

M-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2017

B E T W E E N:

SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

The Canadian Red Cross Society (the "HSP")

WHEREAS the LHIN and the HSP (together the "Parties") entered into a multi-sector service accountability agreement that took effect April 1, 2014 (the "M-SAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the M-SAA for a twelve month period to March 31, 2018;

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows.

1.0 Definitions. Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the M-SAA. References in this Agreement to the M-SAA mean the M-SAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The M-SAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(a) The following terms have the following meanings.

For the Funding Year beginning April 1, 2017, "**Schedule**" means any one, and "**Schedules**" means any two or more as the context requires, of the Schedules in effect for the Funding Year that began April 1, 2016 ("2016-17"), except that any Schedules in effect for the 2016-17 with the same name as Schedules listed below and appended to this Agreement are replaced by those Schedules listed below and appended to this Agreement.


Schedule A: Description of Services
Schedule B: Service Plan
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E: Performance
Schedule F: Project Funding Agreement Template
Schedule G: Compliance

2.3 Term. This Agreement and the M-SAA will terminate on March 31, 2018.


- 3.0 Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the M-SAA shall remain in full force and effect.
- 4.0 Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK

By: 

 Lori Van Opstal, Interim Board Chair Date MAR 22 2017

And by: 

 Michael Barrett, CEO Date MAR 22 2017

**The Canadian Red Cross Society
 Community Health Services, Canadian Red Cross, Woodstock Branch**

By: 

 Sara John Fowler, Chair, National Board Date Feb 28/17

And by: 

 Confad Sauve, President and CEO Date Feb 27th 2017

Schedule A2: Population and Geography

2017-2018

Health Service Provider: The Canadian Red Cross Society

Client Population

The Home At Last (HAL) Program provides services to seniors aged 60 years or older. The Transportation program provides services to seniors aged 60 years or older who have limited physical mobility or adults aged 18 years or older with limited physical mobility due to a physical disability. Assisted Living Services are provided to seniors aged 50 and older who require support with some personal support and homemaking to live independently in the community. CRCS provides services to all eligible clients regardless of cultural or linguistic background. We currently have clients who are Dutch, Polish, Hungarian, German and Ukrainian. The majority of our clients speak English. We have French speaking staff/volunteers for clients who request services in French. We do not currently provide service to clients who have identified with a specific Aboriginal Community. CRCS's expected client outcomes are for clients to experience improved health status, wellbeing and/or independence and a reduction in ER visits/hospital admissions through the programs offered.

Geography Served

CRCS has 5 Branch locations across the SouthWest LHIN geography. Branches are open Monday-Friday from 8:30 am to 4:30 pm and are located at: 810 Commissioners Road East, London, ON; 141 Wellington Street, St. Thomas, ON; 77 Finkle Street, Woodstock, ON; 100 Gordon Street, Stratford, ON; 1139-1101 2nd Avenue, Owen Sound, ON. Our Assisted Living Services are provided 24 hours a day/7 days week/365 days/year. The buildings are located at: (WOODSTOCK): 83 Kent Street; 110 Beale Street; 625,675,685 Canterbury Street. (ST. THOMAS): 200 Chestnut St; 130, 140, 294, 330, Talbot Street; 410 Wellington St, surrounding geo area for HUB model. (LISTOWEL): the Queen/Derry apartment complex. The Home At Last Program operates on extended referral hours in evenings and on weekends. Transportation program operate 7 days a week with extended hours for medical appointments.

