeting Evaluation

Total Invited to Survey: 10

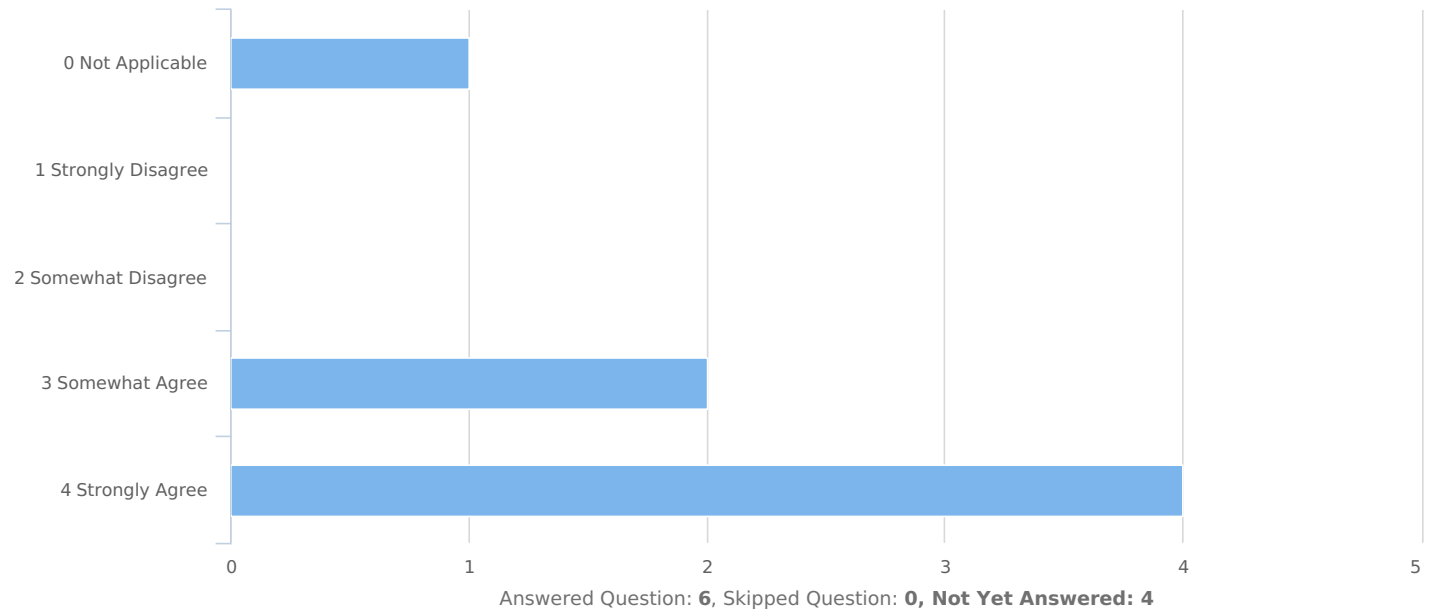
Total Finished Survey: 6

1. BOH Meeting Month :

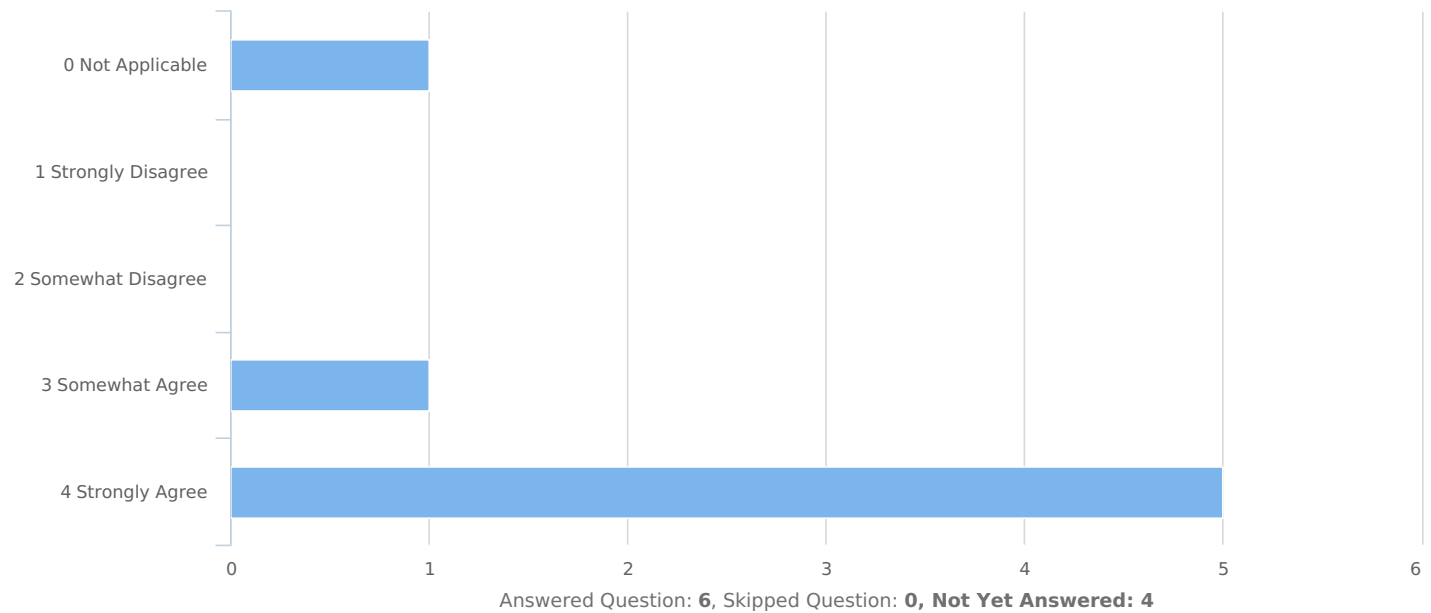


Please select one response for each question. If the question is not relevant select "Not Applicable"

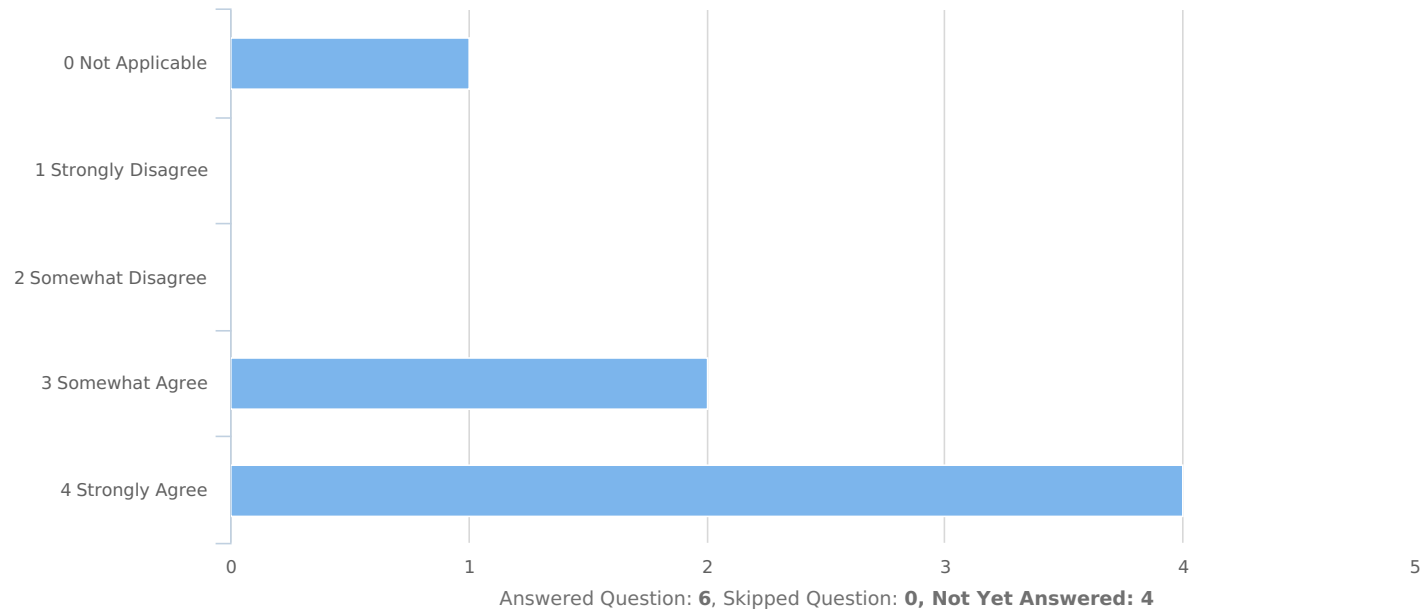
2. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.



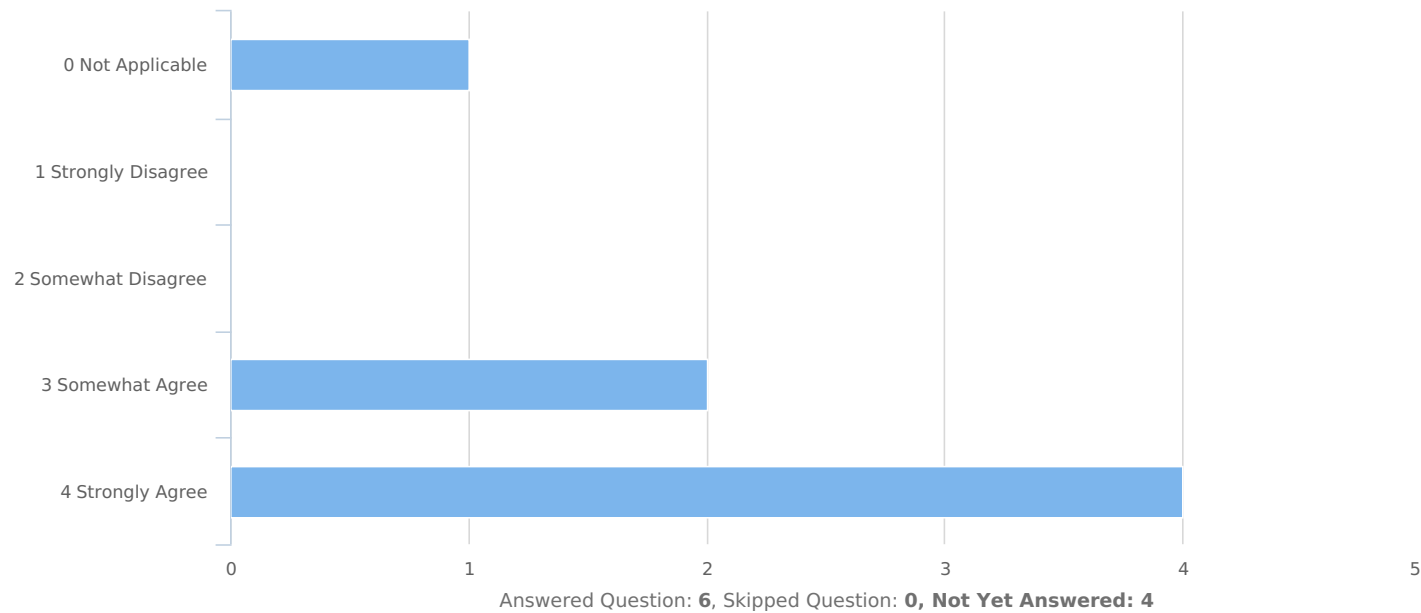
3. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.



