

FOR REVIEW

Governance Manual By-laws & Policies

June 08, 2017

<u>G-000</u>	Board of Health	By-law, Policy and Procedures <ul style="list-style-type: none"> ➤ Appendix A - Development and Review Process ➤ Appendix B - Development and Review Checklist ➤ Appendix C - Development and Review Form ➤ Appendix D - Development and Review Change Table ➤ Appendix E - Archiving Process 	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-B10</u>	By-Laws	By-law #1 - Management of Property	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-B20</u>	By-Laws	By-law #2 - Banking & Finance	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-B30</u>	By-Laws	By-law #3 - Proceedings of the Board of Health	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-B40</u>	By-Laws	By-law #4 - Duties of the Auditor	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-010</u>	Strategic Direction	Strategic Planning	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-020</u>	Leadership and Board Management	MOH / CEO Direction	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-030</u>	Leadership and Board Management	MOH / CEO Position Description <ul style="list-style-type: none"> ➤ Appendix A – MOH / CEO Position Description 	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-040</u>	Leadership and Board Management	MOH / CEO Selection and Succession Planning	Deferred	<ul style="list-style-type: none"> • To be reviewed by governance at June meeting • Requires additional background work and research
<u>G-050</u>	Leadership and Board Management	MOH / CEO Performance Appraisal <ul style="list-style-type: none"> ➤ Appendix A - Performance Appraisal Process ➤ Appendix B - Performance appraisal check-list ➤ Appendix C - Main performance appraisal form to be completed by the appraisers and the MOH / CEO ➤ Appendix D - Stakeholder performance appraisal tools process outline ➤ Appendix E - Sample email and performance appraisal questions for Board of Health members ➤ Appendix F - Sample email and performance appraisal questions for Direct Reports 	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018

		➤ Appendix G - Sample email and performance appraisal questions for Community Partners		
<u>G-060</u>	Leadership and Board Management	MOH / CEO Compensation	Q4 – 2017	• TBD
<u>G-070</u>	Leadership and Board Management	MOH / CEO Reimbursement and Travel	Q4 – 2017	• TBD
<u>G-080</u>	Program Quality and Effectiveness	Occupational Health and Safety - Framework	Deferred	<ul style="list-style-type: none"> • To be reviewed by governance at June meeting • Requires additional background work and research
<u>G-090</u>	Program Quality and Effectiveness	Quality Improvement - Framework	Q4 – 2017	• TBD
<u>G-100</u>	Program Quality and Effectiveness	Privacy & Security of Information ➤ Appendix A - Municipal Freedom of Information and Protection of Privacy Act Declaration	For GC Review	• New policy
<u>G-110</u>	Program Quality and Effectiveness	Performance Monitoring	Q3 – 2017	• TBD
<u>G-120</u>	Program Quality and Effectiveness	Risk Management	Approved	• New policy
<u>G-130</u>	Program Quality and Effectiveness	Ethics	Q3 – 2017	• TBD
<u>G-140</u>	Program Quality and Effectiveness	Respect for Diversity	Q3 – 2017	• TBD
<u>G-150</u>	Program Quality and Effectiveness	Complaints	Q3 - 2017	• TBD
<u>G-160</u>	Program Quality and Effectiveness	Jordan's Principle	Approved	• To be reviewed before December 2018
<u>G-170</u>	Financial and Organizational Accountability	Financial Objectives	-	• Content for this policy has been detailed in G-180 and is no longer necessary
<u>G-180</u>	Financial and Organizational Accountability	Financial Planning and Performance	For FFC Review	• New policy

<u>G-190</u>	Financial and Organizational Accountability	Asset Protection	To GC / BOH for Approval	<ul style="list-style-type: none"> Revised from previously existing administrative policy
<u>G-200</u>	Financial and Organizational Accountability	Approval and Signing Authority	Approved	<ul style="list-style-type: none"> To be reviewed before December 2018
<u>G-210</u>	Financial and Organizational Accountability	Investing	For FFC Review	<ul style="list-style-type: none"> New policy Recommend to GC for BOH approval
<u>G-260</u>	Financial and Organizational Accountability	Borrowing	Deferred	<ul style="list-style-type: none"> Seeking additional information
<u>G-220</u>	Financial and Organizational Accountability	Contractual Services ➤ Appendix A – Approval Directory	Approved	<ul style="list-style-type: none"> To be reviewed before December 2018
<u>G-230</u>	Financial and Organizational Accountability	Procurement ➤ Procurement Protocols	Approved	<ul style="list-style-type: none"> To be reviewed before December 2018
<u>G-240</u>	Financial and Organizational Accountability	Tangible Capital Assets	To GC / BOH for Approval	<ul style="list-style-type: none"> Revised from previously existing administrative policy
<u>G-250</u>	Financial and Organizational Accountability	Reserve and Reserve Funds	To GC / BOH for Approval	<ul style="list-style-type: none"> Revised from previously existing administrative policy
<u>G-310</u>	Financial and Organizational Accountability	Corporate Sponsorship	For FFC Review	<ul style="list-style-type: none"> Replaces policy 4-070 Recommend to GC for BOH approval
<u>G-320</u>	Financial and Organizational Accountability	Donations	To GC / BOH for Approval	<ul style="list-style-type: none"> Replaces policy 4-160
<u>G-330</u>	Financial and Organizational Accountability	Gifts and Honorariums	For FFC Review	<ul style="list-style-type: none"> Replaces policy 4-055 Recommend to GC for BOH approval
<u>G-410</u>	Financial and Organizational Accountability	Board Member Remuneration	For FFC Review	<ul style="list-style-type: none"> New policy Recommend to GC for BOH approval