**Schedule B1: Total LHIN Funding
2017-2018**

Health Service Provider: The Canadian Red Cross Society

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHS VERSION 10.0	2017-2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$1,696,677
HBAM Funding (CCAC only)	2	F 11005	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0
MOHLTC Base Allocation	4	F 11010	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0
LHIN One Time	6	F 11008	\$0
MOHLTC One Time	7	F 11012	\$0
Paymaster Flow Through	8	F 11019	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$72,392
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$1,769,069
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$0
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$15,000
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$15,000
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14
			\$1,784,069
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,226,944
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$222,942
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$0
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$0
Physiotherapist Compensation (Row 128)	23	F 350*	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0
Sessional Fees	26	F 39092	\$0
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$286,013
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$0
Amortization on Major Equip, Software License & Fees	31	F 750*, 780*	\$32,362
Contracted Out Expense	32	F 8*	\$30,536
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$17,634
Building Amortization	34	F 9*	\$0
TOTAL EXPENSES	FUND TYPE 2	35	Sum of Rows 17 to 34
			\$1,816,431
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	(\$32,362)
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$32,362
SURPLUS/(DEFICIT) Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	\$131,722
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$131,722
NET SURPLUS/(DEFICIT)	FUND TYPE 3	41	Row 39 minus Row 40
			\$0
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	42	F 1*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT)	FUND TYPE 1	44	Row 42 minus Row 43
			\$0
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$1,948,153
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$1,948,153
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	47	Row 45 minus Row 46
			\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	\$0
Plant Operations	49	72 1*	\$17,634
Volunteer Services	50	72 1*	\$2,120
Information Systems Support	51	72 1*	\$0
General Administration	52	72 1*	\$325,107
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$344,861
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	72 5 07	\$0
Total Admin & Undistributed Expenses	57	Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)	\$344,861

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: The Canadian Red Cross Society

Service Category Budget	OHRB Framework Level's	FTE/Time equivalents (FTE)	Hours For Tel, In-Home, Cook, Out	Not Uniquely Identified Services Peripha or Interactions	Hours of Care in-Hours & Contracted Out	Spaced/Residence Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (if group sessions not individual)	Meal Delivered-Combined	Group Participants Attendees (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
CSS In-Home and Community Services (CSS IH COM)	72 5 62*	26.48	6,574	0	850	13,870	721	0	0	0	0	0	0	0

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: The Canadian Red Cross Society

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk *.

OHRs/MIS Trial Balance Submission (through OHFS)	
2014-2015	Due Dates (Must pass 3c Edits)
2014-15 Q1	<i>Not required 2014-15</i>
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
2015-16	Due Dates (Must pass 3c Edits)
2015-16 Q1	<i>Not required 2015-16</i>
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	Due Dates (Must pass 3c Edits)
2016-17 Q1	<i>Not required 2016-17</i>
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017
2017-18	Due Dates (Must pass 3c Edits)
2017-18 Q1	<i>Not required 2017-18</i>
2017-18 Q2	October 31, 2017
2017-18 Q3	January 31, 2018
2017-18 Q4	May 31, 2018

Supplementary Reporting - Quarterly Report (through SRI)	
2014-2015	Due five (5) business days following Trial Balance Submission Due Date
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
2015-2016	Due five (5) business days following Trial Balance Submission Due Date
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
2016-2017	Due five (5) business days following Trial Balance Submission Due Date
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
2017-18	Due five (5) business days following Trial Balance Submission Due Date
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

Schedule C: Reports
Community Support Services
2017-2018

Health Service Provider: The Canadian Red Cross Society

Annual Reconciliation Report (ARR) through SRI and paper copy submission* (All HSPs must submit both paper copy ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI)	
Fiscal Year	Due Date
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017
2017-18 ARR	June 30, 2018

Board Approved Audited Financial Statements *	
(All HSPs must submit both paper copy Board Approved Audited Financial Statements, to the Ministry and the respective LHIN where funding is provided; soft copy to be uploaded to SRI)	
Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Declaration of Compliance	
Fiscal Year	Due Date
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Community Support Services – Other Reporting Requirements	
Requirement	Due Date
French Language Service Report	2014-15 - April 30, 2015
	2015-16 - April 30, 2016
	2016-17 - April 30, 2017
	2017-18 - April 30, 2018

Schedule D: Directives , Guidelines and Policies

Community Support Services

2017-2018

Health Service Provider: The Canadian Red Cross Society

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

• Personal Support Services Wage Enhancement Directive, 2014
• 2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• 2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• 2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement
• Community Financial Policy, 2015
• Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
• Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
• Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012
• Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
• Community Support Services Complaints Policy (2004)
• Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
• Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
• Screening of Personal Support Workers (2003)
• Ontario Healthcare Reporting Standards – OHRs/MIS – most current version available to applicable year
• Guideline for Community Health Service Providers Audits and Reviews, August 2012