4. The MOH/CEO report was informative, timely and relevant to my governance role.



5. Overall, the Board meeting was conducted in an active and responsible manner.



Comments

Anonymous on 2/17/2021 1:36PM

I was caught off guard being nominated as the Board Chair. I will work towards improving in this position! It is a true honour.

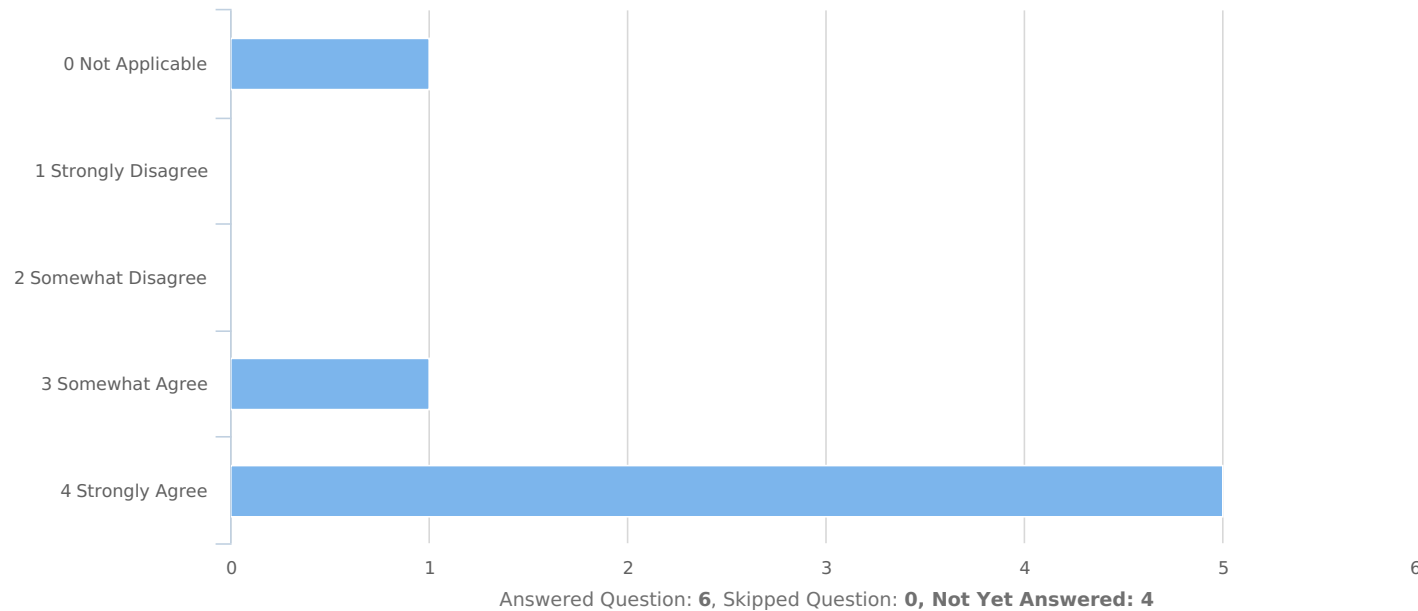
Anonymous on 2/17/2021 1:36PM

I was caught off guard being nominated as the Board Chair. I will work towards improving in this position! It is a true honour.

Anonymous on 2/18/2021 10:05AM

New chair was quick to respond to her new duties.

6. Overall, the meeting allowed me to seek clarification and provide input into issues.



7. Comments: (For example: what did you like / dislike about the meeting, what are your suggestions to improve future meetings, etc.)

Showing 4 responses

I was absent

Anonymous on 2/17/2021 10:34AM

Always miss the Face to Face and like it when everyone keeps their video camera on

Anonymous on 2/17/2021 1:36PM

Showing 4 responses

Always miss the Face to Face and like it when everyone keeps their video camera on

Anonymous on 2/17/2021 1:36PM

A bit unprepared and unorganized with new leadership positions

Anonymous on 2/18/2021 10:05AM

Answered Question: **3**, Skipped Question: **3**, **Not Yet Answered: 4**

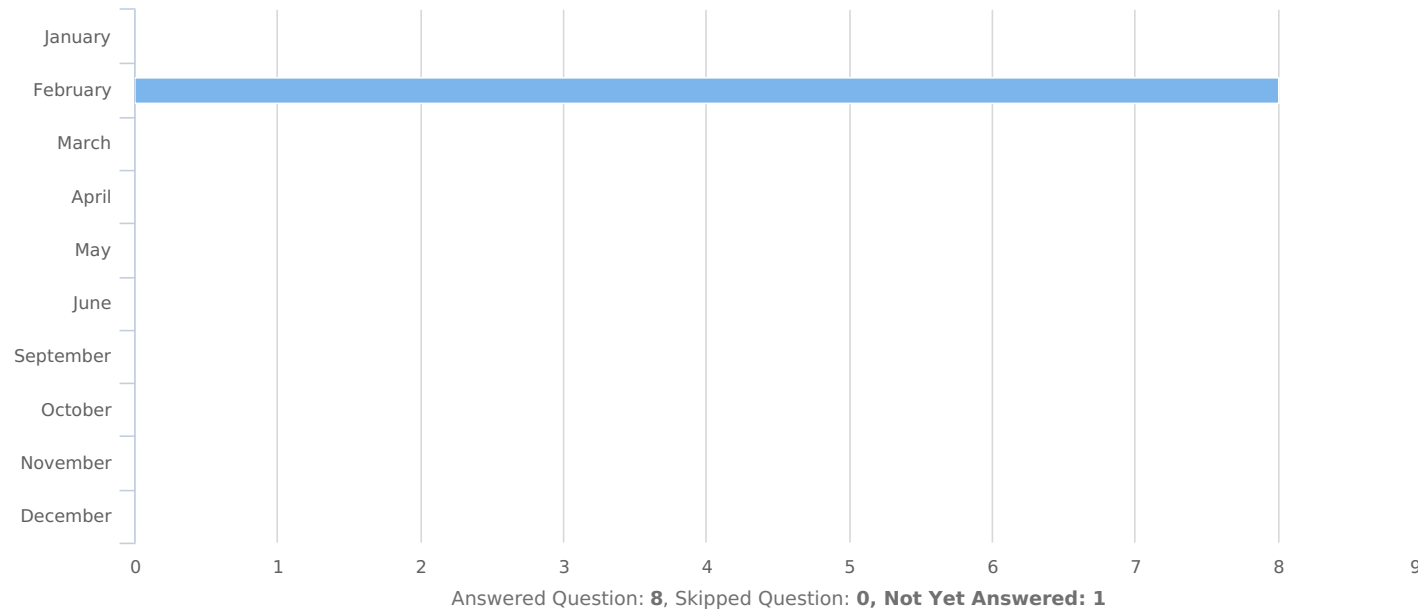
Thank you for your valuable feedback.