<u>G-420</u>	Financial and Organizational Accountability	Travel Reimbursement	For FFC Review	<ul style="list-style-type: none"> • New policy • Recommend to GC for BOH approval
<u>G-260</u>	Board Effectiveness	Governance Principles and Board Accountability	For GC Review	<ul style="list-style-type: none"> • New policy
<u>G-270</u>	Board Effectiveness	Roles and Responsibilities of the Board of Health <ul style="list-style-type: none"> ➤ Appendix A- Board of Health Members ➤ Appendix B- Board of Health Chair & Vice Chair ➤ Appendix C- Board of Health Secretary-Treasurer 	Approved	<ul style="list-style-type: none"> • To be reviewed before March 2019
<u>G-280</u>	Board Effectiveness	Board Size and Composition	Approved	<ul style="list-style-type: none"> • To be reviewed before March 2019
<u>G-290</u>	Board Effectiveness	Standing and Ad Hoc Committees <ul style="list-style-type: none"> ➤ Appendix A - Governance Committee Terms of Reference ➤ Appendix B - Governance Committee Reporting Calendar ➤ Appendix C – Finance and Facilities Committee Terms of Reference ➤ Appendix D – Finance and Facilities Committee Reporting Calendar 	Approved	<ul style="list-style-type: none"> • To be reviewed before March 2019
<u>G-300</u>	Board Effectiveness	Board of Health Self- Assessment <ul style="list-style-type: none"> ➤ Appendix A – Board of Health Self-Assessment Tool 	Approved	<ul style="list-style-type: none"> • To be reviewed before March 2019
<u>G-350</u>	Board Effectiveness	Nominations and Appointments to the Board of Health	Approved	<ul style="list-style-type: none"> • To be reviewed before March 2019
<u>G-360</u>	Board Effectiveness	Resignation and Removal of Board Members	Q3 - 2016	<ul style="list-style-type: none"> • TBD
<u>G-370</u>	Board Effectiveness	Board of Health Orientation and Development	Approved	<ul style="list-style-type: none"> • To be reviewed before March 2019
<u>G-380</u>	Board Effectiveness	Conflicts of Interest & Declaration <ul style="list-style-type: none"> ➤ Declaration Form 	Being reviewed by legal	<ul style="list-style-type: none"> • New policy
<u>G-390</u>	Board Effectiveness	Code of Conduct <ul style="list-style-type: none"> ➤ Appendix A – Corporate Code of Conduct 	Q3 – 2017	<ul style="list-style-type: none"> • TBD

		➤ Appendix B – BOH Code of Conduct		
<u>G-430</u>	Communications and External Relations	Advocacy	Q4 – 2017	• TBD
<u>G-440</u>	Communications and External Relations	Community Engagement	Q4 – 2017	• TBD
<u>G-450</u>	Communications and External Relations	Relationship with the Ministry of Health and Long-Term Care and Local Health Integration Network	Q4 – 2017	• TBD
<u>G-460</u>	Communications and External Relations	Relationships with Other Health Service Providers and Key Stakeholders	Q4 – 2017	• TBD
<u>G-470</u>	Communications and External Relations	Annual Report	Approved	• To be reviewed before March 2019
<u>G-480</u>	Communications and External Relations	Media Relations	Approved	• To be reviewed before March 2019
<u>G-490</u>	Communications and External Relations	Board of Health Reports ➤ Appendix A – Board of Health Report Template ➤ Appendix B – Governance Report Template ➤ Appendix C – Finance and Facility Report Template	Approved	• To be reviewed before March 2019

GOVERNANCE MANUAL

SUBJECT:	Financial Planning and Performance	POLICY NUMBER:	G-180
SECTION:	Financial and Organizational Accountability	PAGE:	1 of 4
IMPLEMENTATION:		APPROVAL:	Board of Health
SPONSOR:	MOH / CEO	SIGNATURE:	
REVIEWED BY:	Finance and Facilities Committee	DATE:	

PURPOSE

To ensure that Health Unit budgeting and financial practices are performed in a fiscally responsible manner and that processes are in place that allow for responsible financial controls and the ability to demonstrate organizational performance.

POLICY

The Secretary-Treasurer prepares and controls the Annual Budget under the jurisdiction of the Board of Health and prepares financial and operating statements for the Board of Health in accordance with Ministry of Health and Long-Term Care policies and Public Sector Accounting Board Guidelines. The Finance and Facilities Committee (FFC) of the Board of Health reviews and recommends the annual budget for Board of Health approval. Additional financial planning and performance tools and processes include Planning and Budget Templates (PBTs), Program Budgeting Marginal Analysis (PBMA), quarterly financial reporting, one-time funding requests, and the factual certificate.

PROCEDURE

Fiscal Year

The fiscal year of the Health Unit is January 1 to December 31 for all mandatory programs and any programs funded in whole or in part, by municipalities. For programs funded by other agencies, the fiscal year shall be determined by the agency providing funding.

Annual Budget Preparation

The annual budget will be developed based on a variety of factors including strategic directions, provincial and / or municipal guidance, previous years' base budgets, community need, new funding or legislative requirements. Budget planning and performance reporting is the responsibility of the Directors, Managers and other staff who manage budgets. The budget planning and approval cycle is attached as Appendix A. The planning and approval cycle has the following components:

1. Planning and Budget Templates

The program budget templates (PBTs) provide a snapshot of each Health Unit program and help the Board of Health and stakeholders to understand the program's purpose, costs, key performance indicators and other relevant information. Together, the PBTs form the annual

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budget package that is approved by the Board of Health and assists with a broader understanding of the work of the Health Unit.

2. Program Budgeting Marginal Analysis

Program Budgeting Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing service. This is done through the transparent application of pre-defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made.

