

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

Thursday, September 19, 2019 6:00 p.m.
399 Ridout Street North, London
Side entrance (recessed door)
MLHU Boardroom

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – June 20, 2019

4. NEW BUSINESS

4.1 Governance Policies (Report No. 014-19GC)

5. OTHER BUSINESS

Next meeting Thursday, November 19, 2019

6. ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
GOVERNANCE COMMITTEE

Thursday, June 20, 2019, 6:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance, (recessed door)
MLHU Boardroom

MEMBERS PRESENT: Ms. Trish Fulton
Mr. Ian Peer
Ms. Elizabeth Peloza

Regrets: Ms. Aina DeViet (Chair)
Ms. Maureen Cassidy

OTHERS PRESENT: Mr. Matt Reid (Board member)
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Laura Di Cesare, Director, Healthy Organization
Mr. Jordan Banninga, Manager, PPE
Mr. Joe Belancic, Manager, Procurement and Operations
Mr. Jeff Cameron, Stronghold Services
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance
Ms. Lilka Young, Health and Safety Coordinator
Ms. Cynthia Bos, Manager, Human Resources

Chair Fulton called the meeting to order at 6:02 p.m.

DISCLOSURE OF CONFLICT OF INTEREST

Chair Fulton inquired if there were any disclosures of conflicts of interest to be declared.

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Ms. Peloza, *that the **AGENDA** for the June 20, 2019 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Ms. Peloza, seconded by Mr. Peer, *that the **MINUTES** of the March 21, 2019 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

Annual Privacy Program Update (Report No. 008-19GC)

Discussion ensued about the following items:

- The very few breaches listed in the privacy report, which is excellent for such a large organization.
- Breaches where paper records were lost, and what occurred in this circumstance.

Ms. Gauthier answered questions pertaining to the privacy breach where paper records were lost.

It was moved by Ms. Peloza, seconded by Mr. Peer, *that the Governance Committee that the Governance Committee receive Report No. 008-19GC re: “Annual Privacy Program Update” for information.*

Carried

Joint Occupational Health & Safety Annual Report – June 2019 (Report No. 009-19GC)

Ms. Young answered questions pertaining to this report.

Discussion ensued about the following items:

- The comparative data contained in the report, attached as Appendix A.
- Workplace domestic violence incidents, and how it is defined in the workplace.
- Slips, trips falls and contact incidents; where the incidents are occurring, and if there is an expectation that these incidents might decrease in the new location.
- The definition of non-employee incidents.

It was moved by Ms. Peloza, seconded by Mr. Peer *that the Governance Committee receive Report No. 009-19 re: “Joint Occupational Health and Safety Annual Report – June 2019” for information.*

Carried

Q2 2019 Activity Report - Strategic Projects (Report No. 010-19GC)

Dr. Mackie introduced this report and noted that with the public health restructuring proposed for next April, it will limit how far staff can take the strategic planning process this year.

Discussion ensued about the following items:

- The wrap-up of current strategic plans, before restructuring, and what the close out of the strategic planning process might look like.
- Projects that have been put on hold due to proposed restructuring.
- That projects in the strategic plan are scalable, so could be linked with other health units should regionalization go forward.
- That MLHU is in a position to help lead the roll-out of some larger-scale projects, which are built into the strategic plan, (such as Electronic Client Record), should these projects go forward through the strategic plan.

It was moved by Ms. Peloza, seconded by Mr. Peer, *that the Governance Committee receive Report No. 010-19GC re: “Q2 2019 Activity Report – Strategic Projects” for information.*

Carried

Mr. Banninga arrived at 6:18 p.m.

Governance Policy Review and Development (Report No. 011-19GC)

It was moved by Mr. Peer, seconded by Ms. Peloza, *that the Governance Committee:*

- 1) *Receive Report No. 011-19GC re: “Governance Policy Review and Development” for information; and*
- 2) *Recommend that the Board of Health approve the governance by-laws and policies appended to this report.*

Carried

2019 Board of Health Self-Assessment Results (Report No. 012-19GC)

Ms. Gauthier answered questions and commented on the 90% response rate for the Board of Health Assessment survey, noting that it was clear that members of the Board made every effort to contribute meaningful feedback based on their experience and tenure with the Board.

Mr. Reid arrived at 6:20 p.m.

Discussion ensued about next steps in the assessment process to support the Board's effectiveness in the months ahead, navigating system transformation as plans to restructure move forward.

It was moved by Ms. Peloza, seconded by Mr. Peer, *that the Governance Committee receive Report No. 012-19GC re: "2019 Board of Health Self-Assessment Results" for information.*

Carried

2018 Medical Officer of Health and Chief Executive Officer Performance Appraisal (Report No. 013-19GC)

Chair Fulton introduced this report and reviewed the report's request to form a sub-committee for the Medical Officer of Health/CEO Performance Appraisal process. Chair Fulton noted that the composition of the sub-committee is open to both the Governance Committee and the Board of Health. Chair Fulton also noted that the preference would be to strike a sub-committee of five members, and work forward from that point.

