

Interprofessional Primary Care Team Expansion

Technical Webinar

Link to video recording:

<https://youtu.be/7LzUKXQnFgk>

April 11, 2025

Ontario 

 Ontario
Health

Welcome

Zahra Ismail, Vice President, Primary Care and Person Centred Measurement

Agenda

10 mins	Introductions	Zahra Ismail Vice President, Primary Care & Person Centered Measurement, Ontario Health Dr. Jane Philpott Chair, Ontario's Primary Care Action Team
2 mins	Land Acknowledgement	Zahra Ismail Vice President, Primary Care & Person Centered Measurement, Ontario Health
3 min	Today's Objectives & Webinar Logistics	Zahra Ismail Vice President, Primary Care & Person Centered Measurement, Ontario Health
5 mins	OHT & PCN Role	Fredrika Scarth Vice President, Integrated Care, Ontario Health Dr. Brian McKenna Lead Physician, Hamilton Family Health Team Regional Clinical Lead, Primary Care, Ontario Health (West)
20 mins	Proposal Form Walk-through	Darlene Wong Director, Primary Health Care Branch, Ministry of Health
15 mins	Open Q&A	<i>Facilitator:</i> Meaghan Cunningham Director, OHT Implementation, Ontario Health
5 mins	Next Steps & Closing	Zahra Ismail Vice President, Primary Care & Person Centered Measurement, Ontario Health

Land Acknowledgement



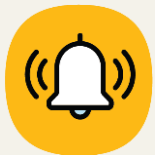
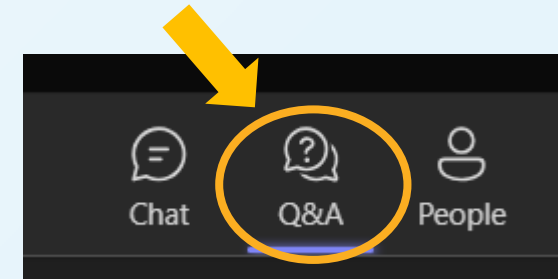
Today's Objectives



- Outline the role that OHTs and PCNs will play in this round of IPCT expansion
- Walk through the IPCT proposal form
- Address questions
- Highlight next steps

Webinar Logistics

- This session will be recorded. The recording and presentation materials can be provided upon request.
- Questions can be submitted throughout the webinar and will be addressed during the question period of the agenda.
 - Questions can be submitted through the Q&A box:
 - Questions regarding Round 1 of the IPCT Expansion will be prioritized.
 - If we run out of time for questions, we commit to following up post-webinar with answers.



We will be providing you with a list of supports available should you have further questions following today's webinar.

OHT & PCN Role

Fredrika Scarth, Vice President, Integrated Care

Dr. Brian McKenna

Lead Physician, Hamilton Family Health Team

Regional Clinical Lead, Primary Care, Ontario Health (West)

OHT/PCN Roles in IPCT Proposal Submission (1/2)

The role of OHTs and their affiliated PCNs is to **lead the local efforts** to support primary care practices, family doctors, nurse practitioners and other primary care clinicians to **identify attachment gaps** within their identified postal codes and **coordinate and submit proposals** that will help achieve ongoing attachment to regular primary care clinicians for their local populations over time.

Communications:

- Ensuring potential proponents and partners **receive the proposal package to complete** and submit the forms required.
- **Responding to questions** from partners about the proposal process.

Coordinate and support proposal development:

- Identifying and working with primary care contacts in your community, PCN clinical leads and OH regional contacts (including the OH regional primary care clinical lead(s)) to **support the development and finalization of proposals**. Strong proposals will articulate a tangible plan to attach the highest possible proportion of unattached people in their identified postal codes and align with the three strategic priorities of this funding opportunity: 1) Primary Care Attachment; 2) Readiness to Implement and 3) Meeting Primary Care Team Principles
- Depending on the capacity of the applicant(s), **participate in developing content for the proposal**.
- Supporting partners, primary care practices and clinicians in **accessing the available data; provide support in data analysis and interpretation** as needed to support proposal development.
- Working with other OHTs/PCNs as needed to **coordinate proposals in identified postal codes that are part of more than one OHT/PCN**.