Schedule E1: Core Indicators

2017-2018

Health Service Provider: The Canadian Red Cross Society

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	≥0
Proportion of Budget Spent on Administration	19.0%	≤22.8%
**Percentage Total Margin	0.00%	≥ 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	N/A	-
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	N/A	-
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
<p>* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget</p> <p>** No negative variance is accepted for Total Margin</p>		

Schedule E2a: Clinical Activity- Detail

2017-2018

Health Service Provider: The Canadian Red Cross Society

OHRs Description & Functional Centre		2017-2018	
		Target	Performance Standard
These values are provided for information purposes only. They are not Accountability Indicators.			
Administration and Support Services 72 1*			
* Full-time equivalents (FTE)	72 1*	2.06	n/a
Total Cost for Functional Centre	72 1	\$344,861	n/a
CSS IH - Case Management 72 5 82 09			
* Full-time equivalents (FTE)	72 5 82 09	0.77	n/a
Visits	72 5 82 09	344	275 - 413
Individuals Served by Functional Centre	72 5 82 09	180	144 - 216
*Total Cost for Functional Centre	72 5 82 09	\$46,549	n/a
CSS IH - Transportation - Client 72 5 82 14			
* Full-time equivalents (FTE)	72 5 82 14	2.12	n/a
Visits	72 5 82 14	6,230	5919 - 6542
Individuals Served by Functional Centre	72 5 82 14	300	240 - 360
*Total Cost for Functional Centre	72 5 82 14	\$172,728	n/a
CSS IH - Homemaking 72 5 82 31			
* Full-time equivalents (FTE)	72 5 82 31	3.58	n/a
Hours of Care	72 5 82 31	850	723 - 978
Individuals Served by Functional Centre	72 5 82 31	200	160 - 240
*Total Cost for Functional Centre	72 5 82 31	\$219,252	n/a
CSS IH - Assisted Living Services 72 5 82 45			
* Full-time equivalents (FTE)	72 5 82 45	20.01	n/a
Inpatient/Resident Days	72 5 82 45	13,870	13177 - 14564
Individuals Served by Functional Centre	72 5 82 45	41	33 - 49
*Total Cost for Functional Centre	72 5 82 45	\$1,033,041	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		28.54	n/a
Total Visits for all F/C		6,574	6245 - 6903
Total Hours of Care for all F/C		850	723 - 978
Total Inpatient/Resident Days for all F/C		13,870	13177 - 14564
Total Individuals Served by Functional Centre for all F/C		721	613 - 829
Total Cost for All F/C		1,816,431	n/a

Schedule E2d: CSS Sector Specific Indicators

2017-2018

Health Service Provider: The Canadian Red Cross Society

Performance Indicators	2017-2018 Target	Performance Standard
No Performance Indicators	-	-
Explanatory Indicators		
# Persons waiting for service (by functional centre)		

**Schedule E3 FLS Local: Non-Identified Organizations
2017-2018**

Health Service Provider: The Canadian Red Cross Society

French Language Services (FLS)--Non-Identified Health Service Providers (HSP)

- HSPs to work towards use of specified linguistic variable from FLS toolkit to identify, track and report annually on the number of Francophone clients served
- HSPs to submit report on progress towards identifying Francophone clients and ability to begin reporting for 2018/19 (by January 2018)

**Schedule E3a Local: All
2017-2018**

Health Service Provider: The Canadian Red Cross Society

The Healthline.ca

South West LHIN Health Service Providers agree to regularly update, and annually review, site-specific programs and services information, as represented within thehealthline.ca website.

Indigenous Cultural Safety Training

Health Service Providers are to establish an annual training plan to identify and track the # of staff that register and complete the online Indigenous Cultural Safety (ICS) training course.

Reporting Obligations:

Health Service Providers are required to submit a ICS Training Plan by June 30, 2017 (template available on South West LHIN website by April 1, 2017).