Chair Fulton noted that Aina De Viet would be pleased to put her name forward to be a member of the sub-committee.

Discussion ensued about the composure of the MOH PA sub-committee, and members discussed their interest sitting on the sub-committee.

The Medical Officer of Health/CEO sub-committee shall consist of:

1. Ms. Aina De Viet (Governance Committee Chair, County representative)
2. Ms. Trish Fulton (Board Chair, Provincial representative)
3. Mr. Ian Peer (Provincial representative)
4. Ms. Maureen Cassidy (Vice Chair, City representative)
5. Mr. Matt Reid (City representative)

It was moved by Ms. Peloza, seconded by Mr. Peer, *that the Governance Committee:*

- 1) *Receive Report 013-19GC; and*
- 2) *Form a sub-committee to initiate the performance appraisal process for the Medical Officer of Health and Chief Executive Officer.*

Carried

OTHER BUSINESS

Next meeting: September 19, 2019

CONFIDENTIAL

It was moved by Mr. Peer, seconded by seconded by Ms. Peloza *that the Governance Committee approve the confidential March 21, 2019 Governance Committee meeting minutes.*

Carried

ADJOURNMENT

At 6:30 p.m., it was moved by Mr. Peer, seconded by Ms. Peloza, *that the meeting be adjourned.*

Carried

TRISH FULTON
Board Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 September 19

GOVERNANCE POLICY REVIEW AND DEVELOPMENT

Recommendation

It is recommended that the Governance Committee:

- 1) Receive Report No. 014-19GC re: “Governance Policy Review and Development” for information; and*
- 2) Recommend that the Board of Health approve the governance policies appended to this report.*

Key Points

- It is the responsibility of the Governance Committee to make recommendations to the Board of Health regarding review and development of governance by-laws and policies.
- The approved policy model requires that governance by-laws and policies be reviewed at least every two years; review and revision of governance by-laws and policies can be initiated at any time, as needed.
- The by-laws and policies brought forward to the Governance Committee have been reviewed by Health Unit staff and by the Finance & Facilities Committee (where these relate to the financial operations) and updated to enhance clarity and ensure continued compliance with applicable standards, legislation, and agreements.

Background

In 2016, the Board of Health approved a plan for review and development of by-laws and policies based on a model that incorporates best practices from the Ontario Public Health Organizational Standards and advice obtained through legal counsel. Refer to [Report No. 018-16GC](#).

Policy Review

The set of by-laws and policies brought forward for review by the Governance Committee is delineated in a comprehensive listing in ([Appendix A](#)).

The following by-laws and policies ([Appendix B](#)) were prepared for review by the Governance Committee:

- G-180 Financial Planning and Performance
- G-190 Asset Protection
- G-210 Investing
- G-240 Tangible Capital Assets
- G-310 Corporate Sponsorship
- G-320 Donations
- G-330 Gifts and Honoraria

Note: The above-noted policies were reviewed by the Finance & Facilities Committee at its September 5, 2019 meeting.

Next Steps

The Governance Committee has the opportunity to review the appended policies. Once the Governance Committee is satisfied with its review, the policies will be forwarded to the Board of Health for approval.

This report was prepared by the Privacy, Risk and Governance Team, Healthy Organization Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health/CEO

FOR REVIEW
Governance Manual By-laws and Policies

September 19, 2019

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
G-000	Board of Health	By-laws, Policy and Procedures	1992-11-19	2018-11-15	Current	
G-B10	By-laws	By-law No. 1 Management of Property	2016-12-08	2019-04-02	Current	
G-B20	By-laws	By-law No. 2 Banking and Finance	2016-12-08	2019-06-20	Current	
G-B30	By-laws	By-law No. 3 Proceedings of the Board of Health	2016-12-08	2018-09-20	Current	
G-B40	By-laws	By-law No. 4 Duties of the Auditor	2016-12-08	2019-06-20	Current	
G-010	Strategic Direction	Strategic Planning	1992-09-09	2018-11-15	Current	
G-020	Leadership and Board Management	MOH/CEO Direction	2016-12-08	2018-11-15	Current	
G-030	Leadership and Board Management	MOH/CEO Position Description	2016-12-08	2018-11-15	Current	
G-040	Leadership and Board Management	MOH/CEO Selection and Succession Planning	2017-10-19		Current	
G-050	Leadership and Board Management	MOH/CEO Performance Appraisal	2016-12-08	2018-11-15	Current	
G-080	Program Quality and Effectiveness	Occupational Health and Safety	2018-11-15		Current	
G-100	Program Quality and Effectiveness	Information Privacy and Confidentiality	2017-06-15	2019-04-02	Current	