OHT/PCN Roles in IPCT Proposal Submission (2/2)

The role of OHTs and their affiliated PCNs is to **lead the local efforts** to support primary care practices, family doctors, nurse practitioners and other primary care clinicians to **identify attachment gaps** within their identified postal codes and **coordinate and submit proposals** that will help achieve ongoing attachment to regular primary care clinicians for their local populations over time.

Proposal submission:

- OHTs should **ensure broad, fair, and transparent engagement with primary care practices and clinicians, including with community partners** who plan and deliver primary care programs and services for underserved populations.
- When **determining which proposals are submitted**, OHTs are encouraged to leverage their Collaborative Decision-Making Arrangements (CDMAs) and associated governance structures and processes. OHT **CDMAs should include conflict-of-interest procedures for member organizations and individual representatives** who hold decision-making authority. OHTs should consider how these conflict-of-interest procedures apply to the development, assessment, and submission of funding proposals.
- **Submitting the Proposal Submission Attestation Form along with the proposal(s)** to Ontario Health (one proposal per identified postal code, with a maximum of five proposals per OHT).

Proposal Form Walk-Through

Darlene Wong, Director, Primary Health Care Branch, Ministry of Health

Application process overview

- **Purpose:** to highlight key areas of the proposal form, budget and submission process
- **Important notes:**
 - Not all questions are included in this overview
 - If differences exist between the instructions in the proposal form and this presentation, the proposal form takes precedence
 - Materials are also available in French
 - For questions, please contact your local OHT, Ontario Health regional contacts or the Ministry of Health.
- In the subsequent slides, the proposal submission process is broken down into 4 steps: (1) understand, (2) document, (3) sign, and (4) submit

Understand

Document

Sign

Submit

1. Understand your priority FSAs

- Each OHT that is the “Primary OHT*” for one or more priority FSAs received an email from their OH Region on launch day with:
 - A list of their **priority FSAs**
 - The **number of proposals** that can be submitted by that OHT
 - **Proposal IDs** for the OHTs to assign to proponent IPCTs
- Note: while proponents of Indigenous-led proposals are encouraged to collaborate with their local OHTs, OHT and PCN support is not required to submit a proposal
- OHTs can learn more about the characteristics of their priority FSAs using the PCAT Data Package, available to all OHTs in the OHT Data Dashboard

*Primary OHT: the OHT with the largest share (plurality) of an FSA’s attributed population. For a small number of FSAs, this assignment was adjusted after consultation with OH Regions.