3. Quarterly Financial Reporting

Health Unit staff provide financial analysis for each quarter and report the actual and projected budget variance as well as any budget adjustments, or noteworthy items that have arisen since the previous financial update that could impact the Middlesex-London Health Unit budget.

4. One-time Funding Requests

One-time funding request may be used for to non-reoccurring expenditures or to temporarily enhance program objectives. Requests should be made during the budget preparation process or in certain circumstances within the budget year, by making application to the provincial government for one-time funding. If the request is made after budget preparation and approval, the divisional Director must agree to the need for the request before the application process is initiated. Once the need is established, the approval of the request will follow the policy G-200 Signing Authority based on the total value of the request.

5. Factual Certificate

Health Unit Management completes a factual certificate to increase oversight in key areas of financial and risk management. The certificate process ensures that the FFC has done its due diligence. The certificate is reviewed on a quarterly basis alongside financial updates.

6. Audited Financial Statements

The preparation of the financial statements is the responsibility of the Health Unit's Management and is prepared in compliance with legislation and in accordance with Canadian public sector accounting standards. The Finance & Facilities Committee meets with Management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

It is a requirement of the Board of Health to provide audited financial reports to various funding agencies for programs that are funded from April 1st – March 31st each year. The purpose of this audited report is to provide the agencies with assurance that the funds were expended for the intended purpose. The agencies use this information for confirmation and as a part of their settlement process.

These programs are also reported in the main audited financial statements of the Middlesex-London Health Unit which is approved by the Board of Health. This report includes program revenues and expenditures of these programs during the period of January 1st to December 31st.

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RELATED POLICIES

G-200 Approval & Signing Authority

REVISION DATES (* = major revision):

Annual Budget Planning and Reporting Cycle

January	<ul style="list-style-type: none"> Annual budget submission to FFC
February	<ul style="list-style-type: none"> Annual budget approved by Board of Health Q4 Variance Reporting and Factual Certificate to FFC
March	<ul style="list-style-type: none"> Budget submission to the Ministry of Health and Long-Term Care
April	
May	<ul style="list-style-type: none"> Q1 Variance Reporting and Factual Certificate to FFC
June	<ul style="list-style-type: none"> January 1 to December 31 – Audited Financial Statements to FFC High-level planning parameters for upcoming year recommended to FFC
July	<ul style="list-style-type: none"> PBMA criteria recommended to FFC
August	<ul style="list-style-type: none"> Q2 Variance Reporting and Factual Certificate to FFC
September	<ul style="list-style-type: none"> April 1 to March 31 Consolidated Financial Statements to FFC
October	
November	<ul style="list-style-type: none"> Q3 Variance Reporting and Factual Certificate to FFC PBMA proposals recommended to FFC
December	

GOVERNANCE MANUAL

SUBJECT: Investing
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-210
PAGE: 1 of 2

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

The purpose of the investment policy is to set out a framework for investing to maximize investment income at minimal risk to capital while meeting the daily cash requirements of the Board.

POLICY

The Middlesex-London Health Unit, pursuant to Section 56 (1) of the Health Promotion and Protection Act may enact by-laws and policies respecting banking and finance.

The Board of Health shall invest public funds in a manner that maximizes investment income and minimize investment risk while meeting the daily cash requirements of the Board and conforming with all related statutory and contractual requirements. The investment policy shall govern the investment activities of the Board's General Operating account, Reserves and Reserve Funds, and Trust Funds.

The Health Unit shall adhere to the following objectives in the consideration, purchase, disposal and administration of any Board of Health held investments:

- a) **Adherence to Statutory Requirements**
All investment activities shall be in compliance with the relevant sections of any applicable legislation, related regulations, and applicable funding agreements.
- b) **Preservation of Capital**
Safety of principal is a primary objective of the investment portfolio. Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio.
- c) **Liquidity**
The investment portfolio shall remain sufficiently liquid to meet all operating or cash flow requirements and limit temporary borrowing requirements. Furthermore, since all possible cash demands cannot be anticipated, the portfolio shall consist largely of securities with active secondary or resale markets.
- d) **Diversification**
The portfolio shall be diversified by asset class, issuer type, credit rating and by term to the extent possible, given legal and regulatory constraints.

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e) **Yield**

The Health Unit shall maximize the net rate of return earned on the investment portfolio, without compromising the other objectives listed previously. Investments are generally limited to relatively low risk securities in anticipation of earning a fair return relative to the assumed risk.

PROCEDURE

The Secretary-Treasurer shall have overall responsibility for the prudent investment of the Board's investment portfolio. The Secretary-Treasurer shall have the authority to implement the investment program and establish procedures consistent with this policy. Such procedures shall include the explicit delegation of the authority needed to complete investment transactions however the Secretary-Treasurer shall remain responsible for ensuring that the investments are compliant with legislations and this policy. No person may engage in an investment transaction except as provided under the terms of this policy.

The Secretary-Treasurer shall be authorized to enter into arrangements with banks, investment dealers and brokers, and other financial institutions for the purchase, sale, redemption, issuance, transfer and safe-keeping of securities in a manner that complies to applicable legislation.

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7
Municipal Act, 2001, S.O. 2001, c. 25

RELATED POLICIES

By-law #2 Banking and Finance

GOVERNANCE MANUAL

SUBJECT: Corporate Sponsorship
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-310**
PAGE: 1 of 4

IMPLEMENTATION: September 25, 1997
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

The MLHU welcomes and encourages sponsorship to advance the work of the organization. The purpose of this policy is to provide guidelines to maximize revenue opportunities while safeguarding the Health Unit's corporate values, image, reputation, assets and interests.

POLICY

In this policy, "sponsorship" refers to a mutually agreed to arrangement, prepared in writing, between the Health Unit and an external party (organization or individual referred to as the "sponsor") where the sponsor contributes money, goods or services to a Health Unit facility, program, project or special event in return for recognition, acknowledgement, or other promotional considerations or benefits.