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
G-120	Program Quality and Effectiveness	Risk Management	2017-04-21	2019-06-20	Current	
G-150	Program Quality and Effectiveness	Complaints	2018-07-01		Current	
G-160	Program Quality and Effectiveness	Jordan's Principle	2016-12-08	2018-11-15	Current	
G-180	Financial and Organizational Accountability	Financial Planning and Performance	2017-06-15		Revised – For Approval	<ul style="list-style-type: none"> Updated to reflect changes to the annual budget preparation and planning process (i.e. Annual Service Plan implemented by the Ministry of Health and Long-Term Care in 2018)
G-190	Financial and Organizational Accountability	Asset Protection	2017-06-15		Revised – For Approval	<ul style="list-style-type: none"> Minor editorial revisions
G-200	Financial and Organizational Accountability	Approval and Signing Authority	2000-07-20	2016-12-08	Review Pending	<ul style="list-style-type: none"> To be brought forward to GC in November 2019
G-205	Financial and Organizational Accountability	Borrowing	2018-09-20		Current	
G-210	Financial and Organizational Accountability	Investing	2017-06-15		Revised – For Approval	<ul style="list-style-type: none"> Minor editorial revisions
G-220	Financial and Organizational Accountability	Contractual Services	2000-08-30	2016-12-08	Review Pending	<ul style="list-style-type: none"> To be brought forward to GC in November 2019
G-230	Financial and Organizational Accountability	Procurement	2008-02-21	2019-04-02	Current	

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
G-240	Financial and Organizational Accountability	Tangible Capital Assets	2017-06-15		Revised – For Approval	<ul style="list-style-type: none"> Substantial revisions to align the policy with current financial statement disclosures and to better align asset categories with MLHU's current investment in capital assets; Amortization rates for leasehold improvements were adjusted to account for anticipated useful life for relocation fit-up costs
G-250	Financial and Organizational Accountability	Reserve and Reserve Funds	2017-06-15		Review Pending	<ul style="list-style-type: none"> To be brought forward to GC in November 2019
G-310	Financial and Organizational Accountability	Corporate Sponsorship	1997-09-25	2017-06-15	Revised – For Approval	<ul style="list-style-type: none"> Minor editorial revisions
G-320	Financial and Organizational Accountability	Donations	2014-03-31	2017-06-15	Revised – For Approval	<ul style="list-style-type: none"> Minor editorial revisions and clarification of what forms of cash are acceptable for donations
G-330	Financial and Organizational Accountability	Gifts and Honoraria	1992-09-30	2017-06-15	Revised – For Approval	<ul style="list-style-type: none"> Updated to provide more comprehensive guidance – clarification of the types of gifts that can and cannot be accepted, internal protocol to monitor and disclose gifts received, and expansion of guidelines for treatment of honoraria received and for honoraria paid by MLHU
G-410	Financial and Organizational Accountability	Board Member Remuneration and Expenses	2017-06-15	2019-06-20	Current	
G-430	Financial and Organizational Accountability	Informing of Financial Obligations	2018-07-01		Current	
G-260	Board Effectiveness	Governance Principles and Board Accountability	2018-07-01		Current	

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
G-270	Board Effectiveness	Roles and Responsibilities of Individual Board Members	2017-03-16	2018-06-21	Current	
G-280	Board Effectiveness	Board Size and Composition	2017-03-16	2019-04-02	Current	
G-290	Board Effectiveness	Standing and Ad Hoc Committees	2017-03-16	2018-09-20	Current	
G-300	Board Effectiveness	Board of Health Self-Assessment	2017-03-16	2019-04-02	Current	
G-340	Board Effectiveness	Whistleblowing	2018-09-20		Current	
G-350	Board Effectiveness	Nominations and Appointments to the Board of Health	2017-03-16	2019-04-02	Current	
G-360	Board Effectiveness	Resignation and Removal of Board Members	2018-07-01		Current	
G-370	Board Effectiveness	Board of Health Orientation and Development	2017-03-16	2019-04-02	Current	
G-380	Board Effectiveness	Conflicts of Interest and Declaration	2017-10-19	2018-06-21	Current	
G-395	Board Effectiveness	Local Health Integration Network Relationships	2018-09-20		Current	
G-400	Board Effectiveness	Political Activities	2018-07-01		Current	
G-470	Communications and External Relations	Annual Report	1992-09-23	2019-04-02	Current	
G-480	Communications and External Relations	Media Relations	1992-09-23	2019-04-02	Current	
G-490	Communications and External Relations	Board of Health Reports	1994-06-15	2019-04-02	Current	

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
G-500	Communications and External Relations	Advocacy			To Be Developed	

GOVERNANCE MANUAL

SUBJECT:	Financial Planning and Performance	POLICY NUMBER:	G-180
SECTION:	Financial and Organizational Accountability	PAGE:	1 of 3
IMPLEMENTATION:	June 15, 2017	APPROVAL:	Board of Health
SPONSOR:	MOH/CEO	SIGNATURE:	
REVIEWED BY:	Finance and Facilities Committee	DATE:	

PURPOSE

To ensure that Middlesex-London Health Unit (MLHU) 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.