Schedule F: Project Funding

2017-2018

Health Service Provider: The Canadian Red Cross Society

Project Funding Agreement Template

Note: This project template is intended to be used to fund one-off projects or for the provision of services not ordinarily provided by the HSP. Whether or not the HSP provides the services directly or subcontracts the provision of the services to another provider, the HSP remains accountable for the funding that is provided by the LHIN.

THIS PROJECT FUNDING AGREEMENT ("PFA") is effective as of [insert date] (the "Effective Date") between:

XXX LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

- and -

[Legal Name of the Health Service Provider] (the "HSP")

WHEREAS the LHIN and the HSP entered into a service accountability agreement dated [insert date] (the "SAA") for the provision of Services and now wish to set out the terms of pursuant to which the LHIN will fund the HSP for [insert brief description of project] (the "Project");

NOW THEREFORE in consideration of their respective agreements set out below and subject to the terms of the SAA, the parties covenant and agree as follows:

1.0 Definitions. Unless otherwise specified in this PFA, capitalized words and phrases shall have the meaning set out in the SAA. When used in this PFA, the following words and phrases have the following meanings:

"Project Funding" means the funding for the Services;

"Services" mean the services described in Appendix A to this PFA; and

"Term" means the period of time from the Effective Date up to and including [insert project end date].

2.0 Relationship between the SAA and this PFA. This PFA is made subject to and hereby incorporates the terms of the SAA. On execution this PFA will be appended to the SAA as a Schedule.

3.0 The Services. The HSP agrees to provide the Services on the terms and conditions of this PFA including all of its Appendices and schedules.

4.0 Rates and Payment Process. Subject to the SAA, the Project Funding for the provision of the Services shall be as specified in Appendix A to this PFA.

Schedule F: Project Funding

2017-2018

Health Service Provider: The Canadian Red Cross Society

Project Funding Agreement Template

5.0 Representatives for PFA.

(a) The HSP's Representative for purposes of this PFA shall be [insert name, telephone number, fax number and e-mail address.] The HSP agrees that the HSP's Representative has authority to legally bind the HSP.

(b) The LHIN's Representative for purposes of this PFA shall be: [insert name, telephone number, fax number and e-mail address.]

6.0 Additional Terms and Conditions. The following additional terms and conditions are applicable to this PFA.

(a) Notwithstanding any other provision in the SAA or this PFA, in the event the SAA is terminated or expires prior to the expiration or termination of this PFA, this PFA shall continue until it expires or is terminated in accordance with its terms.

(b) [insert any additional terms and conditions that are applicable to the Project]

IN WITNESS WHEREOF the parties hereto have executed this PFA as of the date first above written.

[insert name of HSP]

By:

[insert name and title]

Local Health Integration Network

By:

[insert name and title]

**Schedule F: Project Funding
2017-2018**

Health Service Provider: The Canadian Red Cross Society

Project Funding Agreement Template

APPENDIX A: SERVICES

- 1. DESCRIPTION OF PROJECT**
- 2. DESCRIPTION OF SERVICES**
- 3. OUT OF SCOPE**
- 4. DUE DATES**
- 5. PERFORMANCE TARGETS**
- 6. REPORTING**
- 7. PROJECT ASSUMPTIONS**
- 8. PROJECT FUNDING**

8.1 The Project Funding for completion of this PFA is as follows:

8.2 Regardless of any other provision of this PFA, the Project Funding payable for the completion of the Services under this PFA is one-time finding and is not to exceed [X].

Schedule G: Declaration of Compliance

2017-2018

Health Service Provider: The Canadian Red Cross Society

DECLARATION OF COMPLIANCE
Issued pursuant to the M-SAA effective April 1, 2014

To: The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the "LHIN"). Attn: Board Chair.
From: The Board of Directors (the "Board") of the [insert name of HSP] (the "HSP")
Date: [insert date]
Re: [insert date range - April 1, 2016 –March 31, 2017] (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the HSP on a day to day basis, e.g. the Chief Executive Officer or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

[insert name of Chair], [insert title]