This policy excludes donations, gifts in-kind or advice where no business relationship or association is contemplated or is required and where not reciprocal consideration is being sought. Refer to Donations Policy.

Reputational Risk

Conflict of Interest

The policy applies to all Staff / Board Members, and all relationships between the Health Unit and the sponsor. Staff / Board Members must not receive direct professional, personal or financial gain from an affiliation with the sponsor. The Health Unit must be vigilant at all times to avoid any real or apparent conflict of interest in accepting sponsorships. For more details on conflict of interest refer to Policy G-380 Conflict of Interest and Declaration.

Brand Preservation

The sponsorship must enhance, not impede, the Health Unit's ability to act in the best interest of the public. Agreements shall not in any way invoke future consideration, influence or be perceived to influence the day to day operations of the Health Unit. The Health Unit will maintain complete control of all funds provided from sponsors. The Health Unit's intangible intellectual assets, including name and logo, will be protected at all times. Sponsors will not be permitted to use Health Unit's name or logo for any commercial purpose or in connection with the promotion of any product. The Health Unit will not provide product or service endorsements or allow commercial product promotions. Use of the MLHU logo by other agencies must be approved by Communications.

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The Health Unit aims to preserve and protect its image and reputation at all times, and therefore, will not solicit or accept sponsorship from companies whose products or services are inconsistent with MLHU's mission, vision, values or health promotion messaging. Under no circumstances will corporations in the production or distribution of breast milk substitutes be considered for sponsorship. Consideration can be given to subsidiary companies as long as the parent company is not promoted.

The Health Unit reserves the right to reject any unsolicited sponsorships that have been offered, and to refuse to enter into agreements for any sponsorships that may have originally been solicited by the Health Unit.

PROCEDURE

Impact Assessment

There may be legal, administrative, professional practice or other considerations (e.g. labour relations, budget, resourcing, health promotion messaging etc.) that should be reviewed and clarified before entering into any type of sponsorship agreement. Refer to Appendix A Corporate Sponsorship Assessment Form.

Sponsorship Agreement

Approval

All sponsorship opportunities must be reviewed by the Division Director with consultation as appropriate, before any agreement is signed. The Signing Authority Policy governs the approvals required for the execution of any sponsorship agreement. All sponsorships regardless of their value must have a signed agreement, which clearly outlines the responsibilities of all parties.

Multi-Year Agreements

Sponsorship agreements that are entered into, which span greater than one year, are to be evaluated on an annual basis by the Associate Director, Finance to ensure that the criteria have been met, and will continue to be met. Any changes by the Health Unit to the sponsorship agreement will be forwarded to the appropriate authorizing person as per the Signing Authority Policy.

Multi-Party Agreements

When activities are planned in partnership with other organizations, and a sponsorship agreement is involved, consensus about the corporate sponsorship must be achieved among all partners. All parties must sign off on the sponsorship agreement.

Sponsor Recognition

How the sponsor is recognized or acknowledged must be included in the sponsorship agreement.

Solicitation

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The solicitation process for sponsorship does not need to follow the competitive procurement process for quotes. Any other situations that are an exception to this Policy will be reviewed by the Medical Officer of Health / Chief Executive Officer (MOH / CEO) and the Board of Health if required.

DEFINITIONS

Charitable Donation: A free or philanthropic contribution or gift, usually to a charity or public institution. It could be in the form of goods, services or funds given with expectation of a tax receipt.

Corporate Sponsorship: Is a marketing-oriented, contracted partnership between a corporation and a not-for-profit organization with obligations and benefits to both parties. What distinguishes corporate sponsorship from a charitable donation is the expectation for corporate recognition. A corporation may choose to sponsor an organization on a short or long-term basis by providing funding, goods or services. Corporations may use sponsorship as a deductible business expense. Examples of corporate sponsorship are:

- Donating products for contests
- Printing of materials
- Donating supplies, equipment, food or people
- Providing mailing services
- Funding for specific programs or activities
- Providing meeting space
- Naming rights

Sponsorship Arrangement: Is a business arrangement whereby the partner commits resources (monies and/or in-kind resources) to support a specific project or activity, but does not share in the profits or underlying risks of the project. The partner contributes funds to an event, program or even a capital project and receives a benefit (e.g., specific image and marketing opportunities) from the associated publicity.

Sponsorship Agreement: The document which outlines the terms and conditions of the Sponsorship Arrangement, and outlines the responsibilities of all parties.

Endorsement: A formal and explicit approval or a promotional statement for a product or service of a corporation.

Naming Rights: A type of sponsorship in which an external company, organization, enterprise, association or individual purchases the exclusive right to name an asset or venue (e.g., a library building, sports facility or part of a facility - an ice pad within a multi-pad facility, etc.) for a fixed or indefinite period of time. Usually naming rights are considered in a commercial context, which is that the naming right is sold or exchanged for significant cash and/ or other considerations under a long-term arrangement.

Solicitation: Act or instance of requesting or seeking bid, business, or information.

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APPLICABLE LEGISLATION

Not applicable.