Fiscal Year

The fiscal year 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. (Refer to Appendix A for the budget planning and approval cycle.)

The planning and approval cycle has the following components:

- a) Annual Service Plan – The Annual Service Plan provides a comprehensive summary of each MLHU program including the program's purpose, costs, key performance indicators and other relevant information. The Annual Service Plan supports the annual budget that is approved by the Board of Health, as well as annual budget reporting by program to the Ministry of Health Long Term Care (MOHLTC).
- b) Program Budgeting Marginal Analysis (PBMA) – PBMA facilitates reallocation of resources based on maximizing service. This is done through the transparent application of pre-

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SUBJECT: Financial Planning and Performance	POLICY NUMBER:	G-180
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defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made.

- c) Quarterly Financial Reporting – MLHU 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 MLHU budget.
- d) One-time Funding Requests – One-time funding requests may be used for non-reoccurring expenditures or to temporarily enhance program objectives. (Requests should be made during the budget preparation process, by making application to the provincial government for one-time funding when filing the Annual Service Plan. Approval of the request will follow Policy G-200 Signing Authority based on the total value of the request.)

Annual Budget Approval

The Finance and Facilities Committee (FFC) of the Board of Health reviews and recommends the annual budget for Board of Health approval.

Factual Certificate

MLHU 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.

Audited Financial Statements

The preparation of the financial statements is the responsibility of MLHU's management. Financial statements must be prepared in compliance with legislation and in accordance with Canadian public sector accounting standards. The FFC 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.

The Board of Health must provide audited financial reports to funding agencies for programs that are funded from April 1st – March 31st each year to provide assurance that the funds were expended for the intended purpose. These programs are also reported in the main audited financial statements of MLHU 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.

RELATED POLICIES

G-200 Approval & Signing Authority

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REVISION DATES (* = major revision):
15-06-2017
19-09-2019

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
March	<ul style="list-style-type: none"> • Budget submission to the Ministry of Health and Long-Term Care • Q4 Variance Reporting and Factual Certificate to FFC
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
July	<ul style="list-style-type: none"> • PBMA criteria recommended to FFC • High-level planning parameters for upcoming year recommended to FFC
August	
September	<ul style="list-style-type: none"> • Q2 Variance Reporting and Factual Certificate to FFC • 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: Asset Protection
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-190**
PAGE: 1 of 2

IMPLEMENTATION: June 15, 2017
SPONSOR: MOH/CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To ensure that Middlesex-London Health Unit (MLHU) assets, Board of Health members, employees, students, volunteers and any other persons legally engaged on the behalf of MLHU are adequately insured against physical damage and/or injury and errors and omissions.

POLICY

The Board of Health shall ensure that assets are reasonably protected and not placed at unnecessary risk or liability, including:

- Actively mitigating risks through planning and policy development (Refer to Policy G-120 Risk Management); and
- Maintaining reasonable insurance coverage against:
 - Fire, theft and casualty losses, with an appropriate deductible;
 - Liability losses for Board of Health members, employees, students, volunteers and any other persons legally engaged on the behalf of MLHU; and
 - Losses due to errors and omissions for Board of Health members, employees, students, volunteers and any other persons legally engaged on the behalf of MLHU.

The Manager, Finance or designate reviews all insurance policies annually with insurance professionals representing the Board of Health and presents any substantive changes in these policies to the Finance and Facilities Committee of the Board of Health for their approval.

The Manager, Finance or designate provides proof of insurance as required (Refer to Appendix A – Requests for Insurance Certificates).

APPENDICES

Appendix A – Requests for Insurance Certificates

RELATED POLICIES

G-120 Risk Management

REVISION DATES (* = major revision):

1992-09-23
1997-09-25
2000-06-31

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2005-03-02
2008-10-30
2014-06-01
2019-09-19

Requests for Insurance Certificates

From time to time, staff may be required to provide proof of the Middlesex-London Health Unit's insurance, for example for renting facilities and equipment.

Requests for proof of insurance must be submitted to the Manager, Finance or designate 10 business days prior to the date required by the third party. The request should detail the following:

- Date of the event
- The location and description of the event
- The third party contact information including name, address and fax number

The Manager, Finance or designate will liaise with the insurance agent to fill the request and ensure the 3rd party receives a copy of the insurance certificate.

GOVERNANCE MANUAL

SUBJECT: Investing
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-210
PAGE: 1 of 2

IMPLEMENTATION: June 15, 2017
SPONSOR: MOH/CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

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 (MLHU), pursuant to Section 56 (1) of the Health Protection and Promotion 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, reserve funds and trust funds.