Understand

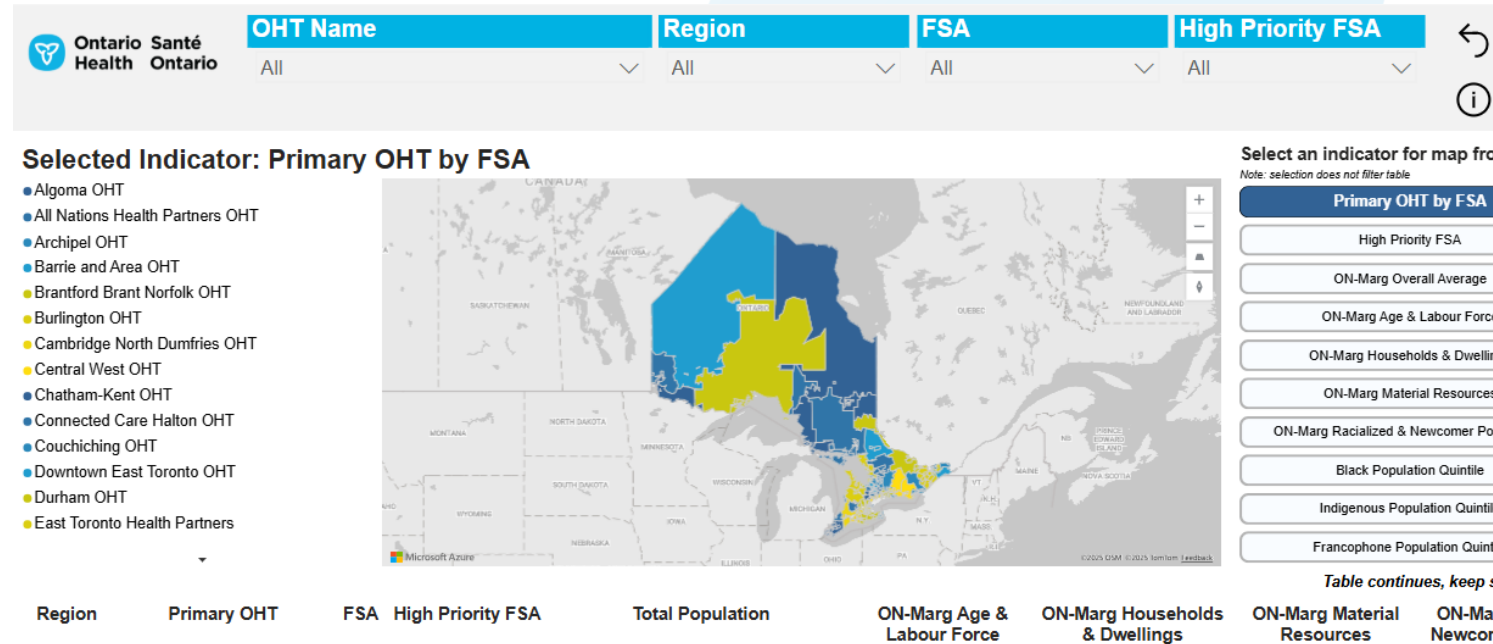
Document

Sign

Submit

1. Understand your priority FSAs

- The PCAT Data Package contains aggregate data at the FSA level including:
 - Sociodemographic factors
 - Attachment and Health Care Connect waitlist indicators
 - Locations of existing IPCTs
- A webinar on the PCAT Data Package will be held on Tuesday, April 15 @ 11am
- Email OHTanalytics@ontariohealth.ca for access to the OHT Data Dashboard (access is available to OHTs only)



Understand

Document

Sign

Submit

2. Complete the proposal documentation

- Proponent IPCTs will complete the **proposal form and budget**, in collaboration with their OHT and OH Region
- Following the Introduction, the IPCT Expansion **Proposal** (PDF) requires proponents enter the Proposal ID provided by their OHT*
 - Reminder: OHTs received a list of proposal IDs in the email received from their OH Region on launch day
 - These IDs must* be used as they are part of the validation process which confirms the proposal is supported by an OHT

Interprofessional Primary Care Team Expansion Proposal
Spring 2025

Proposal Form

Proposal ID:



Section A. Proponent Information

This section should be completed with the information of the proponent leading the expansion of an existing interprofessional primary care team or the creation of a net new interprofessional primary care team.

1. Name of the OHT this proposal is associated with *(Note: this does not apply for Indigenous-led proposals)*

--- (No Associated OHT)

2. Name of the Ontario Health Region

North East

*Note: the Proposal ID field can be left blank for Indigenous-led proposals not associated with an OHT

Understand

Document

Sign

Submit

2. Complete the proposal documentation

- Proponent IPCTs are then asked to identify the names and locations of the **lead** and **collaborating organizations**
- They must specify whether:
 - They have the support of their Board of Directors or Band Council (if applicable)
 - They are located in a designated area under the French Language Services Act (FLSA)
 - They are proposing to expand an existing team or create a net-new team, and the model(s) – CHC, FHT, IPHCO, or NPLC

6. Does the organization have a Board of Directors or Band Council?

Yes

If so, does the Board of Directors or Band Council endorse this application?

Yes

7. Is your proposed service area located in or serving a designated area¹ under the French Language Services Act (FLSA)? (See Appendix E for a list of French language designated areas in Ontario)

No

8. Please check whether the proposal is to:

- Expand an existing team (by adding new team members at existing location)
- Expand an existing team (by adding a satellite location or mobile unit)
- Create a net new team

9. Please specify the type of team and identify which model is being proposed to expand or create: Family Health Team, Community Health Centre, Indigenous Primary Health Care Organization, or Nurse Practitioner-Led Clinic. Please refer to Appendix A for descriptions of interprofessional primary care team models.