February 24, 2021, BOH Meeting Evaluation

Total Invited to Survey: 9

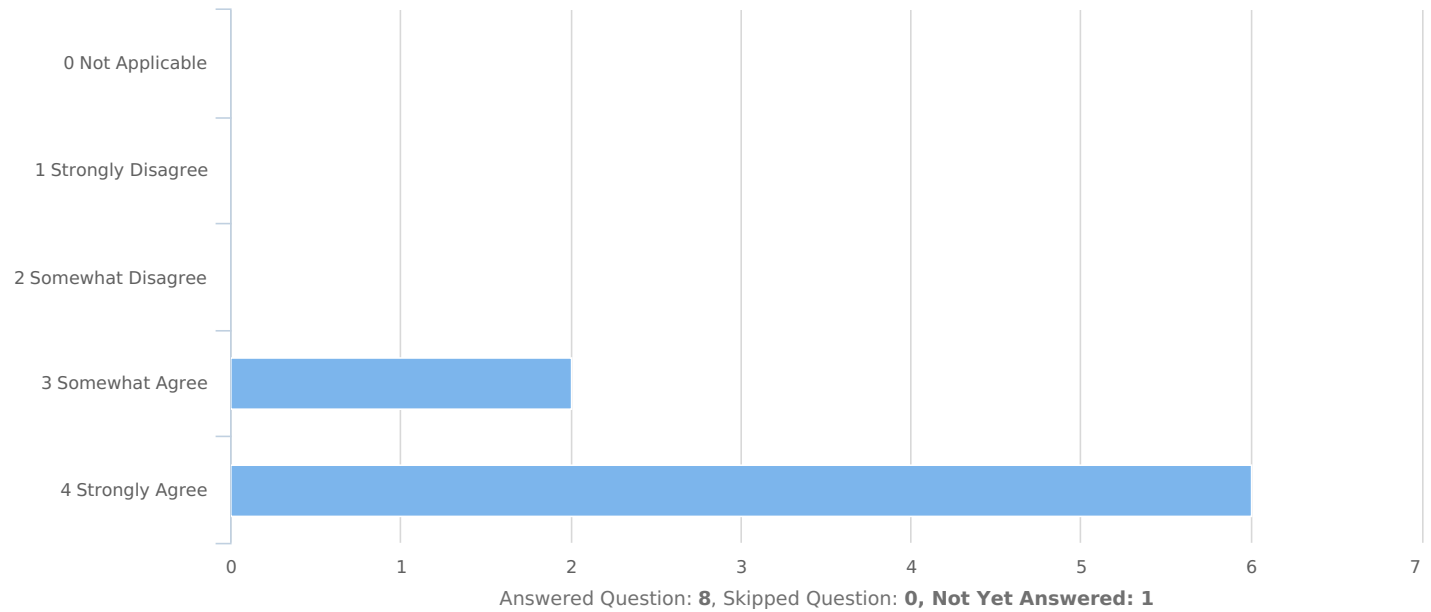
Total Finished Survey: 8

1. BOH Meeting Month :

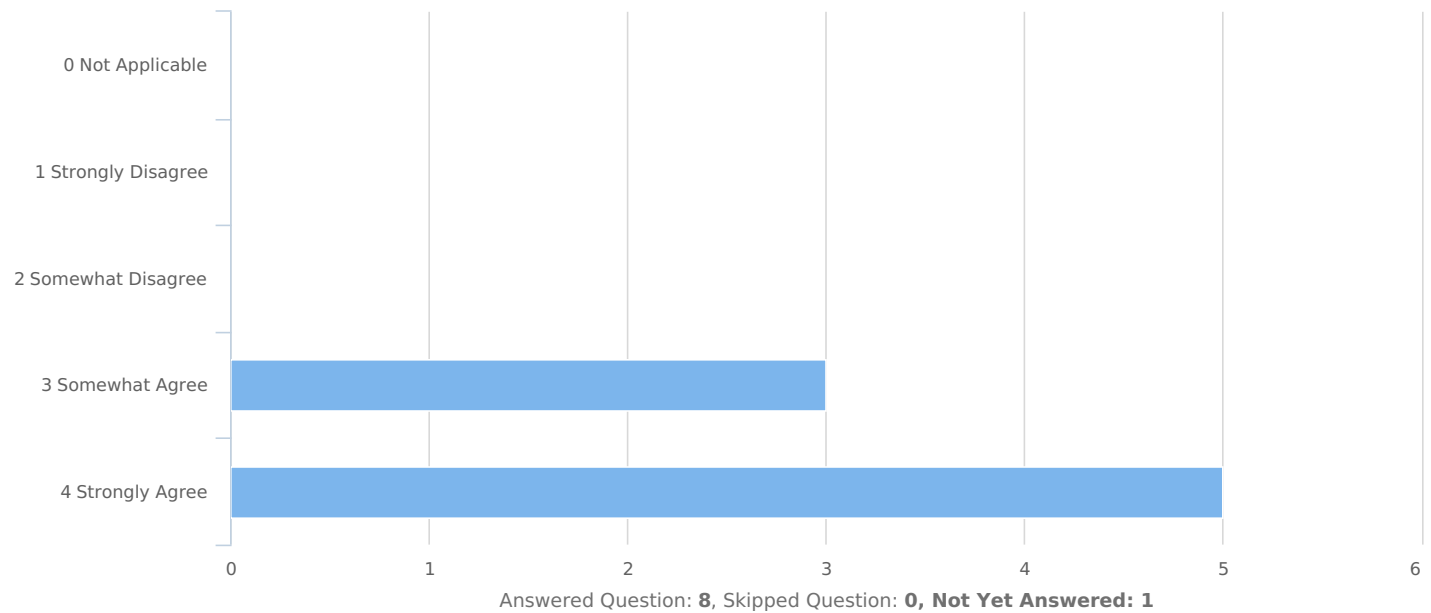


Please select one response for each question. If the question is not relevant select "Not Applicable"

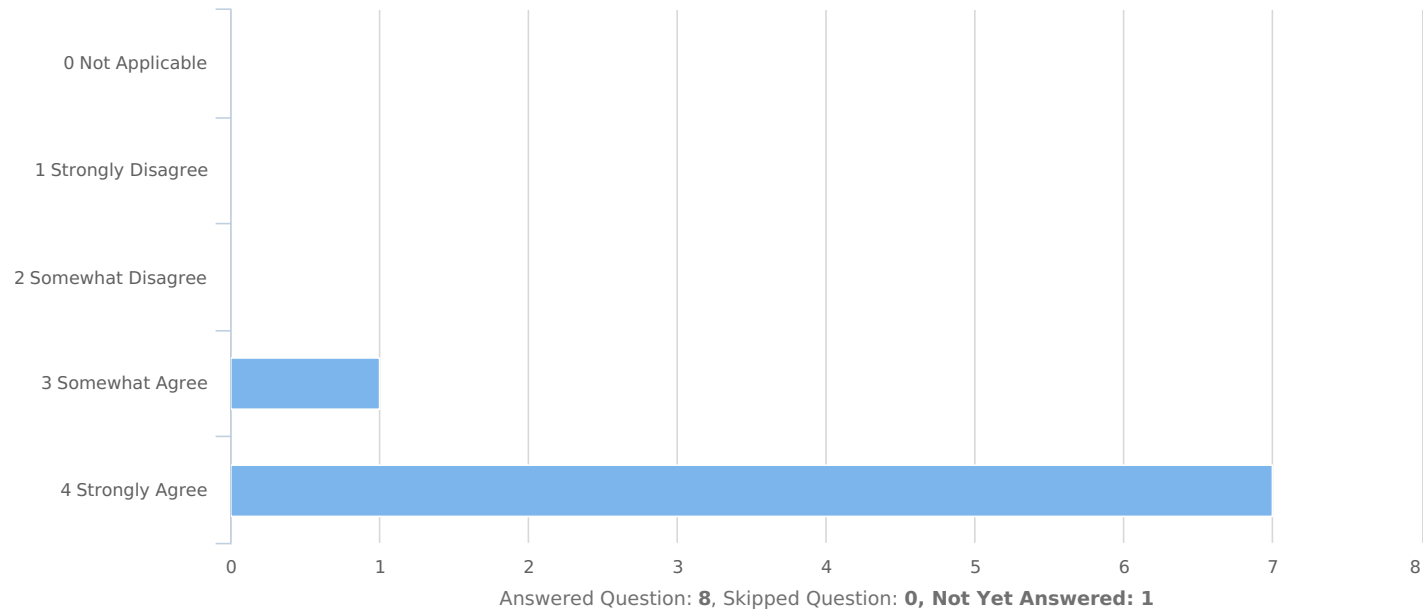
2. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.



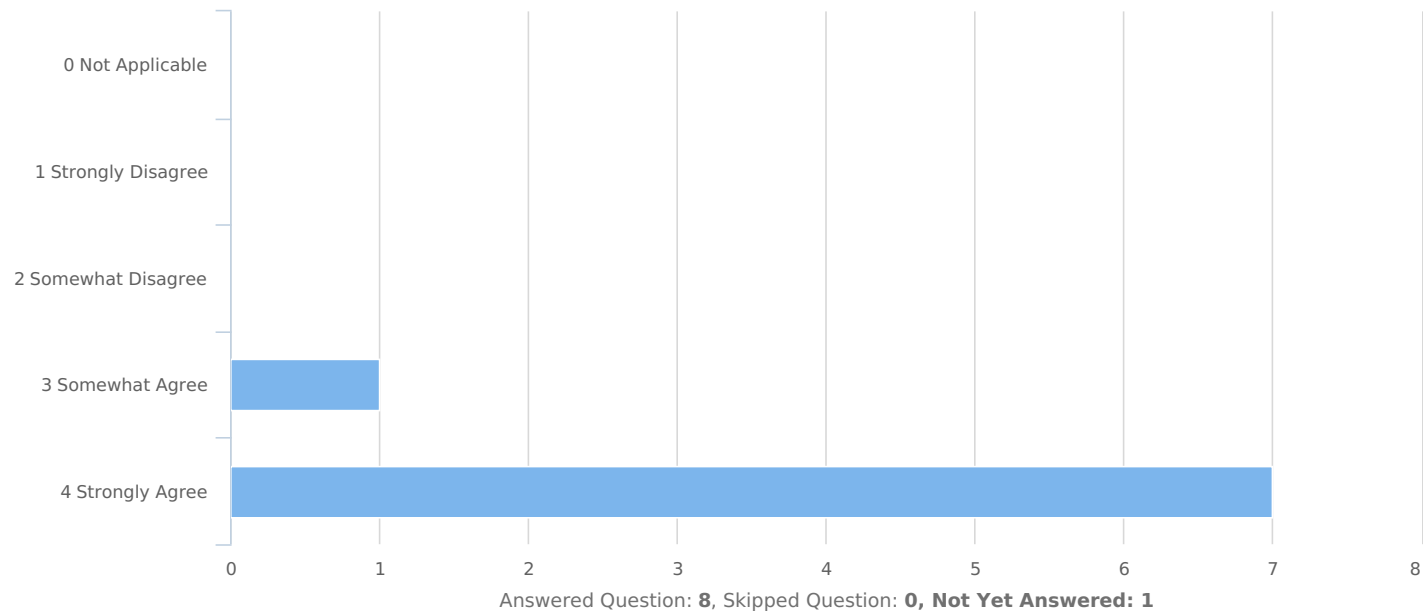
3. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.