RELATED POLICIES

G-330 Gifts and Honorariums
G-200 Signing Authority

REVISION DATES (* = major revision):

September 25, 1997

May 31, 2000

May 16, 2002

March 31, 2014

Governance Policy Manual – Corporate Sponsorship Assessment Form

1. Name of proposed sponsor: _____
Name of sponsor contact person: _____
Name of MLHU Contact Person
(Division Director /Project Staff): _____

2. Any prior philanthropic association with the MLHU?
Yes No

Describe: _____

3. What is the nature of the proposed sponsorship?

Division: _____
Project or Event: _____
Describe: _____

4. How will this relationship advance the overall health of the community and/or the mission of the MLHU?

5. Is the sponsor's mission and project or service compatible with the Health Unit mission?

Yes No

6. Outline any potential conflict of interest (Real or Apparent).

7. Optimal timing for submission of requests for sponsorship proposal to company.

8. Information on company sponsorship approval process.

9. What does Corporate Sponsor require from MLHU for their approval process?

10. Corporate Sponsor's Annual Report & Strategic Plan obtained:

Yes No N/A

11. Has another MLHU Division or project stated an intention to solicit from this sponsor?

Yes No

12. Probable response to this sponsorship relationship within:

	UNFAVOURABLE	NEUTRAL	FAVOURABLE
The Ministry of Health			
The Community			
Other MLHU Stakeholders			

13. Overall assessment of this sponsorship relationship:

1 2 3 4 5
 Not Useful Useful Very Useful

14. According to MLHU policy have appropriate MLHU signators in the MLHU reviewed this Sponsorship Assessment Form?

Yes No

Comments or Conditions:

15. Division Director if applicable:

Accept Reject

(name and position)

(date)

16. Medical Officer of Health / Chief Executive Officer recommendation if applicable:

Accept Reject N/A

(signature and position)

(date)

17. Board of Health recommendation if applicable:

Accept Reject N/A

(Chair of Board)

(date)

18. Assessment form completed by:

(signature and position)

(dates)

ATTACH A COPY OF THE PROPOSAL TO/FROM THE SPONSOR TO THIS FORM.

Governance Policy Manual – Corporate Sponsorship Agreement / Contract

BETWEEN:

Middlesex-London Health Unit (the "Health Unit")

AND

The "Corporate Sponsor"

Corporate Name

Address

ACTIVITY:

(Indicate exact manner in which event is to be described)

LOCATION OF ACTIVITY:

DESCRIBE THE DONATION:

PURPOSE

The Corporate Sponsor has agreed to sponsor (the Activity indicated above).

The Agreement sets forth the respective roles, obligations and commitments of the Corporate Sponsor and the Health Unit regarding the Activity.

Each party agrees to observe this Agreement to the best of its ability.

Recognition/Promotion

In all promotional materials and publicity, the Activity will be described as indicated above. Describe the prominence of Health Unit/Corporate Sponsors names and logos in all promotional materials and signage used in connection with the Activity.

Describe content and style of promotion materials.

ADMINISTRATION

1.0 The Corporate Sponsorship Agreement/ Sponsorship Contract addresses the following:

- 1.1 Insurance Coverage if applicable.
- 1.2 Responsibilities, liabilities, obligations and benefits of MLHU and Corporate Sponsor.
- 1.3 Project timelines.
- 1.4 Describe content and style of promotional materials.
- 1.5 Commitments to suppliers/others.
- 1.6 Pricing of participation in the activity.
- 1.7 Revenue and expenditure budget.
- 1.8 Frequency of reports re project/program status to Corporate Sponsor.
- 1.9 Financial Considerations - receipts, proceeds, statements of account (describe the use of proceeds, services in kind and uses of the donation), audit requirements.

2.0 Termination

If the Corporate Sponsor is sponsoring the Activity on a "one time" basis state: "this Agreement will terminate when the Activity is concluded and all obligations with respect thereto have been satisfied".

If the Corporate Sponsor will be sponsoring the Activity on a "continuing" basis state: "this Agreement will continue in force until terminated by either party on at least 30 days prior written notice to the other party".

After termination of this agreement, the Corporate Sponsor will no longer be associated with the Activity. The Health Unit will be entitled to continue, discontinue or modify the Activity as it considers appropriate and the Activity, the name, style and any logos associated with the Activity, excluding any logos of the Corporate Sponsor, will remain the property of the Health Unit.

3.0 Modifications

This Agreement is subject to any additional matters agreed to be the parties described in any appendix attached hereto.

The Middlesex-London Health Unit

Medical Officer of Health / Chief Executive Officer

Date

The "Corporate Sponsor"

Per

Date

GOVERNANCE MANUAL

SUBJECT: Gifts and Honorariums
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-330**
PAGE: 1 of 2

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

This policy addresses what is an acceptable gift/honorarium for Staff / Board Members to receive when acting in their capacity as Health Unit employees / public health professionals / members of the Middlesex-London Board of Health.

This policy applies to full time, part time and contract employees and Board Members unless otherwise stated. This policy applies at all times, whether during a traditional gift-giving season or not.

POLICY

Gifts/Gratuities

The giving of personal gifts of nominal value, on an occasional basis, is a common practice in building and maintaining business / client relationships. Suppliers, business associates and others with whom the Health Unit has professional relationship may from time to time provide staff with tokens of appreciation. Staff / Board Members may accept gifts of small intrinsic value if they are an appropriate common expression of courtesy or appreciation within normal standards of hospitality, all others must be declined. All gifts must be reported to the employee's supervisor, or in the case of a Board Member, the Secretary-Treasurer of the Board of Health.

Gifts or other favours that could in any way influence or appear to influence business decisions are not an acceptable practice of the Health Unit and should not be accepted.

Honorariums

As part of their public service, Staff / Board Members may prepare and/or deliver health unit-related programs or information to community organizations. In these situations, the receiving organization may provide a nominal amount of remuneration to the Health Unit Staff / Board Members, in appreciation and recognition of the service delivered. Honorarium payments can be in the form of gift or gift cards and must be limited to a maximum value of \$500. Notable exceptions might be for a distinguished or recognized professional key note address at a major event, conference or fundraising activity. When an honorarium is received, the employee will turn the gifts over to their immediate supervisor, or in the case of a Board Member, the Secretary-Treasurer of the Board of Health.