MLHU 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.
- e) Yield – MLHU shall maximize the net rate of return earned on the investment portfolio, without compromising the other objectives listed previously. Investments are limited to relatively low risk securities in anticipation of earning a fair return relative to the assumed risk.

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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 AND STANDARDS

Health Protection and Promotion Act
Municipal Act

RELATED POLICIES

G-B20 By-law No. 2 Banking and Finance

REVISION DATES (* = major revision):
September 19, 2019

GOVERNANCE MANUAL

SUBJECT: Tangible Capital Assets
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-240**
PAGE: 1 of 4

IMPLEMENTATION: June 15, 2017
SPONSOR: MOH/CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To prescribe the accounting treatment for tangible capital assets so that investments in property, plant and equipment are reflected on the Middlesex-London Health Unit's (MLHU) financial statements in order to comply with Section 3150 of the Public Sector Accounting Board (PSAB) Handbook.

POLICY

The principle issue regarding tangible capital assets (TCA) is the recognition of the assets and the determination of amortization charges. This policy sets forth how MLHU gathers and maintains information needed to prepare financial statements in regard to tangible capital assets.

Capitalization and Asset Categories

Tangible capital assets should be capitalized (recorded in the fixed asset sub-ledger) according to the following asset classes per year:

Asset Class	Useful Life (Years)
Leasehold Improvements	5-20
Computer Systems	4
Motor Vehicles	5
Furniture and Equipment	7

*Assets under construction are not amortized until the asset is available for productive use.

*MLHU must have legal title to the assets in order for the asset to qualify as a capital asset.

Valuation of Assets

Tangible capital assets should be recorded at cost plus all related charges necessary to place the asset in its intended location and condition for use.

Purchased Assets – The cost is the gross amount paid to acquire the asset and includes all non-refundable taxes and duties, freight and delivery charges, installation and site preparation costs etc., net of any trade discounts or rebates.

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SECTION: Financial and Organizational
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Acquired, Constructed or Developed Assets – The cost includes all costs directly attributable (e.g. construction, architectural and other professional fees) to the acquisition, construction or development of the asset. Capitalization of general administrative overhead is not permitted.

Donated or Contributed Assets – The cost of donated or contributed assets is equal to the fair value at the date of construction or contribution. Fair value may be determined using market or appraisal values.

Amortization

The cost, less any residual value, of a tangible capital asset with a limited life should be amortized over its useful life in a rational and systematic manner appropriate to its nature and use. (PSAB 3150.22)

Amortization should be accounted for as an expense in the statement of operations. A record is still required for assets still in use, but already fully amortized. Amortization does not commence until the asset is available for use. In the year an asset is put into service, half of the applicable amortization is expensed. The method of asset amortization, threshold levels and estimated useful life will be reviewed on an annual basis.

Disposal

The Manager, Finance must be notified when assets become surplus to operations. Disposal procedures for capital assets will be in accordance with Policy G-230 Procurement .

Capital Leases

Any capital lease shall be accounted for in the same manner as acquiring a capital asset.

Reporting

PSAB 3150.40 requires that the financial statements disclose, for each major category of tangible capital assets and in total:

- a) Cost at the beginning of the period;
- b) Additions in the period;
- c) Disposals in the period;
- d) The amount of any write-downs in the period;
- e) The amount of amortization of the costs of tangible capital assets for the period;
- f) Accumulated amortization at the beginning and end of the period; and
- g) Net carrying amount at the beginning and end of the period.

Method for Determining Initial Cost of Each Asset Category

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Where feasible, an inventory of all assets will be conducted. A master list of assets will be created, identified by category and updated as assets are acquired or disposed of. Assets which are old and still in use past their normal amortization period will still be recorded.

DEFINITIONS

“Amortization” is the accounting process of allocating the cost less the residual value of a tangible capital asset to operating periods as an expense over its useful life. (Also referred to as depreciation.)

“Betterments” are subsequent expenditures on tangible capital assets that:

- Increase service capacity
- Lower associated operating costs
- Extend the useful life of the asset
- Improve the quality of the asset

These costs are included in the tangible capital asset’s cost. Any other expenditure would be considered a repair or maintenance and expensed in the period in which the expense was incurred.

“Capital Lease” is a lease with contractual terms that transfer substantially all the benefits and risks inherent in ownership of property to MLHU. One or more of the following conditions must be met:

- a) There is reasonable assurance that MLHU will obtain ownership of the leased property by the end of the lease term;
- b) The lease term is of such duration that MLHU will receive substantially all of the economic benefits expected to be derived from the use of the leased property over its life span; and/or
- c) The lessor would be assured of recovering the investment in the leased property and of earning a return on the investment as a result of the lease agreement.

“Capitalization Threshold” is the minimum amount that expenditures must exceed before they are capitalized and reported on the balance sheet of the financial statements. Items not meeting the threshold would be recorded as an expense in the period in which the expense was incurred. Management should use appropriate discretion for individual items under \$100 in value with a service life exceeding four years (minimum amortization period for capital assets).