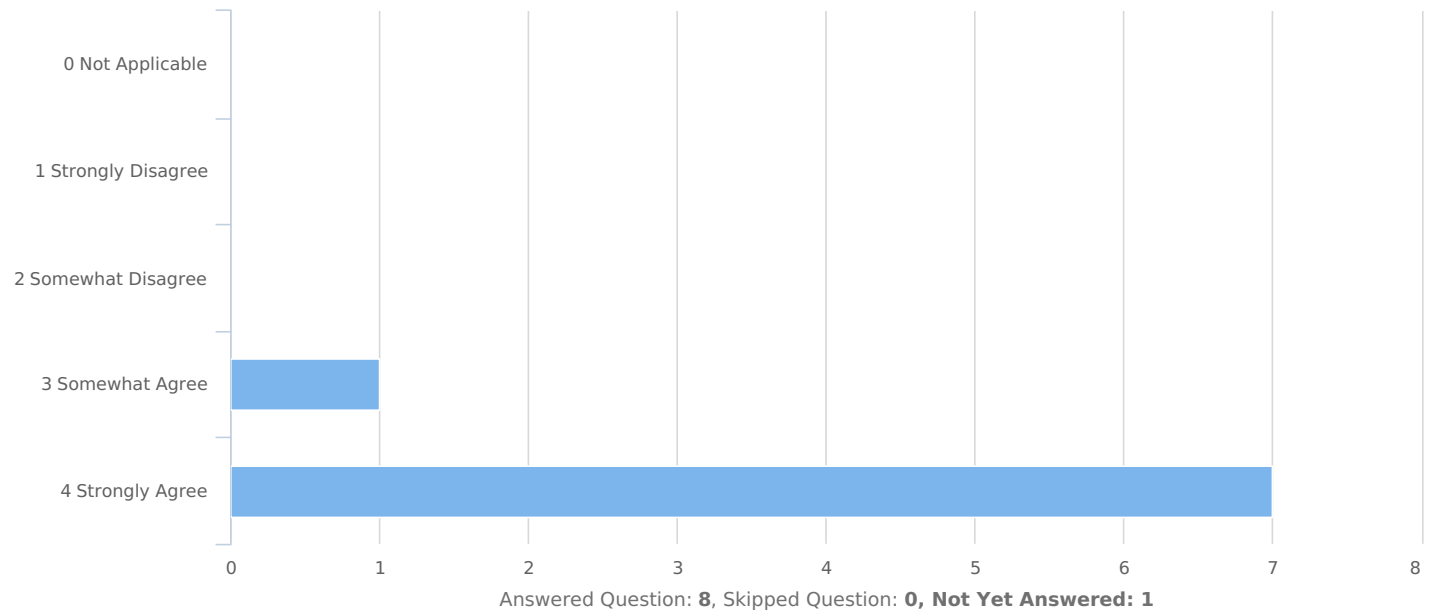
4. The MOH/CEO report was informative, timely and relevant to my governance role.



5. Overall, the Board meeting was conducted in an active and responsible manner.



6. Overall, the meeting allowed me to seek clarification and provide input into issues.



7. Comments: (For example: what did you like / dislike about the meeting, what are your suggestions to improve future meetings, etc.)

Showing 3 responses

None for now

2/26/2021 8:19AM

I liked Sally identifying each piece of correspondence and asking for comments or questions. Loved the enthusiasm of the two presenters! Please keep us apprised of further evaluations. While the report to the Board was all positive, I couldn't help but wonder what we weren't being told. It appears that one to one contacts are far more positive than social media. And I've seen some of those social media negative comments. How do we use those opportunities to learn and better engage with perhaps a marginalized group that is not going to pick up the phone and engage one on one? Keep us posted please! Thank you for all the hard work that you do.

2/27/2021 6:16AM

Everything went well. We didn't have a huge agenda but all expectations were met.

3/1/2021 7:43PM

Answered Question: 3, Skipped Question: 5, Not Yet Answered: 1

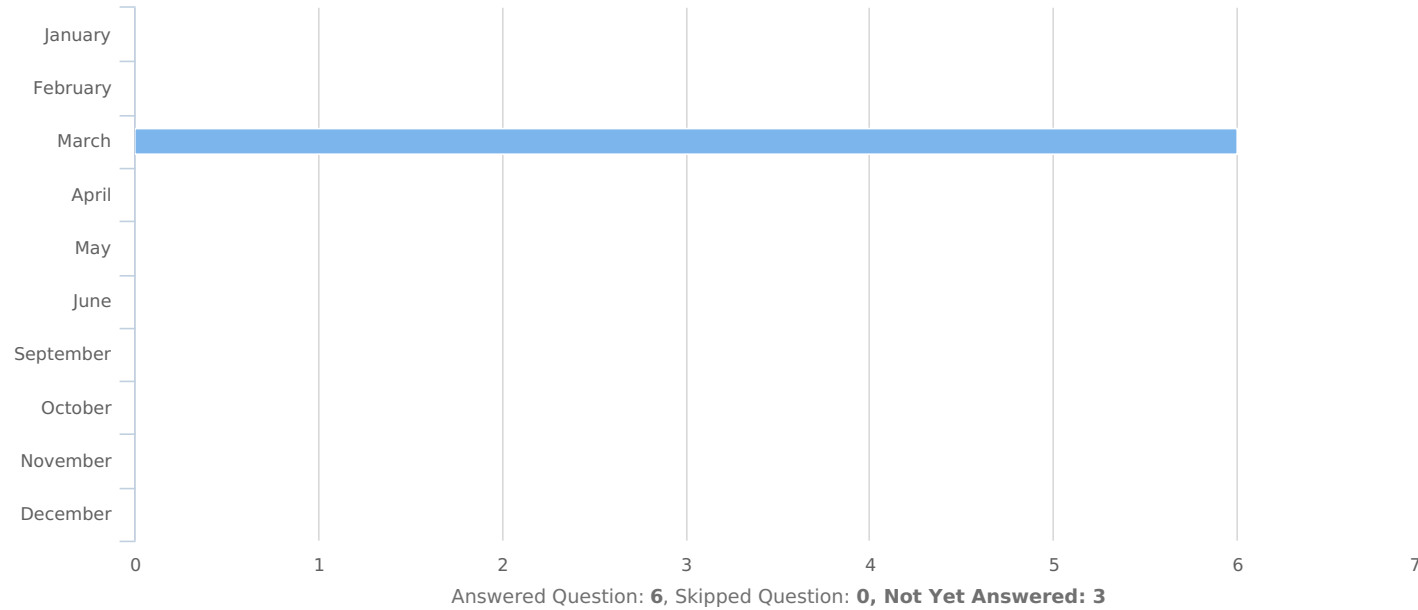
Thank you for your valuable feedback.