SUBJECT: Gifts and Honorariums
SECTION: Financial and Organizational
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Funds will be used to purchase resources within the Division, or the Board expenses budget. Canada Revenue Agency regulations state that honorariums exceeding \$500 cumulatively in one calendar year are to be considered a taxable benefit and subject to a T4A.

PROCEDURE

Notification & Documentation of Gifts and Honorariums

For the purposes of an audit, all gifts or honorariums (regardless of value) received by Staff / Board Members should be appropriately documented, including the name of the individual receiving the gift, the individual who approved the receiving of the gift, the reasons for the awarding of the gift, the contents and value of the gift itself, and any other relevant details. These details should then be reported to the Associate Director, Finance. Accurate records must be maintained in order to demonstrate the reasonableness and appropriateness of any gift. Awarding gifts must be compliant with Canada Revenue Agency rules.

DEFINITIONS

Gift: Is something acquired without compensation. This would include, for example, a meal, flowers, gift cards, gift certificates, or a ticket to a special event.

Honorarium: Is an ex gratia payment made to a person for their services in a volunteer capacity or for services for which fees are not traditionally required. It is typically a small payment made on a special or non-routine basis.

CRA: Canada Revenue Agency

T4A: Canadian tax information slip is a Statement of Pension, Retirement, Annuity, and Other Income

APPLICABLE LEGISLATION

RELATED POLICIES

REVISION DATES (* = major revision):

September 30, 1992

June 15, 1994

August 2, 2000

March 2, 2005

October 2, 2014

SUBJECT: Board of Health Remuneration
SECTION: Financial and Organizational
Accountability

POLICY NUMBER:
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IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To ensure that Board of Health Members receive compensation for their activities on behalf of the Board of Health.

POLICY

In accordance with the Health Protection and Promotion Act, section 49, Board Members shall receive compensation for each day on which they conduct business on behalf of the Board of Health. For the purposes of this policy, such business includes official meetings at which the member represents the Board and attendance at conferences, but does not include ceremonial functions or special events. Board Members attending conferences shall also be reimbursed for travel expenses in accordance with policy G-420 Travel Reimbursement.

PROCEDURE

Remuneration for Board of Health Business is to be paid for each day on which any eligible Board Member attends a Board meeting, Board committee meeting, a meeting which the member attends on behalf of the Board of Health, or an approved convention or conference.

Compensation rates for Board of Health Members who are eligible to receive expenses have been based on comparable rates passed by local municipalities. The half-day per diem rate is reported to and approved by the Board of Health on an annual basis.

Board Members shall receive only one fee per day, regardless of whether the member attends more than one official function in a day.

All community appointees shall receive this remuneration. Municipal appointees who receive annual remuneration from their municipality shall not be eligible for additional remuneration from the Middlesex-London Health Unit.

In circumstances in which the municipality does not provide annual remuneration to its councilors, the Middlesex-London Health Unit shall provide remuneration for the municipal appointees, based on the days on which they are engaged in Board business.

Board Members eligible to receive remuneration shall complete and submit the appropriate form (Appendix A).

SUBJECT: Board of Health Remuneration
SECTION: Financial and Organizational
Accountability

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APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

RELATED POLICIES

G-420 Board of Health Reimbursement and Travel
REVISION DATES (* = major revision):



Middlesex-London Board of Health

Reimbursement for Monthly Activities

Name of Board Member: _____

Please use a separate form for each month and include all activities for that month.
Only expenses claimed below are eligible for reimbursement.

1. REGULARLY SCHEDULED BOH MEETING

2016 Rate

Date	Mileage (in kilometers)
	kms

0 - 5000 kms @ 51 cents
5000 kms and over @ 45 cents

2. BOARD CHAIR PREPARATION MEETING WITH MOH (*25% of regular meeting rate \$151.49 as of January 1, 2016)

Date	Mileage (in kilometers)
	kms

3. OTHER ACTIVITIES (i.e. special meetings, summer meetings, teleconferences etc.)

Date	Name/Purpose of Meeting	Mileage (kms)	Parking	Phone	Accom'n	Other

4. FOR aIPHa CONFERENCE ONLY *

	Attended		
	AM	PM	Evening
DAY 1			
DAY 2			
DAY 3			

Check if Applicable		
Additional day required for travel		
Hotel/transportation receipts attached		\$
Mileage		kms

* Board members are remunerated for 3 rate payments per day of attendance: morning/afternoon/evening session

Financial Services Use Only		
Vendor # _____ -- _____		
Voucher #	Account	Amount
	70098-800-000	\$.
	70098-800-000	\$.
	70098-800-000	\$.
	75098-800-000	\$.
	78098-800-000	\$.
	13600-800-000	\$.
	78098-800-000	\$.
	13600-800-000	\$.
Total:		\$.

Board Member's Signature

Secretary-Treasurer's Signature

Financial Services Signature

GOVERNANCE MANUAL

SUBJECT: Travel Reimbursement
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-420**
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IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

This policy addresses the reimbursement of out of town travel expenses incurred by Staff / Board Members of the Health Unit, while conducting Health Unit business. This includes but is not limited to, conferences, conventions, seminars, workshops, and other business-related reasons.

Consultants are not covered by this policy. The contract between the Health Unit and the consultant should clearly specify what, if any, expenses a consultant would be reimbursed for.

POLICY

Staff / Board Members are always expected to make the most practical, economical and reasonable arrangements for travel, meals, accommodation, hospitality, and other travel-related expenses. Out of town travel must be approved in advance of the occurring the expense.

