

Hamilton Niagara Haldimand Brant LHIN | RLISS de Hamilton Niagara Haldimand Brant

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March 1, 2021

Delivered Electronically

Ms. Laura Blundell
~~Executive Director~~ Executive Director
Niagara Falls Community Health Centre
4790 Victoria Avenue
Niagara Falls ON L2E 4C2

Dear Ms. Blundell:

Re: LHSIA s. 20 Notice and Extension of Multi-Sector Service Accountability Agreement(s) (“Extending Letter”)

The *Local Health System Integration Act, 2006* (“LHSIA”) requires Hamilton Niagara Haldimand Brant Local Health Integration Network (the “LHIN”) to notify a health service provider when the LHIN proposes to enter into, or amend, a service accountability agreement with that health service provider.

The LHIN hereby gives notice and advises Niagara Falls Community Health Centre (the “HSP”) of the LHIN’s proposal to amend each and every multi-sector service accountability agreement (as described in the LHSIA) currently in effect between the LHIN and the HSP (each a “SAA”).

Subject to the HSP’s acceptance of this Extending Letter, the SAA will be amended with effect on March 31, 2021. All other terms and conditions of the SAA remain in full force and effect.

In accordance with section 14.11 of the SAA, the terms and conditions in the SAA are amended such that the Schedules in effect on March 31, 2021 shall remain in effect until March 31, 2022, or until such other time as may be agreed to in writing by the LHIN and the HSP.

Unless otherwise defined in this letter, all capitalized terms used in this letter have the meanings set out in the SAA.

Please indicate the HSP’s acceptance and agreement to the amendment of the SAA as described in this Extending Letter by signing below and returning one scanned copy of this letter by e-mail no later than the end of business day on March 26, 2021 to: Anne Nelson, Analyst, Performance and Accountability at anne.nelson@lhins.on.ca.

The HSP and the LHIN agree that the Extending Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature. The electronic signature of a party may be evidenced by one of the following means and transmission of the Extending Letter may be as follows:

- 1) a manual signature of an authorized signing representative placed in the respective signature line of the Extending Letter and the Extending Letter delivered by facsimile transmission to the other party;
- 2) a manual signature of an authorized signing representative placed in the respective signature line of the Extending Letter and the Extending Letter scanned as a PDF and delivered by email to the other party;
- 3) a digital signature, including the name of the authorized signing representative typed in the respective signature line of the Extending Letter, an image of a manual signature or an Adobe signature of an authorized signing representative, or any other digital signature of an authorized signing representative with the other party's prior written consent, placed in the respective signature line of the Extending Letter and the Extending Letter delivered by email to the other party; or
- 4) any other means with the other party's prior written consent.

Should you have any questions regarding the information provided in this Extending Letter, please contact Kiran Kumar, Interim Director, Health System Performance, Accountability & Funding, Ontario Health (West), at kiran.kumar@lhins.on.ca.

Sincerely,



Mark B. Walton
Regional Lead (Interim), West Region, Ontario Health, and Chief Executive Officer
Erie St. Clair, South West, Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs

- c. Dean Iorfida, Board Chair, Niagara Falls Community Health Centre
- c. Mark Brintnell, Vice President, Quality, Performance and Evaluation, Ontario Health (West)
- c. Kiran Kumar, Interim Director, Health System Performance, Accountability & Funding, Ontario Health (West)

Signature page follows

AGREED TO AND ACCEPTED BY

Niagara Falls Community Health Centre

By:



Laura Blundell, Executive Director

Date: 03/05/2021
mm/dd/yyyy

I have authority to bind the health service provider.

And By:



Dean Iorfida, Board Chair

Date: 03 05 2021
mm/dd/yyyy

I have authority to bind the health service provider.