Understand

Document

Sign

Submit

2. Complete the proposal documentation

- Proponent IPCTs will enter the geographic zones they will be providing services for by entering the priority FSAs
 - An FSA (forward sortation area) is the first 3 digits of a postal code (e.g., L4T)
- Reminder: the list of high priority FSAs was provided in the email to OHTs on launch day and is available on the [Ministry website](#)
 - Teams can also view maps of the high priority FSAs in the PCAT Data Package in the OHT Data Dashboard

11. Please confirm the geographic zones you will be providing services for by specifying the first three digits of the postal code (also referred to as the Forward Sortation Area or FSA). The list of identified FSAs for Round 1 can be found [here](#)

FSA	<input type="text"/>	FSA	<input type="text"/>	FSA	<input type="text"/>
FSA	<input type="text"/>	FSA	<input type="text"/>	FSA	<input type="text"/>
FSA	<input type="text"/>	FSA	<input type="text"/>	FSA	<input type="text"/>
FSA	<input type="text"/>	FSA	<input type="text"/>	FSA	<input type="text"/>

Understand

Document

Sign

Submit

2. Complete the proposal documentation

- Proponents will indicate their potential impact by providing their current practice size and estimating how many new people they will attach:
 - In the **first 3 months** after receiving funding
 - **By March 31, 2026** (cumulative from the start of funding)
 - **By March 31, 2027** (cumulative from the start of funding)
- They will also confirm that they are committed to attaching patients on the Health Care Connect wait list within their geographic zone

12. What is your current practice size? (i.e., roster, panel)

13. How many net new patients will you attach when you are at full complement of your staffing?

14. How many new people will the team attach within 3 months of receiving funding?

15. How many new people will the team attach by March 31, 2026? (cumulative)

16. How many new people will the team attach by March 31, 2027? (cumulative)

17. Please confirm that your team will commit to attaching patients on the Health Care Connect wait list within your identified geographic zone(s).

Yes

Understand

Document

Sign

Submit

2. Complete the proposal documentation

- Proponents will identify the **proposed net-new** primary care clinicians as well as administrative/clinical staff
 - Specify the number of full-time equivalents (FTEs) as well as the head count
- Where applicable, attach a **letter** from the primary care physician, physician group, or nurse practitioner and/or any individual specialists confirming their commitment to join the primary care team

Q 18

Additional Provider Type	Proposed Total of Additional FTE(s)	Proposed Total of Additional Headcounts	Letter of Commitment with Start Date Attached (Y/N)
Salaried Physician (only for Blended Salary Model-FHTs, CHCs, IPHCOs [formerly Aboriginal Health Access Centres])			Yes
Nurse Practitioners			Yes
Other interprofessional clinicians (e.g., Physician Assistant, Dietitian, Social Worker, Traditional Healer, Community Ambassador etc.) who will enable attachment			No
Administration (i.e., receptionist, medical office assistant, data coordinator)			No
Management (i.e., executive director)			No

Understand

Document

Sign

Submit

2. Complete the proposal documentation

- They will also identify the **affiliated physician group(s)** (if applicable)
- Include letters of commitment where possible

Q 19

Affiliated Physician Group Type (e.g., Family Health Organization, Family Health Network, Rural and Northern Physician Group Agreement) <i>This information is to identify the affiliated group with the new team and <u>not</u> for funding purposes.</i>	Name of the Physician Group(s) <i>(that will be affiliated with the team)</i>	Group Number(s) <i>(that will be affiliated with the team)</i>	Letter of Commitment from the Physician Lead with Start Date Attached (Y/N)
			Yes <input type="button" value="v"/>
			Yes <input type="button" value="v"/>
			No <input type="button" value="v"/>
			No <input type="button" value="v"/>
			No <input type="button" value="v"/>
			No <input type="button" value="v"/>
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			No <input type="button" value="v"/>
			No <input type="button" value="v"/>
			No <input type="button" value="v"/>
			No <input type="button" value="v"/>



2. Complete the proposal documentation

- In the next section, proponents will describe how they will meet the primary care principles through the design and delivery of programs and services
- The principles are: **(1) province-wide, (2) connected, (3) convenient, (4) digitally integrated, (5) equitable, and (6) responsive**
- Each principle has space for about $\frac{3}{4}$ of a page of free text in the standard font size; teams should stay within this limit without decreasing the font size

Q 20

Principle 2: Connected

Description: Deliver interdisciplinary, team-based primary care with other professionals who work together to their full scope to deliver comprehensive primary care services and support the wellbeing of the health care team. Collaborate with local OHTs and their PCNs to establish partnerships with primary care organizations, as well as health, community, and social services to enable the integrated planning and delivery of primary care.