In situations where a collective agreement or an employment contract specifies reimbursement terms/rates, those terms/rates shall apply, and shall supersede the terms/rates contained in this policy. In situations where staff/board members are traveling on behalf of a “sponsoring” organization (for example, ONA, CMA, etc.) and that organization is reimbursing travel expenses in whole or in part, the reimbursement will be made directly to the individual by the sponsor organization. The Health Unit will reimburse for the amount not covered by the sponsor organization.

PROCEDURE

Out of town travel must be approved in advance. All expenses must be authorized by the appropriate approver (refer to Signing Authority Policy). The approver is responsible to ensure all claims are correct, reasonable, and in accordance with this policy, including meal allowances and travel rates. Approvers cannot authorize their own expenses, or that of a subordinate that has paid for travel, meals, etc., expensed to the approver’s benefit.

Approvers are accountable for their decisions, which should be:

- Subject to good judgment and knowledge of the situation,
- Exercised in appropriate circumstances,
- Comply with the principles and mandatory requirements set out in this policy.

SUBJECT: Travel Reimbursement
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When a situation arises and discretion needs to be exercised, approvers should consider whether the request is:

- Able to stand up to scrutiny by the auditors and members of the public,
- Properly explained and documented,
- Fair and equitable,
- Reasonable and appropriate.

Reimbursement of Expenses

All out of town expenses should be charged to a corporate purchase card and therefore, no reimbursement is necessary. When an expense cannot be charged or the staff/board member does not have a corporate purchase card, then they are required to complete a Travel Expense Statement on a timely basis to ensure the reimbursement of expenses. Original receipts must be attached for all expenses being reimbursed. Forms that do not comply with policies and procedures are returned to the approver and are not processed until corrected.

Loyalty Programs

When staff/board members accumulate loyalty points for travel by train (VIA Preference Program) or by air (there are a variety of airline and hotel loyalty programs, such as Aeroplan), those points are to be accumulated and used for future corporate travel, and must not be used for personal travel. Separate accounts should be held for personal and business travel if available. For the VIA Preference Program, a maximum of 5,000 points can be accumulated on any one account, and thereafter must be used for corporate travel. Staff may be asked to produce a statement showing points balance at the end of the year.

Privacy

All expense information is considered to be public information and shall be made available upon request, to the Privacy Officer, regardless of whether the request is by the Health Unit or a member of the public.

Travel

The mode of transportation chosen – air, train, or car – should be that which enables staff/board members to attend to Health Unit business with the least cost to the Health Unit, consistent with a minimal amount of interruption to regular business and personal schedules. Consideration should be made as to unproductive time away from the workplace.

Where a number of staff/board members attend the same function, shared travel will be considered where possible. Basic economy/coach fares will be paid by the Health Unit. Any upgrades are the responsibility of the staff/board member.

Sickness and Accident Insurance is provided by the Health Unit to staff/board members when they are traveling outside of Canada on Health Unit business. Additional sickness or accident insurance premiums will not be covered by the Health Unit.

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Travel by Air

Staff/board members may travel by air for trips that are beyond reasonable driving distance. Prior approval for all air travel must be obtained from the direct supervisor.

Economy airfare is normally to be used, but business class may be authorized if:

- Less expensive seats are not available, or
- The individual is travelling on a continuous flight in excess of five hours

Every effort should be made to book travel well in advance to take advantage of discounted fares and to obtain the lowest fares compatible with necessary travel requirements. The cost of an additional night of accommodation may be incurred, and will be reimbursed, if it is required in order to take advantage of a discount fare, provided that the cost of the extra accommodation is not greater than the savings realized from benefitting from the discounted fare.

Original boarding pass(es) and ticket/E-ticket should be attached to the expense report for each segment of travel. If the boarding pass or ticket is unavailable, then proof of travel must be demonstrated.

Travel by Rail

When booking train travel, the VIA Rail promotion code (700603) should be used in order to receive the corporate discount. Basic economy/coach fares will be paid by the Health Unit; any upgrades are the responsibility of staff/board members. Staff/board members will choose the most economical and direct form of transportation by train. Wherever possible, travel arrangements should be made in advance to ensure availability of economy class seats and at the best price.

Economy airfare is normally to be used, but business class may be authorized if:

- Less expensive seats are not available, or
- The individual is travelling on a continuous flight in excess of five hours

Original boarding pass(es) and ticket/E-ticket should be attached to the expense report for each segment of travel. If the boarding pass or ticket is unavailable, then proof of travel must be demonstrated.

Travel by Car

When a car is the most practical and economical way to travel, a personal vehicle can be used but mileage reimbursement will be the actual distance travelled or 250 kms (round-trip), whichever is less, at the allowable rates. Otherwise a rental vehicle should be secured.

Consideration of using a personal vehicle for trips over 250kms will be given to Board Members or Staff who require an accommodation or where the time and cost of obtaining a rental vehicle is not cost-effective. Requests for mileage over 250kms must be pre-approved by the Director, Corporate Services, Medical Officer of Health / Chief Executive Officer, or designate. Rental vehicle - Rental of compact or mid-sized vehicles is encouraged. The car rental company approved by the Health Unit is Enterprise and should be used where possible to ensure the

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most favourable rates. Consideration may be given for a car rental upgrade based on the number of passengers, weather conditions and other safety reasons. All luxury and sports car rentals are expressly prohibited. Rental cars must be refueled before returning, to avoid extra charges, and the receipt for the gasoline purchase must be attached to the Travel Expense Statement, together with a copy of the rental agreement.

Personal Vehicle - When more than one staff/board member is travelling in the same motor vehicle, only the owner of the vehicle is entitled to reimbursement for mileage expenses. The owner of the vehicle must ensure that the vehicle is adequately insured. Insurance should provide for \$1 million in liability, accident benefits, collision and direct compensation coverage.