March 24, 2021, BOH Meeting Evaluation

Total Invited to Survey: 9

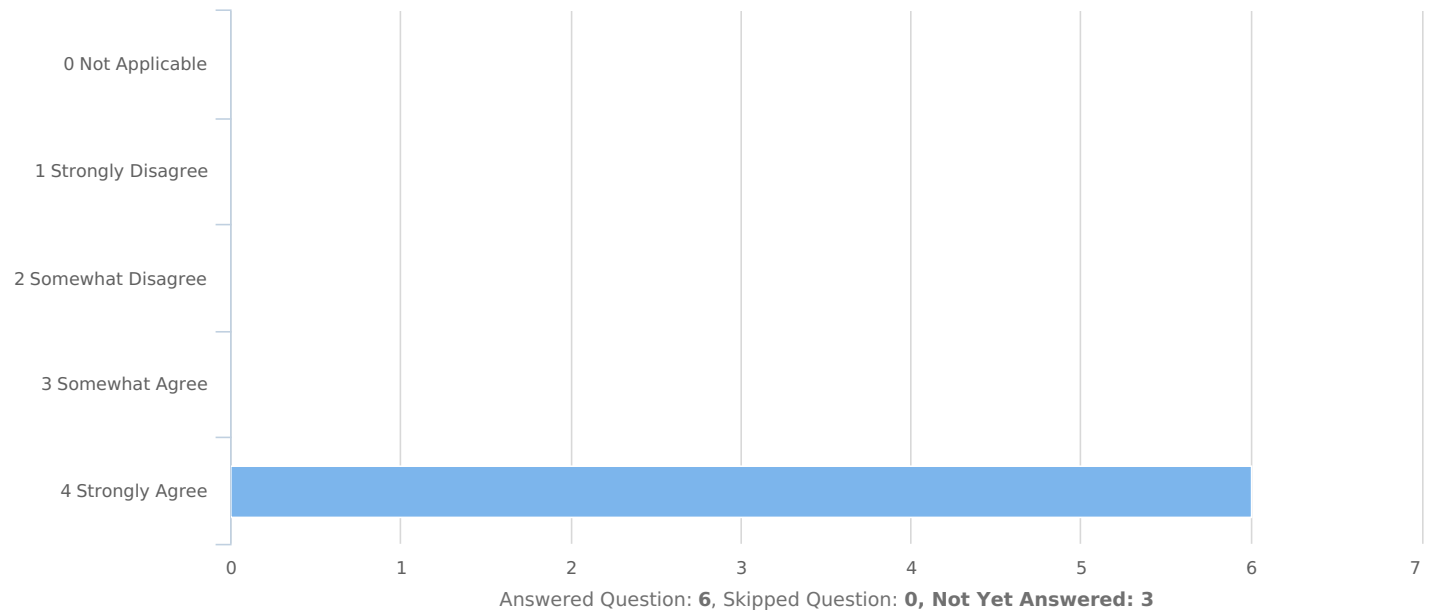
Total Finished Survey: 6

1. BOH Meeting Month :

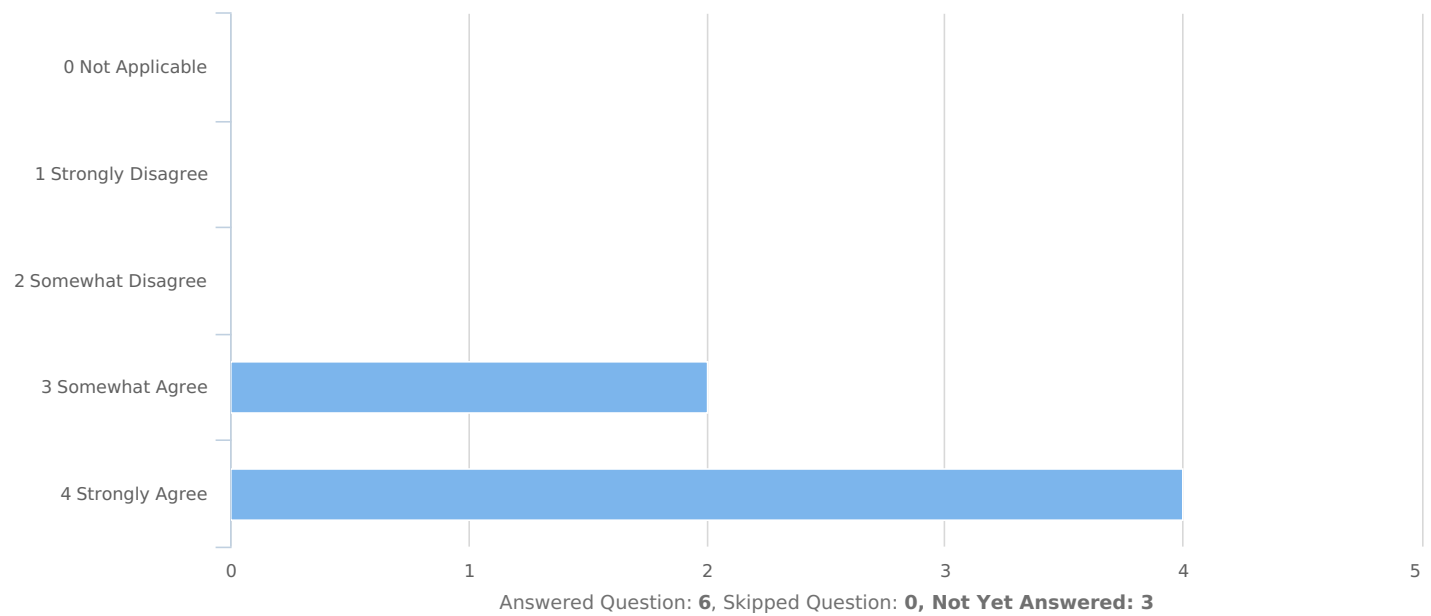


Please select one response for each question. If the question is not relevant select "Not Applicable"

2. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.



3. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.



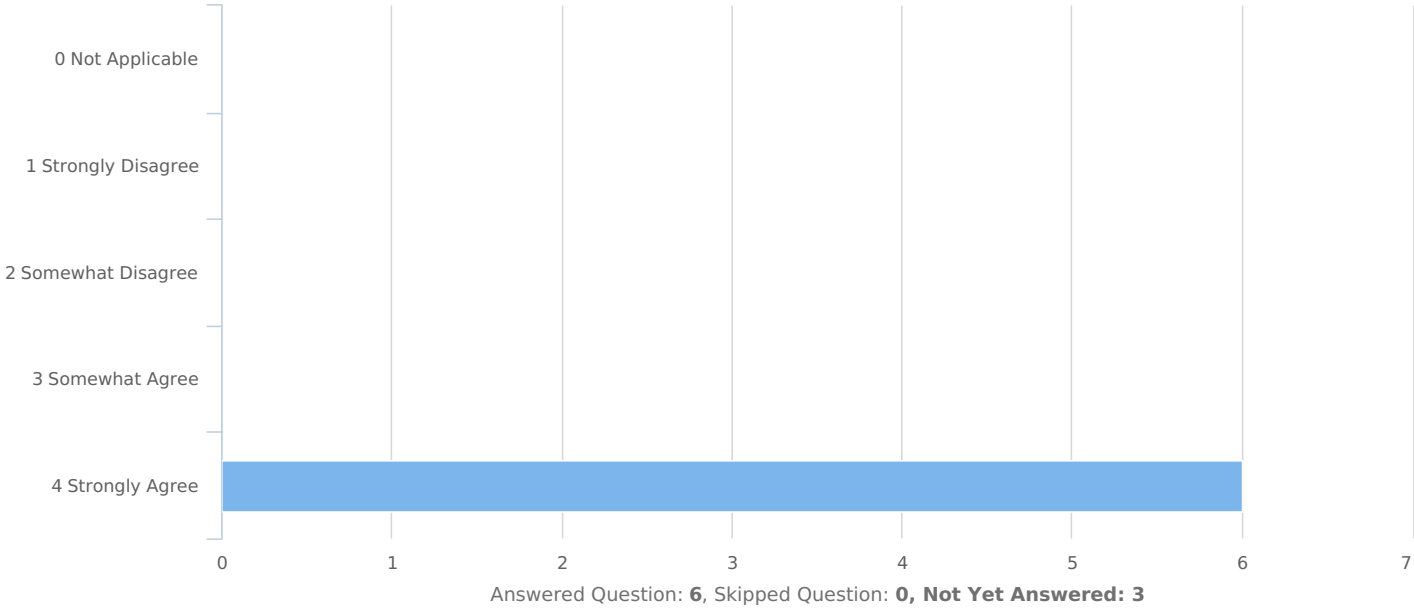
Comments

3/31/2021 7:48PM

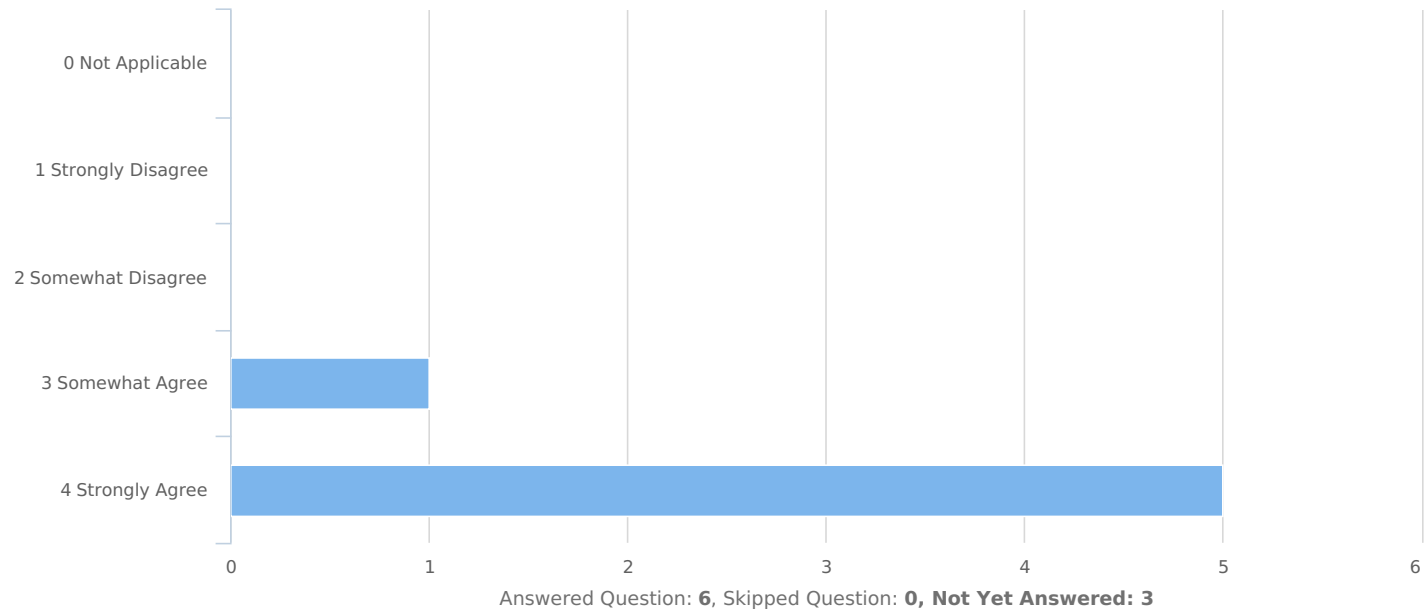
The presentation was a good informational overview and also provided important links to public health of what might seem an overwhelming

environmental issue with no direct impact in our everyday lives.

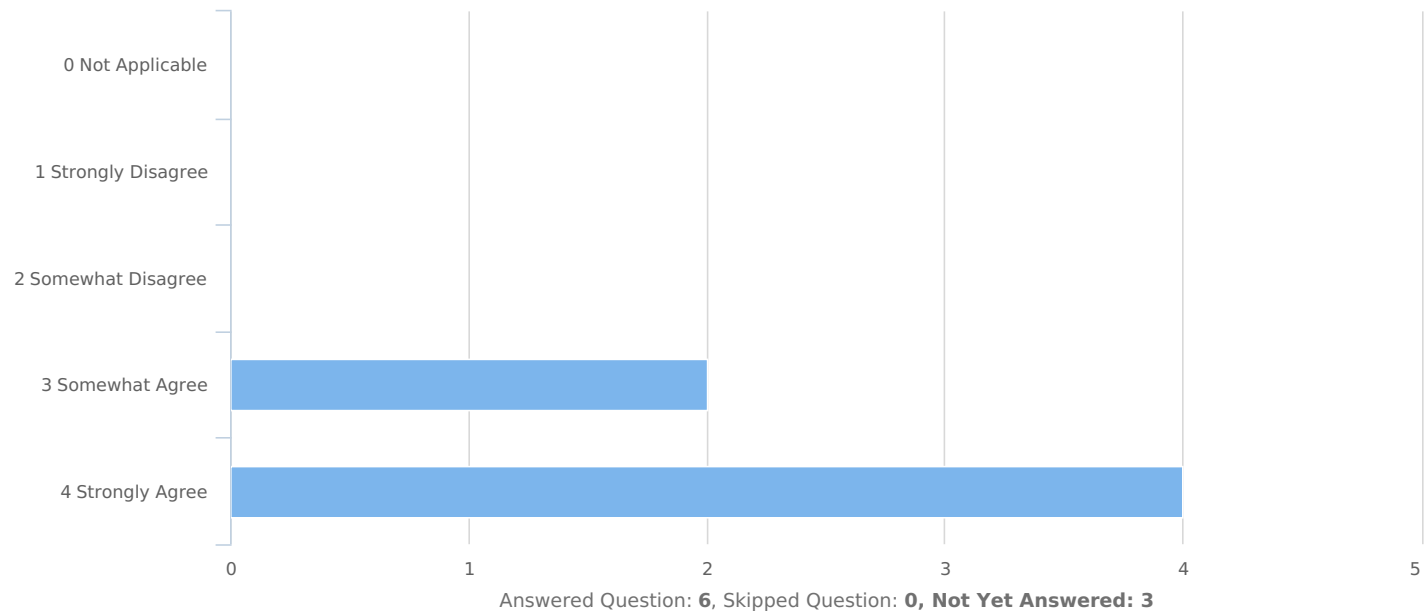
4. The MOH/CEO report was informative, timely and relevant to my governance role.