Proposed Approach: How will the team ensure that team members are working to their full scope of practice to optimize attachment?

How will the team work with the local OHT/PCN and with health, community, and social services to enable coordinated and integrated delivery of primary care services?

Please specify the partners involved in and supporting this proposal.

Understand

Document

Sign

Submit

2. Complete the proposal documentation

- Proponents will provide a plan detailing the timeline to start attaching people to a regular primary care clinician starting in Summer 2025
- The **implementation plan** should include, but not be limited to, all activities, including completion dates, recruitment plans and roles and responsibilities
- Structure the dates in terms of months from receiving funding
 - E.g., “Recruitment activities will take place in months 1 and 2”

Q 21

Milestones	Expected Completion Dates



2. Complete the proposal documentation

- Proponents will **identify and describe any risks, contingencies, issues, and circumstances** which they may encounter in the development and implementation of the proposed services
 - Include applicable mitigation strategies

Q 26

Risk	Mitigation



2. Complete the proposal documentation

- The budget template (referred to as appendix B) is a separate Excel document
- Note: the **YELLOW** cells require input/selection from proponents; all the **WHITE** and **GREY** cells populate automatically
- Before beginning, proponents should start by filling in the lead organization name, lead organization type (e.g., CHC, FHT, IPHCO, NPLC) and the proposal ID
- Additional details are available in the appendix of this presentation

Interprofessional Primary Care Teams (IPCT) Expansion

Proposed Budget

Lead Organization Name:

Proposed Lead Organization Type:

Proposal ID:

HUMAN RESOURCES <small>(Please select job title from dropdown below)</small>	TYPE	SALARY	FTE <small>(Enter #)</small>	BASE FUNDING
Other <small>(Please enter Job Title, Salary & Full Time Equivalent -->)</small>				\$ -
Other <small>(Please enter Job Title, Salary & Full Time Equivalent -->)</small>				\$ -
Other <small>(Please enter Job Title, Salary & Full Time Equivalent)</small>				\$ -
Other <small>(Please enter Job Title, Salary & Full Time Equivalent)</small>				\$ -
Other <small>(Please enter Job Title, Salary & Full Time Equivalent)</small>				\$ -
Other <small>(Please enter Job Title, Salary & Full Time Equivalent)</small>				\$ -
TOTAL SALARIES				\$ -
TOTAL BENEFITS <small>(22.5% of total salary amount)</small>				\$ -
TOTAL HUMAN RESOURCES			0.00	\$ -

SPECIALIST SESSIONALS / COLLABORATING PHYSICIAN(S)	NUMBER OF SESSIONALS or FTE	RATE	BASE FUNDING
Specialist Sessionals (FHT only) <small>Please enter # of sessionals --></small>		\$ 760	\$ -
Collaborating Physicians (NPLC only) <small>Please enter NP FTE # --></small>		\$ 12,396	\$ -
Other <small>(please specify)</small>			
Other <small>(please specify)</small>			
Other <small>(please specify)</small>			
Other <small>(please specify)</small>			
Other <small>(please specify)</small>			



2. Complete the proposal check list

- Return to the PDF proposal form
- A **proposal check** list is provided in appendix C of the proposal form
- Complete the proposal check list to ensure all aspects elements of the proposal are complete

Appendix C: Checklist for Interprofessional Primary Care Team Expansion

<input type="checkbox"/>	Completed Proposal Form
<input type="checkbox"/>	Completed Proposed Budget
<input type="checkbox"/>	Letters of Support or Additional Documentation

Understand

Document

Sign

Submit

3. Sign

- There are two options for signature:
- **Option 1 (preferred):** create a digital ID for e-signature

Step 1: click the “Signature of Authorized Signing Officer” text box

<input type="text"/>	<input type="text"/>
<i>Signature of Authorized Signing Officer</i>	<i>Signature of Second Authorized Signing Officer (if required)</i>
<input type="text"/>	<input type="text"/>
<i>Title</i>	<i>Title</i>
<input type="text"/>	<input type="text"/>
<i>Print Name</i>	<i>Print Name</i>
<input type="text"/>	<input type="text"/>
<i>Phone Number</i>	<i>Phone Number</i>

Step 2: select “Create a new Digital ID”

Configure a Digital ID for signing

A Digital ID is required to create a digital signature. The most secure Digital ID are issued by trusted Certificate authorities and are based on secure devices like smart card or token. Some are based on files.