“Group Assets (Pooling)” have an individual value below the capitalization threshold but have a material value as a group. Although recorded in the financial systems as a single asset, each unit may be recorded in the asset sub-ledger for monitoring and control of its use and maintenance. Examples could include computers, furniture and fixtures, small moveable equipment etc.

“Tangible Capital Assets” are non-financial assets having physical substance that:

- a) Are used on a continuing basis in MLHU’s operations;

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- b) Have useful lives extending beyond one year; and
- c) Are not held for re-sale in the ordinary course of operations.

“**Useful Life**” is the shortest of the asset’s physical, technological, commercial or legal life.

APPLICABLE LEGISLATION

Public Sector Accounting Board (PSAB) Handbook

REVISION DATES (* = major revision):

2019-09-19

2010-01-01

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

To provide guidelines to maximize revenue opportunities while safeguarding the Middlesex-London Health Unit's (MLHU) corporate values, image, reputation, assets and interests.

POLICY

MLHU welcomes and encourages sponsorship, in accordance with this policy, to advance the work of the organization.

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

MLHU 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 been solicited by MLHU.

This policy does not apply to 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 Policy G-320 Donations where applicable.)

Conflict of Interest

The policy applies to all employees and Board members, and all relationships between MLHU and the sponsor. Employees/Board members must not receive direct professional, personal or financial gain from an affiliation with the sponsor. MLHU must be vigilant at all times to avoid any real or apparent conflict of interest in accepting sponsorships. (Refer to Policy G-380 Conflict of Interest and Declaration.)

Brand Preservation

The sponsorship must enhance, not impede, MLHU'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 MLHU. MLHU will maintain complete control of all funds provided from sponsors. MLHU's intangible intellectual assets, including name and logo, will be protected at all times. Sponsors will not be permitted to use MLHU's name or logo for any commercial purpose or in connection with the promotion of any product. MLHU will not provide

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product or service endorsements or allow commercial product promotions. Use of the MLHU logo by other agencies must be approved by Communications.

MLHU 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. In compliance with the World Health Organization (WHO) International Code of Marketing of Breast-Milk Substitutes, corporations in the production or distribution of breast milk substitutes will not be considered for sponsorship under any circumstances. Consideration can be given to subsidiary companies as long as the parent company is not promoted.

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 and Appendix B Corporate Sponsorship Agreement/Contract.)

Sponsorship Agreements

All sponsorship opportunities must be reviewed by the Division Director with consultation as appropriate, before any agreement is signed. Execution of any sponsorship agreement must comply with Policy G-200 Approval and Signing Authority. All sponsorships regardless of their value must have a signed agreement, which clearly outlines the responsibilities of all parties.

Sponsorship agreements that are entered into which span greater than one year, are to be evaluated on an annual basis by the Manager, Finance to ensure that the criteria have been met, and will continue to be met. Any changes by MLHU to the sponsorship agreement will be forwarded to the appropriate authorizing person as per Policy G-200 Approval and Signing Authority.

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.

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

Solicitation

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.

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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.

RELATED POLICIES

G-320 Donations
G-330 Gifts and Honoraria

SUBJECT: Corporate Sponsorship
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G-200 Approval and Signing Authority

REVISION DATES (* = major revision):

September 25, 1997

May 31, 2000

May 16, 2002

March 31, 2014

September 19, 2019

Corporate Sponsorship Assessment Form

1. Name of Proposed Sponsor: _____
Name of Sponsor Contact Person: _____
Name of MLHU Contact Person: _____
2. Any prior philanthropic association with 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 MLHU's 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 the Corporate Sponsor require from MLHU for their approval process?

10. Corporate Sponsor's Annual Report and 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			
The Community			
Other MLHU Stakeholders			

13. Overall assessment of this sponsorship relationship:

1 2 3 4 5
 Not Useful Useful Very Useful

14. Have appropriate MLHU signatories reviewed this Sponsorship Assessment Form?

Yes No

Comments or Conditions:

15. Division Director recommendation:

Accept Reject N/A

Printed Name and Signature

Date YYYY-MM-DD

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

Accept Reject N/A

MOH/CEO Signature

Date YYYY-MM-DD

17. Board of Health recommendation:

Accept Reject N/A

Board Chair Signature

Date YYYY-MM-DD

18. Assessment form completed by:

Printed Name and Signature

Date YYYY-MM-DD

ATTACH A COPY OF THE PROPOSAL TO THIS FORM

Corporate Sponsorship Agreement

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 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

SUBJECT: Donations
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-320**
PAGE: 1 of 3

IMPLEMENTATION: March 31, 2014
SPONSOR: MOH/CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To provide guidance on the acceptance and solicitation of donations to ensure all donations and interactions with donors/prospective donors are appropriate, ethical and consistent with the organization's values.