5. Overall, the Board meeting was conducted in an active and responsible manner.



6. Overall, the meeting allowed me to seek clarification and provide input into issues.



7. Comments: (For example: what did you like / dislike about the meeting, what are your suggestions to improve future meetings, etc.)

Showing 1 responses

The meeting moved along at a good pace, permitted everyone to take part and included an appropriate level of detail for an proper governance overview.

Answered Question: **1**, Skipped Question: **5**, **Not Yet Answered: 3**

Thank you for your valuable feedback.



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alPHA Annual Conference 2021

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Conference and Annual General Meeting
Ontario's Public Health System: Challenges – Changes – Champions
June 8, 2021

alPHA's 2021 Conference and Annual General Meeting is online this year. The event will continue the conversation on the critical role of Ontario's public health system and will include discussions on the response to COVID-19 and the future of public health. Don't forget to hold the date: June 8th!

A sponsorship package is available for the conference and can be accessed [here](#) .

Conference Information Now Available :

- Announcement flyer
- Notice and agenda for the 2021 alPHA Annual General Meeting
- Call for 2021 alPHA Resolutions
- Call for 2021 alPHA Distinguished Service Awards
- Call for Board of Health Nominations to the 2021-22 alPHA Board of Directors.

PROGRAM AND REGISTRATION INFORMATION COMING SOON!

Request for Photos

Do you have a photo showing alPHA members in action that we can share with attendees at the Annual Conference? We want to profile the key role that public health is playing in the pandemic response. Please send your images to: info@alphaweb.org

alPHA Fitness Challenge

The alPHA fitness challenge is back! And this time...no paperwork!

All members are encouraged to engage in masked and physically distant fitness activities (on their own or with those in their household) that are at least 30 minutes in length during the month of May. Participate and share a picture on your Twitter account, tagging @PHAgenecies #alPHA2021. You will be highlighted in the alPHA e-newsletter and during the AGM June 8th .

The Fitness Challenge flyer can be found [here](#) .

With Thanks to our Generous Sponsors!

Latest News [more](#)

2021-03-25

Ontario Budget 2021 - alPHA Summary

2020-11-12

Ontario Budget 2020 - alPHA Summary

2020-06-26

alPHA Statement - Health Equity and COVID-19

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2021-04-30

alPHA Executive Committee

2021-06-08

2021 AGM & CONFERENCE: Ontario's Public Health System Challenges - Changes - Champions

Online Surveys

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2021 alPHa FITNESS CHALLENGE

alPHa

Association of Local
PUBLIC HEALTH
Agencies



The alPHa Annual Fitness Challenge is coming soon! All members - Medical/Associate Medical Officers of Health, Board of Health members and Affiliates - are encouraged to engage in masked and socially-distant fitness activities (on their own or with those in their household) that are at least 30 minutes in length during the month of May. The more often that you do this, the better!

New for 2021 - We are making things simple. No more paperwork! Participate and share it on your Twitter account. Don't forget to include in your tweet: a picture, @PHAgencies and #alPHa2021. We will also profile your Fitness Challenge activities on alPHa's Twitter account, e-newsletter, website and at the alPHa Conference which is taking place online on June 8th.



READY - Decide on an activity.

SET - Participation of a minimum of 30 minutes of physical activity.

GO! - Post your tweets with pictures and include @PHAgencies and #alPHa2021

REPEAT! - Keep participating!

Easy Tips to Get Active!

At Home - Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, dig and pick up trash. Go out for a short walk before breakfast, after dinner or both! Start with 5-10 minutes and work up to 30 minutes.

At Work - Many of us have sedentary jobs and many of us are also working at home and missing the active transportation that we used to have going to and from work. Stand or walk around while talking on the telephone.

At Play - Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time: Do these regularly.

Thank you for participating in the 2021 alPHa Fitness Challenge!

**Chair's Report
Finance and Audit Committee
April 14, 2021**

1. 2020 Audit Findings and Financial Statement

The committee passed a motion to accept the Audit Findings Report as presented and forward to the Board for approval.

And I so move.

- a. Messrs. Marinovich and Paquette of KPMG provided an overview of the Audited Findings Report and stated that there were no significant adjustments required and no significant deficiencies noted.
- b. Mr. Merrylees provided an overview of the Draft Financial Statements for the period ending December 31, 2020, with comparables to 2019.
- c. A motion was passed to accept the Audited Financial Statements as presented and forward to the Board for approval.

And I so move.

Key points include;

- Financial Assets increased by just under \$1,000,000 while liabilities increased by less than \$100,000.
- Provincial grants were reduced by \$495,000 for public health \$360,000 for Community health.
- Other grants were reduced by \$450,000.
- Expenses increased by \$180,000
- The Operating deficit increased from \$461,000 to over \$900,000.
- The accumulated surplus was reduced from \$13.1 million to \$12.2 million.
- Net debt increased to \$6.3 million from \$6.1

2. Unaudited Financial Statements for February 28, 2021

- a. A motion was passed to accept the unaudited financial statement for the period ending February 28, 2021.

And I so move.

- b. Mr. Merrylees presented the unaudited Financial statement for the period ending February 28, 2021.

c. Key points include;

- Public Health revenues are projecting a \$7k positive variance
- Revenues are within budget.
- Mitigation funding from the province will continue in 2021.
- Salaries/Benefits and Travel are all below budget due to unfilled positions and lack of travel during the pandemic.
- Computer services Are under budget due to a shortage of personnel.

- Covid expenses to date are \$733,000, mainly due to salaries and benefits related to the pandemic.
- Mass immunization costs were \$245,000.
- Ministry of health reimbursed APH for extraordinary cost and will continue to do so.

3. Reserve Fund

- a. A motion was passed that states the committee had reviewed the policy and recommends that it be reviewed by the Governance committee after additional information has been supplied by staff.
- b. Due to the timelines involved, it is felt that the policy should be reviewed by the Board as a whole rather than the governance committee.
And I so move.

Algoma Vaccination Support Council Report April 28th meeting

This is a joint effort between the SSM Chamber of Commerce and Strive Young Professionals. The vision of the committee is to see high immunization levels in Algoma which will lead to the reopening of Algoma businesses, organizations, and tourism. There are currently 40 businesses represented from the Algoma region. Most of the representatives are from Sault Ste. Marie, however, the council is committed to supporting the vaccination efforts in the Algoma Region. We have been meeting weekly since the end of February.

At our weekly meetings, we have been getting updates from APH (thank you Leo), the Algoma Ontario Health Team, and our two subcommittees.

The Food and Beverage Subcommittee is overseeing feeding the volunteers lunch at our immunization clinics. The clinics include GFL, the Indian Friendship Centre, Batchewana, and Garden River. There is communication between the subcommittee and the APH nurses assigned to the district clinics. Several businesses have donated lunches and made donations. We are nearing \$20,000 re-injected into the local restaurants that are feeding the volunteers. The Chamber is accepting donations on their website, that would go towards more lunches for volunteers.

The Transportation Subcommittee, through the PUC, is offering taxis to those that need transportation. S&T and TD are offering gas cards to support volunteers. Volunteers on this committee and our service clubs are helping with getting meals delivered.

A third subcommittee – Communications – is getting organized. They are looking to elevate the evidence-based communications provided by APH, Health Canada, etc. There is particular interest in assisting with vaccine hesitancy. As members of the committee receive their vaccines, we have been asked to share a photo through the Chamber and Strive.

The Chamber has introduced a Rapid Test program, through the Ontario Chamber of Commerce. This is in the beginning stages.

A few of the larger organizations have expressed interest in hosting onsite vaccination clinics for their employees and their families, if this is possible.

At our next meeting. Liliana Bressan, and Jennifer Flood, from APH will present to the council on the topic of Vaccine Hesitancy and Workplaces.

Respectfully submitted

Louise Caicco Tett

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MUNICIPALITÉS[HOME](#) > [NEWS & MEDIA](#) > [NEWS RELEASES](#) > **FCM STATEMENT THE 2021 FEDERAL BUDGET**

FCM statement on the 2021 federal budget

April 19, 2021

The following statement was issued by Garth Frizzell, President of FCM after the Government of Canada tabled its 2021-22 budget today.

"From coast to coast to coast, cities and communities are the places where Canadians are living the realities of the pandemic. These are also the places where Canada's post-COVID recovery needs to take root. Today's federal budget recognizes this by equipping local leaders with some critical tools to help lead that nation-building effort.

"Key investments announced today will help cities and communities of all sizes create jobs, continue tackling homelessness challenges, and build a greener, more sustainable post-COVID Canada. Together with other recent federal commitments—including to local infrastructure and transit—this budget features measures that strengthen the municipal toolbox for recovery.

“This budget takes concrete steps to support rural communities. Those include new broadband funding to expand rural Internet access faster, as well as easier access to expanded funding for climate adaptation and disaster mitigation projects. This budget also responds directly to recommendations from FCM’s Western Economic Solutions Taskforce that will support hard-hit communities—including moving forward with major new investments in trade infrastructure and regional economic growth.

“Growing the Disaster Mitigation and Adaptation Fund, as FCM recommended, will unlock job-creating local projects to protect communities from new climate extremes. We also welcome the expansion of the federal-municipal Rapid Housing Initiative (RHI), along with additional emergency supports through the Reaching Home homelessness program. This RHI boost will help municipalities deliver affordable and supportive housing to more Canadians—through it does not yet meet the ambition of ending chronic homelessness. We’ll need to do much more together, quickly, to reach that shared goal.

“Leading up to today’s budget, the federal government also committed additional investment to municipalities to support Canada’s recovery. Doubling next year’s Gas Tax Fund transfer for infrastructure (as a new Canada Community-Building Fund) will empower communities of all sizes to create 20,000 jobs while improving people’s quality of life. As well, major near-term investments in public transit—urban and rural—will create jobs, reduce emissions and shorten commutes.

“As municipalities focus on supporting Canadians through the pandemic’s third wave, many still face operating budget shortfalls. FCM will continue to seek solutions with our federal, provincial and territorial partners—for the duration of the pandemic—so communities of all sizes are in a strong position to drive the green and inclusive recovery Canadians want.”