The Health Unit assumes no financial responsibility for privately-owned vehicles being used for Health Unit business other than paying the mileage rate. The mileage rate covers the cost of fuel, depreciation, maintenance, and insurance. When calculating the total kilometres of a trip that originates from the staff member's home, the normal distance driven to the Health Unit should be excluded. A maximum of 250kms per out of town trip is allowed for reimbursement unless pre-approved.

Parking and Other Fees

Cost of parking a vehicle at a transportation terminal while on out-of-town business will be reimbursed, provided that the cost of the parking does not exceed the cost of ground transportation from departure point (home or place of business) to the transportation terminal. Cost of parking in another city while on out of town business will also be reimbursed. Loss or damage to the personal vehicle, while parked, is not the responsibility of the Health Unit.

Highway and bridge tolls and ferry charges will be reimbursed with receipts attached. Traffic and parking violations incurred while driving on Health Unit business will not be reimbursed.

Hotel Accommodation

Government rates should be requested at the time of making the hotel reservation. Individuals may be reimbursed for the total cost (including taxes) of either a single or double room depending on individual circumstances. Staff should share accommodations when possible. An overnight stay in association with a one day meeting or business event out of town is justified only when the staff/board member is required to leave home early in order to be on time for the event starting before 9:00 a.m.

While travelling on business related to the Health Unit, in situations where staff/board members choose to stay overnight with friends or relatives instead of at a hotel, accommodation expenses will not be reimbursed, but appropriate meal allowances will still apply.

Hotel charges incurred because of failure to cancel a reservation on a timely basis will not be reimbursed.

Meals

A meal expense will be reimbursed when staff/board members

- Are out of town over a normal meal period, or

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- Have prior approval for the meal expense

The maximum allowable amount that will be reimbursed for meals (inclusive of taxes and gratuities) is \$10 for breakfast, \$20 for lunch and \$30 for dinner. Original receipts must be provided for all meal expenses. Expenses must be incurred during normal working hours, or on route to home. The approver is responsible for ensuring that submissions for meal allowances fall within the maximum allowable amounts.

It is understood that gratuities may be provided during meals to acknowledge good service received. The maximum allowable gratuity that the Health Unit will reimburse is 15% of the total after tax amount of the meal.

Alcohol

The cost of alcoholic beverages will not be reimbursed. In the event that alcohol is consumed during a meal or otherwise, staff/board members are to ask the restaurant for a separate invoice/receipt for the alcohol so that there is clarity for the reimbursable food portion.

Telephone Calls

Staff/board members will be reimbursed for all telephone calls (local or long distance) that are directly related to Health Unit business. One reasonable personal call home from a hotel will be reimbursed for each day of out of town travel.

Combining Personal Travel

Staff/board members are responsible for all additional and incremental expenses incurred as a result of a spouse, partner or companion or any other person, travelling with them. Expenses should be tracked very carefully to be able to clearly distinguish between the staff/board member portion, and that which applies to the other person.

When personal travel is combined with business travel, only the business portion of the trip will be reimbursed. Expenses should be tracked very carefully to be able to clearly distinguish between the personal portion and the business portion.

Other Travel-Related Expenses

Business expenses, such as computer access charges, photocopying, word processing services, facsimile transmissions, internet connections, rental and transportation of necessary office equipment will be reimbursed provided the charges incurred are reasonable and related to Health Unit business.

Additionally, staff/board members will be reimbursed for taxicab fares, airport limousines and buses (or equivalents, e.g. subway) for transportation between the individual's home/workplace and the designated transportation terminal. While out of town, transportation to/from the transportation terminal and the hotel, and transportation within the destination city, will also be reimbursed. Staff should use public transit when available.

Recreational items (e.g. video rentals, mini-bars, special facilities charges, entertainment not directly related to Health Unit business, etc.) will not be reimbursed.

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Hospitality Events

Hosting or contributing to hospitality events is not reimbursable.

Travel Cash Advances

Requests for a travel cash advance must be made to the employee's direct supervisor and forwarded to Finance at least one week prior to departure. The amount of cash advanced will be calculated by the manager based on the individual circumstance, with a \$100 minimum amount. Exceptional circumstances will be approved by Finance.

Any funds owing to the Health Unit beyond a 30 day period from return date of travel will automatically be deducted from the staff member's next pay cheque or the board member's next remuneration.

Non-Reimbursable Expenses

In addition to other items mentioned above, which are not reimbursable, expenses of a personal nature will not be reimbursed. Such expenses include, but are not limited to:

- Expenses resulting from unlawful conduct,
- Damage to personal vehicle as a result of a collision,
- Personal items not required to conduct health unit business,
- Memberships to reward programs or clubs (e.g., airline clubs),
- Personal credit card fees and/or late payment charges.

DEFINITIONS

ONA: Ontario Nurses Association

CMA: Canadian Medical Association

Loyalty Programs: Long-term marketing effort which provides incentives to repeat customers who demonstrate loyal buying behavior for example: Aero-plan rewards

Sickness and Accident Insurance: Insurance policy covering personal accident and sickness benefits

Economy Airfare: Also referred to coach class or standard class, is the lowest travel class of seating in air or rail travel

VIA Rail: Via Rail Canada offers intercity passenger rail services in Canada

Boarding Pass/E-ticket: Is a document provided by an airline during check in, giving a passenger permission to board the airplane for a particular flight

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Liability, accident benefits, collision and direct compensation Insurance: Insurance policy covering liability, accident benefits, collision and direct compensation

Travel Cash Advances: An authorized payment of money by the MLHU, directly to a staff/board member in support of anticipated travel expenses

Hospitality Events: To host or entertain people while on out of town business relating to the affairs of the Health Unit

APPLICABLE LEGISLATION

RELATED POLICIES

Signing Authority

REVISION DATES (* = major revision):

October 17, 2013

March 31, 2014