You can also create a new Digital ID, but they provide a low level of identity assurance.

Select the type of Digital ID:

- Use a Signature Creation Device
Configure a smart card or token connected to your computer
- Use a Digital ID from a file
Import an existing Digital ID that you have obtained as a file
- Create a new Digital ID
Create your self-signed Digital ID

Cancel Continue

Step 3: select “Save to file”

Select the destination of the new Digital ID

Digital IDs are trustedly issued by trusted Certificate authorities and provide a high level of identity assurance. Self-signed Digital ID may not provide the same level of assurance and may not be accepted in some use cases. Consult with your recipients if this is an acceptable form of authentication.

- Save to File
Save the Digital ID to a file in your computer
- Save to Windows Certificate Store
Save the Digital ID to Windows Certificate Store to be shared with other applications

Back Continue

Step 4: Sign

Digitally signed by
SAMPLE
Date: 2025.04.09
20:52:51 -04'00'

Lock document after signing [View Certificate Details](#)

Review document content that may affect signing

Understand

Document

Sign

Submit

3. Sign

- **Option 2:** print the signature page, sign and scan the document, and attach with your application

Note: ONLY the signature page can be submitted as a scanned document. The original (digital) PDF MUST be submitted.

Interprofessional Primary Care Team Expansion Proposal

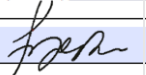
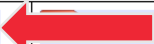
Spring 2025

Proponent Signature and Acknowledgment

On behalf of, and with the authority of, the proponent, I:

- certify that the information supplied in support of this Proposal Form is truthful, accurate and complete to the best knowledge of the proponent;
- confirm that the proponent has or will have the financial and organizational capacity to operate an Interprofessional Primary Care Team as outlined in this Proposal Form;
- acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for funding shall be made at the sole and absolute discretion of the Ministry of Health and its agent, Ontario Health;
- consent to the disclosure on a confidential basis of the Proposal Form by the Ministry to such individuals or other parties as may be required for the purpose of reviewing the proposal and/or to administer the request for proposal process;
- consent to the Ministry verifying any information provided in connection with this Proposal Form and making any disclosures incidental to that purpose;
- understand that the Ministry and its agent, Ontario Health, may disclose any information collected in this proposal if required by the provincial *Freedom of Information and Protection of Privacy Act* or as otherwise required by law or by a court or tribunal; and
- understand that the Ministry and its agent, Ontario Health will require selected proponents to execute a Transfer Payment Agreement outlining the terms and condition relating to any funding, including terms relating to audit, reporting and accountability, as a condition of and prior to receiving funding.

Dated at (location): this Day of , 20

	
<small>Signature of Authorized Signing Officer</small>	<small>Signature of Second Authorized Signing Officer (if required)</small>
<input type="text" value="Director"/>	<input type="text"/>
<small>Title</small>	<small>Title</small>
<input type="text" value="Sample Name"/>	<input type="text"/>
<small>Print Name</small>	<small>Print Name</small>
<input type="text" value="(555) 555-5555"/>	<input type="text"/>
<small>Phone Number</small>	<small>Phone Number</small>

Understand

Document

Sign

Submit

3. Complete the OHT Attestation

- Proponents must send all materials to their OHT for submission*
 1. IPCT Expansion **Proposal** (PDF)
 2. IPCT Expansion **Proposed Budget** (Excel)
 3. Letters of support
- The OHT then completes one OHT Proposal Submission Attestation Form for ALL submissions coming from that OHT

*Indigenous-led proponents can submit directly to Ontario Health – an OHT attestation is not required