April 19, 2021

Looking forward to the FONOM Conference - GoNorth

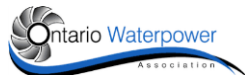
Tuesday, May 18th, 2021 – 8:30 am – 4:00 P.M.

Program Update

- FONOM – Annual General Meeting
- Prime Minister Justin Trudeau
- Premier Doug Ford
- SpaceX –Starlink Satellite
- TeleSat – Support for Broadband
- FedNor
- Frank Cowan Insurance
- City of Timmins – Support for the Green Economy
- AMO
- ROMA
- NOMA
- OGRA
- MPAC
- ONTC
- IESO
- Andrea Horwath
- Steven Del Duca
- Minister’s Forum (still accepting questions of Regional Importance)
- UtopiaVR chat rooms

With the support from our [Sponsors](#), there is no cost for this Conference.

No Registration Required



Community Future Northeast



Ministry of Transportation Bill, CSPA Regulations, Municipal Act Clarification, and Delegation Requests Open

Policy Update • April 27, 2021

New Road Safety Legislation

The Minister of Transportation, the Honourable Caroline Mulroney, introduced new road safety legislation in the Ontario Legislature yesterday. The Bill focuses on increasing and escalating penalties for stunt driving and street racing including higher fines, vehicle impoundment, demerit points, license suspensions, and mandatory courses.

The Bill also includes new changes aimed at regulating Ontario's towing industry, introducing a Director of Towing in the Ministry of Transportation (MTO), company, driver and vehicle standards, and protections for consumers. Currently some municipalities license tow truck operators to protect consumers. These local regimes will continue but could potentially be replaced by the provincial regulator in the coming years. MTO will be consulting with affected municipalities.

The Bill makes changes, also, to the incident collection requirements to track car doors hitting cyclists and electric scooters, and redefines power assisted bicycles. While AMO was hopeful that changes requested by municipal governments to increase *Highway Traffic Act* fines would be brought forward, these changes were not included in the Bill at this time. However, MTO is working to allow Administrative Monetary Penalties for red-light and Automated Speed Enforcement technology infractions under section 21.1 of the Act to be in place by July 1, 2022.

Community Safety and Policing Act, 2019 (CSPA) Regulations

The Ministry of the Solicitor General is consulting on new regulatory proposals that are necessary to bring the Act into force. Additional regulatory proposals will be posted in the future. The first five proposals are:

1. [Oaths and affirmations for police officers, First Nation Officers, special constables, auxiliaries, and police service board members,](#)
2. [Composition of the Ontario Provincial Police \(OPP\) Governance Advisory,](#)
3. [A review and revision period for community safety and well-being \(CSWB\) plans,](#)
4. [Suspension without pay,](#) and
5. [Chief's referral to the Law Enforcement Complaints Agency.](#)

Comments will be accepted until June 7, 2021. AMO will be reviewing and providing general comments on these regulations and members are encouraged to examine them and submit comments as appropriate.

Municipal Act, Section 357 (1) d and 323 (1) d Clarification

The Ministry of Finance has issued a clarification on Section 357 (1) d and 323 (1) d of the *Municipal Act* regarding property tax refund applications related to business shutdowns. AMO understands that a number of municipalities have received applications related to refund requests as a result of shut down orders to limit the spread of COVID-19.

The Ministry has informed AMO and other municipal associations that:

“While it is the responsibility of each local municipality to interpret and administer these sections for itself, it is the Ministry’s view that sections 357(1)(d) and 323(1)(d) are not intended to provide relief in a situation where a property **has not been physically damaged or demolished.**”

The Ministry notes that businesses affected by the shutdown may be able to apply for provincial property tax and energy rebates as well as the federal Canada Emergency Rent Subsidy (CERS) programs.

AMO Conference Delegation Meetings Open

Delegation meetings are a key feature of the AMO Conference. To request delegation meetings as part of your AMO 2021 Conference experience, please click [here](#). As an AMO Conference delegate, you can request a virtual meeting with a Minister or Parliamentary Assistant at the AMO Conference. The deadline to submit your request is **June 4, 2021**.

AMO's [COVID-19 Resources](#) page is being updated continually so you can find critical information in one place. Please send any of your municipally related pandemic questions to covid19@amo.on.ca.

Contact:

AMO COVID-19

covid19@amo.on.ca

T 416.971.9856

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Federal Budget Highlights, Revised COVID-19 Measures, and Red Tape Bill

APR 19, 2021 • POLICY UPDATE



COVID-19

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COVID-19

New COVID-19 Enforcement Measures and Two-Week Extension of Emergency Declaration, and Emergency Child Care

APR 16, 2021 • POLICY UPDATE



COVID-19

Municipal Code of Conduct Consultation Launched

APR 14, 2021 • POLICY UPDATE



Community Services

Legislative Services

April 27, 2021
File #120203

Sent via email: caroline.mulroney@pc.ola.org

The Honourable Caroline Mulroney, Minister of Transportation
5th Floor, 777 Bay Street
Toronto, ON M7A 1Z8

Honourable and Dear Madam:

Re: Township of The Archipelago - Road Management Action on Invasive Phragmites

Please be advised the Municipal Council of the Town of Fort Erie at its meeting of April 26, 2021 received and supported correspondence from the Township of The Archipelago dated April 9, 2021 requesting the Ontario Ministry of Transportation (MTO) to communicate the strategy on mapping (detecting sites) and controlling invasive Phragmites on provincial highways, the specific highway management plans and results by each MTO region and each highway in the region and work in coordination with the Township of The Archipelago and requests all levels of government to consider funding support to aid the Township of The Archipelago in managing invasive phragmites.

Attached please find a copy of the Township of The Archipelago's correspondence dated April 9, 2021.

Thank you for your attention to this matter.

Yours very truly,

Carol Schofield, Dipl.M.A.
Manager, Legislative Services/Clerk

cschofield@forterie.ca

CS:dlk

Attach

c.c.

The Honourable Jeff Yurek, Minister of Environment, Conservation and Parks jeff.yurekco@pc.ola.org

The Honourable Jonathan Wilkinson, Minister of Environment and Climate Change Canada ec.ministre-minister.ec@canada.ca

Christopher Balasa, Manager, Maintenance Management Office Christopher.balasa@ontario.ca

Wayne Gates, MPP, Niagara Falls wqates-co@ndp.on.ca

MPP Norman Miller. Norm.miller@pc.olg.org

Maryann Weaver, Municipal Clerk, Township of The Archipelago mweaver@thearchipelago.on.ca

Ontario Municipalities

Mailing Address:

The Corporation of the Town of Fort Erie
1 Municipal Centre Drive, Fort Erie ON L2A 2S6

Office Hours 8:30 a.m. to 5:00 p.m. Phone: (905) 871-1600 FAX: (905) 871-4022

Web-site: www.forterie.ca



Township of The Archipelago

9 James Street, Parry Sound ON P2A 1T4

Tel: 705-746-4243/Fax: 705-746-7301

www.thearchipelago.on.ca

April 9, 2021

21-073

**Moved by Councillor Barton
Seconded by Councillor Manner**

RE: Road Management Action On Invasive Phragmites

WHEREAS Phragmites australis (Phragmites) is an invasive perennial grass that continues to cause severe damage to wetlands and beaches in areas around the Great Lakes including Georgian Bay; and

WHEREAS Phragmites australis grows and spreads rapidly, allowing the plant to invade new areas and grow into large monoculture stands in a short amount of time, and is an allelopathic plant that secretes toxins from its roots into the soil which impede the growth of neighboring plant species; and

WHEREAS Phragmites australis results in loss of biodiversity and species richness, loss of habitat, changes in hydrology due to its high metabolic rate, changes in nutrient cycling as it is slow to decompose, an increased fire hazard due to the combustibility of its dead stalks, and can have an adverse impact on agriculture, particularly in drainage ditches; and

WHEREAS invasive Phragmites has been identified as Canada's worst invasive plant species by Agriculture and Agrifood Canada; and

WHEREAS the Ontario government has made it illegal to import, deposit, release, breed/grow, buy, sell, lease or trade invasive Phragmites under the Invasive Species Act; and

WHEREAS Phragmites occupy over 4,800 hectares of land around Lake St. Clair alone, while 212 hectares of Phragmites occupy land along the St. Lawrence River. The Georgian Bay Area is particularly affected by Phragmites australis, with more than 700 stands along the shorelines and multiple visible stands on the highways and roads that threaten valuable infrastructure and wetland areas; and

WHEREAS volunteers, non-governmental organizations, and various municipalities have invested tens of thousands of dollars in investments and labour annually for more than eight years in executing managements plans to control invasive Phragmites on roads, coasts, shorelines and in wetlands; and

WHEREAS roads and highways where Phragmites that are left untreated become spread vectors that continually risk new and treated wetlands and coastal shoreline areas; and

WHEREAS according to “Smart Practices for the Control of Invasive Phragmites along Ontario’s Roads” by the Ontario Phragmites Working Group, best road management practices for Phragmites australis include early detection, herbicide application, and cutting; and

WHEREAS these best management practices are most effective when used in a multi-pronged approach as opposed to when used as stand-alone control measures; and

WHEREAS mother nature does not recognize political boundaries. Therefore, it is imperative that Municipalities, Districts, the Province, and the Federal government work together in collaboration to eradicate Canada’s worst invasive plant species Phragmites australis;

NOW THEREFORE BE IT RESOLVED that Council for the Corporation of the Township of The Archipelago directs its staff to implement best management practices to promote early detection of invasive Phragmites, and to implement best management practices for invasive Phragmites, and to join the Ontario Phragmites Working Group to collaborate on the eradication of Phragmites in Ontario.

BE IT FURTHER RESOLVED that Council for the Corporation of the Township of The Archipelago directs staff to insert clean equipment protocols into tenders and that there is oversight that the protocols are followed; and

BE IT FURTHER RESOLVED that Council for the Corporation of the Township of The Archipelago requests the Ontario Ministry of Transportation to map and treat invasive Phragmites annually on all its highways; and

BE IT FURTHER RESOLVED that the Ontario Ministry of Transportation (MTO) communicates the strategy on mapping (detecting sites) and controlling invasive Phragmites on provincial highways, the specific highway management plans and results by each MTO region and each highway in the region and work in coordination with the Township of The Archipelago; and

BE IT FURTHER RESOLVED that Council for the Corporation of the Township of The Archipelago directs its staff to send this resolution to all municipalities that are part of the Georgian Bay watershed, to all municipalities in the Great Lakes watershed, to the Minister of Transportation, Christopher Balasa the Manager, Maintenance Management Office, and MPP Norman Miller.