POLICY

The Middlesex-London Health Unit (MLHU), while having charitable status, does not actively solicit donations. However, it may from time to time receive donations from the public or other organizations.

Responsibility to the Ministry of Health and Long-Term Care (MOHLTC)

Although MOHLTC encourages agencies to raise funds, ministry funds cannot be used to support fundraising activities (e.g. salary for a fund raiser, supplies, advertising). Any fundraised dollars must be accounted for separately on the agency's audited financial statements. A reasonable amount of time spent at planning meetings is acceptable and would not be considered a fundraising activity.

Responsibility to Donors

MLHU must ensure that any donors or prospective donors are treated in an ethical and responsible manner at all times. At no time shall MLHU exert undue pressure or influence on a donor or prospective donor. If there is any perceived conflict of interest with MLHU, when dealing with a donor or prospective donor, that conflict of interest will be declared to the Medical Officer of Health/Chief Executive Officer (MOH/CEO), and the donor or prospective donor will also be made aware of the conflict of interest.

Consultation

MLHU will encourage donors to consult with professional advisors of their choice, as well as with family members, prior to making a donation to ensure that the donor will not be disadvantaged by the donation.

Restricted Donations

MLHU shall, at all times, honour the conditions of donations accepted. Should the purpose for which the donation was made change, every attempt will be made to discuss the change with

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the donor. If the donor cannot be contacted, the MOH/CEO will realign the use of the donation, meeting as closely as possible, the donor's original intent. If the donor's wish is to remain anonymous, MLHU will maintain anonymity. Otherwise, MLHU will ensure that the donor is appropriately recognized.

Receipts

A receipt will be issued to the donor for the value of the donation in accordance with Canada Revenue Agency (CRA) guidelines. All donor information will be kept in accordance with Policy G-100 Privacy and Freedom of Information.

Accepting Donations

Gifts of cash (i.e. currency, cheques or electronic fund transfers) can be received directly or through bequests. These donations can be for general purposes or can be in support of a specific item, program or service, either capital or operational in nature.

MLHU cannot accept donations that are in the form of securities or real estate. However, the donor can be informed that if they convert the securities or real estate into cash, MLHU will be able to accept the donation.

Gifts in-kind are evaluated and accepted (or declined) based on need, ongoing maintenance requirements, suitability, storage and liability, amongst other criteria. Depending on the donor's wishes, MLHU may retain the gift or sell it and use the proceeds where they are needed most.

In accordance with Canada Revenue Agency (CRA) Guidelines, it is the donor's responsibility to have the value of the property appraised for receipting purposes. MLHU will issue a receipt in accordance with CRA guidelines.

Declining Donations

MLHU shall decline any donation where one or more of the following may be true:

- Restrictions attached to the donation are not consistent with the mission, values or programs of MLHU. In compliance with the World Health Organization (WHO) International Code of Marketing of Breast-Milk Substitutes, corporations in the production or distribution of breast milk substitutes will not be considered for receiving donations. Consideration can be given to subsidiary companies as long as the parent company is not promoted.
- Restrictions attached to the donation would cause undue hardship on MLHU.
- The donor is attempting to unduly influence MLHU.
- The donation is from illegal sources.
- The donation is from a group whose ethics or business practices are inconsistent with the mission, values or programs of MLHU.
- Donations of material property for which no reliable valuation can be made.
- Donations that jeopardize the charitable status of MLHU.

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- Donations with undue physical or environmental hazards associated with them.
- Donations that could improperly benefit an individual.
- Donations that could harm the reputation of MLHU.

DEFINITIONS

“**Bequest**” refers to the act of receiving personal property through a will.

“**Conflict of Interest**” means any event (whether actual or perceived) in which MLHU or anyone representing MLHU may benefit from knowledge of, or participation in, the acceptance of a donation.

“**Donation/Gift (Cash)**” means a voluntary transfer of personal property from a donor to a recipient. The transaction shall not result directly or indirectly in a right, privilege, material benefit or advantage to the donor or to a person designated by the donor.

“**Gift-in-Kind/In-Kind Gift**” means a donation of property, goods or services other than cash. An independent qualified appraiser typically determines the fair market value of the gift.

“**Personal Property**” means anything that is not cash, securities or real estate. Personal property includes, but is not limited to, artworks, automotive vehicles, rare books and equipment.

“**Professional Advisors**” means professionals external to MLHU with the ability to provide expert tax, legal or financial planning advice to donors (or prospective donors) on their charitable giving, including lawyers, financial planners, insurance agents, trust professionals, accountants, or investment advisors.

“**Restriction**” is a condition imposed on the use of a gift/donation.

“**Securities**” are equity or debt instruments listed on a public exchange.