IPCT Expansion (Round 1) Proposal Submission Attestation Form

On behalf of *name of OHT*, we attest that our OHT's Executive/Steering Committee and Primary Care Network Lead have selected, reviewed and hereby support the submission of the following IPCT Expansion Proposals for identified postal codes affiliated with our OHT, in accordance with our OHT's Collaborative Decision-Making Arrangement (CDMA):

1. *Enter Proposal 1 Identifier/Proposal Title here*
2. *Enter Proposal 2 Identifier/Proposal Title here*
3. *Enter Proposal 3 Identifier/Proposal Title here*
4. *Enter Proposal 4 Identifier/Proposal Title here*
5. *Enter Proposal 5 Identifier/Proposal Title here*

In making this attestation, we have exercised care and diligence that would reasonably be expected in these circumstances, including making due inquiries of persons that have knowledge of these matters. Furthermore, we attest that we are not aware of any actual, potential or perceived Conflicts of Interest with respect to our participation in the selection, review and support of these proposals.

Dated at *City*, Ontario this *day*, of *Month* 2025.

<p>✕</p> <p><i>Insert First Name, Last Name</i> <i>Insert OHT Title here (e.g., OHT Executive Lead/Chair/Co-Chair)</i></p>	<p>✕</p> <p><i>Insert First Name, Last Name</i> PCN Clinical Lead</p>
<p>✕</p> <p><i>Insert First Name, Last Name</i> <i>Insert OHT Title here (e.g., OHT Executive Lead/Chair/Co-Chair)</i></p>	<p>✕</p> <p><i>Insert First Name, Last Name</i> <i>Insert additional signatory title here</i></p>

Understand

Document

Sign

Submit

4. Submit

Submit all documents to **primarycareexpansion@ontariohealth.ca**
by
5:00pm Eastern Daylight Time on May 2, 2025

- Use the subject line:
 - *Submission for 2025/26 Interprofessional Primary Care Team Expansion, [unique identifier(s)]*
 - For Indigenous-led proposals, please include the organization name in the subject line
- Late or incomplete submissions will not be accepted
- General stream (i.e., non-Indigenous-led) submissions must come from the OHT
- An autoreply message to acknowledge receipt will be provided immediately, and a custom message to indicate acknowledgement of eligibility will be provided within 2 business days of submission

Understand

Document

Sign

Submit

Open Forum: Q&A

Meaghan Cunningham, Director, OHT Implementation

Next Steps & Closing Remarks

Zahra Ismail, Vice President, Primary Care and Person Centred Measurement

Next Steps

OHTs and PCNs have already begun the work to coordinate amongst their partners in response to the targeted call for proposals. Ontario Health, the Ministry of Health, Ontario Health atHome and the Primary Care Action Team are committed to supporting OHTs/PCNs and primary care proponents as they develop and prepare to submit proposals.

- In the coming days and weeks, additional tools and resources will be sent to teams, and further engagement/consultation will be planned, including:
 - A technical webinar on the Primary Care Action Team (PCAT) Data Package for OHT Data Dashboard users will take place on Tuesday, April 15 @ 11am
 - OHT consultations to inform an optimized model to better connect care coordination and primary care
 - Equity-related supports
- Please direct questions to your OH Regional Point of Contact

Thank you!



Appendices

2. Complete the proposal documentation

- Budget step 1:
 - Enter HUMAN RESOURCE details by selecting resource job titles (available for selection in Column B dropdown – salary will automatically populate)
 - Include annual full-time equivalent (FTE) # for each resource in Column E
 - Base Funding Total will automatically calculate

Remember:

- Yellow cells require proponent input/selection
- White and grey cells auto-populate

Interprofessional Primary Care Teams (IPCT) Expansion

Proposed Budget

Lead Organization Name:

Proposed Lead Organization Type:

Proposal ID:

HUMAN RESOURCES (Please select job title from dropdown below)	TYPE	SALARY	FTE (Enter #)	BASE FUNDING
Nurse Practitioner	INTERDISCIPLINARY PROVIDERS	\$ 122,178	2.50	\$ 305,445
Case Worker/Manager				
Chiroprapist				
Chiropractor				
Clinical Assistant				
Community Health Planner				
Community Health Worker				
Counsellor/outreach worker				
Early Childhood Development Worker				
Health Promoter / Educator				
Kinesiologist				
Nurse Practitioner				
Occupational Therapist				
Other (Please enter Job Title, Salary & Full Time Equivalent -->)				\$ -
Other (Please enter Job Title, Salary & Full Time Equivalent -->)				\$ -
Other (Please enter Job Title, Salary & Full Time Equivalent -->)				\$ -
Other (Please enter Job Title, Salary & Full Time Equivalent -->)				\$ -
Other (Please enter Job Title, Salary & Full Time Equivalent -->)				\$ -
TOTAL SALARIES				\$ 305,445

Understand

Document

Sign

Submit

2. Complete the proposal documentation

- Budget step 2:
 - Enter PHYSICIAN COMPENSATION details by entering Specialist Sessionals and Collaborating Physician details
 - Enter the number of Specialist Sessions in Column C (Funding will automatically calculate based on the included rate - \$760.21 per three hours)
 - Enter annual NP FTE amount for Collaborating Physicians in Column C (Funding will automatically calculate based on the included rate - \$12,396.39 per year, per FTE NP)

②

SPECIALIST SESSIONALS / COLLABORATING PHYSICIAN(S)	NUMBER OF SESSIONALS or FTE	RATE	BASE FUNDING
Specialist Sessionals (FHT only) <i>Please enter # of sessionals --></i>	2	\$ 760	\$ 1,140
Collaborating Physicians (NPLC only) <i>Please enter NP FTE# --></i>	2.5	\$ 12,396	\$ 30,991
Other (please specify)			
Other (please specify)			
Other (please specify)			
Other (please specify)			
Other (please specify)			

Remember:

- Yellow cells require proponent input/selection
- White and grey cells auto-populate

Understand

Document

Sign

Submit

2. Complete the proposal documentation

- Budget step 3:
 - Enter PHYSICIAN FTE SALARIES by including annual FTE amounts for each physician type (CHC, BSM, IPHCO) in Column C
 - Include any other Physician Compensation (in the available cells noted as 'Other')
 - Note: physician compensation includes salary plus 20% benefits and 5% relief

③

PHYSICIAN FTE SALARIES (CHC, BSM, IPHCO)	FTE	RATE	BASE FUNDING
Physician - CHC <i>Please enter FTE # --></i>	1.00	\$ 414,968	\$ 414,968
Physician - BSM <i>Please enter FTE # --></i>	0.50	\$ 259,672	\$ 129,836
Physician - IPHCO <i>Please enter FTE # --></i>		\$ 414,968	\$ -
TOTAL PHYSICIAN COMPENSATION			\$ 576,935

Remember:

- Yellow cells require proponent input/selection
- White and grey cells auto-populate

Understand

Document

Sign

Submit

2. Complete the proposal documentation

- Budget step 4:
 - Review OPERATIONAL OVERHEAD details in the available cells (it reflects a 25% per FTE overhead charge for the total FTE found in the Human Resources table above)
 - Include any other Overhead (in the available cells noted as 'Other')

4

OPERATIONAL OVERHEAD	RATE	BASE FUNDING
Overhead (from Human Resources table above)	25% on 2.5 FTE	\$ 93,543
Overhead (from Physician FTE Salaries table above)	25% on 1.5 FTE	\$ 136,201
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
TOTAL OPERATIONAL OVERHEAD		\$ 229,744

Remember:

- Yellow cells require proponent input/selection
- White and grey cells auto-populate

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2. Complete the proposal documentation

- Budget step 5:
 - Enter ONE-TIME STARTUP COST details in the available cells (this may include any anticipated one-time and/or start-up costs such as furnishings and equipment, including clinical IT, minor renovations, etc.)
 - Totals will auto-populate

5

ONE-TIME STARTUP COSTS	TOTAL
One-Time Funding Furnishings and Equipment	\$ 12,000
One-Time funding IT	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
Other One-Time funding (please specify)	
TOTAL ONE-TIME STARTUP COSTS	\$ 12,000

TOTAL FUNDING (BASE + ONE-TIME) **\$ 1,192,849**

Remember:

- Yellow cells require proponent input/selection
- White and grey cells auto-populate