BE IT FINALLY RESOLVED that Council for the Corporation of the Township of The Archipelago requests all levels of government to consider funding support to aid the Township of The Archipelago in managing invasive phragmites; and directs staff to send a copy of this resolution to the Ontario Minister of Environment, Conservation and Parks and the Minister of Environment and Climate Change Canada.

Carried.



Community Services

Legislative Services

April 27, 2021
File #120203

Sent via email: premier@ontario.ca

The Honourable Doug Ford, Premier of Ontario
Legislative Building
Queen's Park
Toronto, ON M7A 1A1

Honourable and Dear Sir:

Re: Province Investigating and Updating Source Water Protection Legislation

Please be advised the Municipal Council of the Town of Fort Erie at its meeting of April 26, 2021 passed the following resolution:

Whereas the Municipal Council of the Town of Fort Erie passed a resolution on October 21st, 2019 identifying that 1,100 private water wells were in operation in the Town of Fort Erie, of which 75% were used for domestic purposes including human and livestock consumption, and

Whereas the Municipal Council of the Town of Fort Erie further identified in that resolution that Council requires the protection of water in the aquifer supplying water to those wells from contamination as the result of any remediation of Pit One owned by the Port Colborne Quarries in the City of Port Colborne, and further

Whereas Report No. PDS-23-2021, approved by Council on March 22, 2021, identified that while the Niagara Peninsula Conservation Authority, The Regional Municipality of Niagara and Local Area Municipalities work together to protect source water, these plans do not generally apply to private servicing, and

Whereas Report No. PDS-23-2021 further identified efforts undertaken by the Town of Fort Erie through available provincial planning policy, regulation and legislation to protect source water within the Town of Fort Erie without any explicit ability to designate source water protection for private services, and

Whereas on July 28, 2010, through Resolution 64/292, the United Nations General Assembly explicitly recognized the human right to water and sanitation and acknowledged that clean drinking water and sanitation are essential to the realization of all human rights, and

.../2

Whereas it would be desirable to ensure that those in our community who rely on wells and other private servicing for clean drinking water are afforded the same source water protection as municipal drinking water systems;

Now therefore it be resolved,

That: The Municipal Council of the Town of Fort Erie recognizes and acknowledges that clean drinking water and sanitation are basic human rights and essential to the realization of all human rights, and further


That: The Municipal Council of the Town of Fort Erie requests that the Ministry of Environment, Conservation and Parks consider legislative changes that would permit the expansion of source water protection to aquifers and private services, and further

That: This resolution be circulated to The Honourable Doug Ford, Premier of Ontario, the Honourable Jeff Yurek, Minister of the Environment, Conservation and Parks, Wayne Gates, MPP Niagara Falls, Jeff Burch, MPP Niagara Centre, Jennifer Stevens, MPP St. Catharines and Sam Oosterhoff, MPP Niagara West, and further

That: This resolution be circulated to all Conservation Authorities and Municipalities in Ontario for their endorsement and support.

Thank you for your attention to this matter.

Yours very truly,



Carol Schofield, Dipl.M.A.
Manager, Legislative Services/Clerk

cschofield@forterie.ca

CS:dlk

c.c.

The Honourable Jeff Yurek, Minister of Environment, Conservation and Parks jeff.yurekco@pc.ola.org

Jeff Burch, MPP, Niagara Centre jburch-gp@ndp.on.ca

Sam Oosterhoff, MPP, Niagara West sam.oosterhoff@pc.ola.org

Jennifer Stevens, MPP, St. Catharines JStevens-co@ndp.on.ca

Wayne Gates, MPP, Niagara Falls wgates-co@ndp.on.ca

Ontario Conservation and all Ontario Conservation Authorities: kgavine@conservationontario.ca; bhomer@abca.ca; kfurlanetto@crca.ca; generalmanager@catfishcreek.ca; @cloca.com; mvytyvtskyy@hrca.on.ca; deb.martindowns@cvc.ca; tim.pidduck@crowevalley.com; tbyrne@erca.org; llaliberte@grca.on.ca; karmstrong@grandriver.ca; t.lanthier@greysauble.on.ca; Lisa.Burnside@conservationhamilton.ca; majchrowski@kawarthaconservation.com; elizabeth@kettlecreekconservation.on.ca; cullen@lsrca.on.ca; tammy@lakeheadca.com; jmaxwell@lprca.on.ca; mark.peacock@lvca.ca; kelly.vandette@ltc.on.ca; beard@mvca.on.ca; David.Vallier@mattagamiregion.ca; smcintyre@mvc.on.ca; csharma@npca.ca; carl.jorgensen@conservationsudbury.ca; brian.tayler@nbmca.ca; dhevenor@nvca.on.ca; dlandry@otonabeeconservation.com; bmcnevin@quinteconservation.ca; richard.pilon@rrca.on.ca; sommer.casgrain-robertson@rvca.ca; j.stephens@svca.on.ca; cbarrett@ssmrca.ca; acoleman@nation.on.ca; bmcdougall@scrca.on.ca; John.MacKenzie@trca.ca; annett@thamesriver.on.ca

Ontario Municipalities

CORPORATION OF THE MUNICIPALITY OF CALVIN

Resolution

DATE: April 13, 2021 NO. 2021-097

MOVED BY Heather Olmstead

SECONDED BY Sandy Cross

“THAT the Council of the Corporation of the Municipality of Calvin supports the Norfolk County Agricultural Advisor Board’s letter dated December 20, 2020 regarding the application of the carbon tax on primary agriculture producers, and;

THAT this resolution be sent to the Premier of Ontario, the Minister of Environment and Climate Change, the Honourable Vic Fedeli, MPP and circulated to all municipalities in Ontario. ”



CARRIED _____

DIVISION VOTE

<u>NAME OF MEMBER OF COUNCIL</u>	<u>YEA</u>	<u>NAY</u>
<u>Coun Cross</u>	<u>X</u>	<u> </u>
<u>Coun Maxwell</u>	<u>X</u>	<u> </u>
<u>Coun Olmstead</u>	<u>X</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u>Mayor Pennell</u>	<u>X</u>	<u> </u>



Norfolk County
Officer of the Mayor
Governor Simcoe Square
50 Colborne St., S.
Simcoe, Ontario N3Y 4H3
519-426-5870
Fax: 519-426-7633
norfolkcounty.ca

February 23, 2021

The Honourable Jonathan Wilkinson
Minister of Environment and Climate Change
House of Commons
Ottawa, ON K1A 0A6

The Honourable Marie-Claude Bibeau
Minister of Agriculture and Agri-Food
House of Commons
Ottawa, ON K1A 0A6

Dear Ministers,

I am writing to advise that Norfolk County Council supports the attached Norfolk County Agricultural Advisory Board's letter regarding the application of the carbon tax on primary agriculture producers. It is the recommendation of Norfolk County Council that the Federal Government consider the concerns of the agricultural community and move to exempt all primary agriculture producers from current and future carbon taxes. Please find attached the full recommendation.

Thank you for your attention,

Yours truly,

A handwritten signature in black ink that reads "Kristal Chopp".

Kristal Chopp
Mayor, Norfolk County

P.c. Norfolk County Council
Association of Municipalities of Ontario
Federation of Canadian Municipalities
Ontario Municipalities

Dec 7, 2020

The Honourable Marie-Claude Bibeau, MP
Minister of Agriculture and Agri-Food House of Commons
Ottawa, Ontario
K1A 0A6

Dear Minister Bibeau

Our agricultural advisory board (AAB) who represents the agricultural sector in Norfolk County, Ontario is very concerned about the federal government's current carbon pricing policies. It is our hope that you consider our concerns and move to exempt all primary agriculture producers from current and future carbon taxes.

Carbon tax remains as a major cost of production for producers in Norfolk County. Although some farm fuel purchases are exempt, it is selective and does not meet the needs of the entire agriculture industry. Currently crop drying, heating/cooling of livestock barns and cooling of perishable commodities are still subject to full carbon taxes.

Currently there are no replacements for fossil fuels in agricultural production. As a result, carbon tax policies are not appropriate for the agricultural sector and only decrease farm margins.

Norfolk County which is known as Ontario's garden is home to one of the country's largest diversity of crop production. In addition to the extensive vegetable, fruit and grain production it boasts some of the highest ecological diverse natural habitats, plants and animals in Canada. There is approximately 25% tree cover in the county which is the highest percentage of forested land in Southwestern Ontario. Norfolk County It is also home to over 10,000 acres of woodlots and wetlands protected under Long Point Conservation Authority. In addition to the natural woodlots and wetlands there is also extensive fruit production with 2000 acres of apples and 1000 acres of sour cherries. A mature orchard can fix upwards of 18 mt of CO₂ annually.

The adoption of production practices to protect the soil and environment are advanced in Norfolk County. There has been a wide implementation of cover cropping, planting green and reduced tillage practices all of which sequester carbon. Additional farming practices of 4R nutrient management coupled with precision technology ensure that appropriate nutrients are applied at the right time, place and rate. In many cases sensitive water sources around ponds and wetlands are planted with buffer strips and soil erosion control measures of grassed waterways and windbreaks are also common practices. ALUS (alternative land use) programs have been embraced across the county, taking unproductive land out of production, and returning it to natural native grass plantings, trees and constructed wetlands. Currently there are 1148 active projects with 189 producers covering 1573 acres in Norfolk County managed under the ALUS program.

The agriculture industry has made great strides to protect the environment and will continue to improve production practices that reduces the carbon footprint in food production.

The AAB board believes that all on farm fuels used in agricultural production should be exempt from carbon tax. This should include natural gas, propane, gas, and diesel. We strongly urge the government to be consistent with a sector wide exemption to current carbon tax policies.

Sincerely,

Dustin Zamecnik
Chair of Norfolk County Agriculture Advisory Board