RELATED POLICIES

G-200 Approval and Signing Authority
G-330 Gifts and Honoraria
G-310 Corporate Sponsorship

REVISION DATES (* = major revision):
September 19, 2019

SUBJECT: Gifts and Honoraria
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-330**
PAGE: 1 of 4

IMPLEMENTATION: September 30, 1992
SPONSOR: MOH/CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To provide direction on the acceptance and offering of gifts and honoraria by Middlesex-London Health Unit (MLHU) employees and Board of Health members.

POLICY

Gifts

MLHU employees/Board members shall not accept the use of property or facilities (e.g. a vehicle, office or vacation property) at less than fair market value or at no cost; or accept, solicit, offer or agree to accept a commission, fee, advance, cash, gift, gift certificate, bonus, reward or benefit that is connected directly or indirectly with the performance of their duties, unless permitted by one of the following exceptions:

- Gifts that are received as an incident of protocol or social obligation that normally and reasonably accompany the responsibilities of office;
- Token gifts such as souvenirs, mementoes and commemorative gifts that are given in recognition of service on a committee for speaking at an event or representing MLHU at an event;
- Food and beverages consumed at lunches, dinners, charity, fundraisers, banquets, receptions, ceremonies or similar events if the individual's attendance serves a legitimate organizational purpose, the value is reasonable and the invitations infrequent;
- Communications to the offices of an employee/Board member including subscriptions to newspapers and periodicals;
- Compensation authorized by law;
- Political contributions that are offered, accepted and reported in accordance with applicable law;
- Services provided without compensation by persons volunteering their time;
- Gifts of admission to dinner, charity fundraisers, banquets, receptions, ceremonies, cultural events, sporting events, business galas, political events and similar events if the employee/Board member's attendance serves a legitimate organizational purpose;
- Reasonable payment for participation in or organizing any reception, dinner, gala, golf tournament, or similar event to support charitable causes or fundraising event and food, lodging, transportation or entertainment from a not for profit non-government organization.

For the purposes of this policy a commission, fee, advance, cash, gift, gift certificate, bonus, reward or benefit provided with the employee/Board member's knowledge to a member's spouse, child or parent or to an employee/Board Member's employee that is connected directly

SUBJECT: Gifts and Honoraria
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or indirectly to the performance of their duties is deemed to be a gift to that employee/Board member.

Within 30 days of receipt of any gift described in the exceptions above where the value exceeds \$100, or where the total value of such gifts received from any one source during one calendar year exceeds \$500, the employee/Board member shall file a Disclosure Statement (Appendix A) with their respective director/the Secretary-Treasurer of the Board of Health. These details should then be reported to the Manager, Finance.

Every disclosure statement is a matter of public record and shall indicate:

- The nature of the gift;
- Its source and date of receipt;
- The circumstances under which it was received; and
- Its estimated value.

Honoraria

As part of their public service, employees/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 MLHU employee/Board member 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. Funds received will be used to purchase resources within the Division, or the Board expenses budget.

As part of their public service, other community organizations may prepare and/or deliver programs or information to employees/Board members. In these situations, MLHU may provide a nominal amount of remuneration to the community organization 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. Approval to provide an honorarium must be received from the respective director from an approved budget or the Secretary-Treasurer of the Board of Health as applicable.

Accurate records must be maintained in order to demonstrate the reasonableness and appropriateness of any honoraria. Awarding honoraria must be compliant with Canada Revenue Agency (CRA) rules.

To ensure full transparency, employees/Board members shall file a Disclosure Statement (Appendix A) with their respective director/the Secretary-Treasurer of the Board of Health. These details should then be reported to the Manager, Finance.

SUBJECT: Gifts and Honoraria
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Every disclosure statement is a matter of public record and shall indicate:

- The nature of the honoraria;
- Its source and date of receipt;
- The circumstances under which it was received; and
- Its estimated value.

DEFINITIONS

“**Gift**” refers to 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.

REVISION DATES (* = major revision):

September 30, 1992

June 15, 1994

August 2, 2000

March 2, 2005

October 2, 2014

September 19, 2019

Disclosure Statement

MIDDLESEX-LONDON HEALTH UNIT

Governance Manual G-330 regarding the acceptance of gifts and honoraria, requires staff/Board Members to disclose the receipt of certain gifts and benefits if the dollar value of a single gift or benefit exceeds \$100.00 or if the total value of gifts and benefits received from one source in a calendar year exceeds \$500.00. This Disclosure Statement is to be used to report on such gifts and benefits and shall be filed with the Manager, Finance within 30 days of receipt of such gift or benefit, or upon reaching the annual limit. Disclosure Statements are a matter of public record.

Nature of Gift or Benefit Received:

Source of Gift or Benefit:

Circumstances under Which Gift or Benefit Received:

Estimated Value of Gift or Benefit: \$ _____

Date Gift or Benefit Received: _____

Signature of Staff/Board Member: _____

Date: _____

Date Statement Received by Finance Manager: _____