

VAUGHAN HEALTH CAMPUS OF CARE

Recommendation

The City Manager, Deputy City Manager/Commissioner of Finance & Corporate Services, the Commissioner of Legal and Administrative Services & City Solicitor, the Director of Legal Services and the Director of Reserves & Investments recommend that the following be adopted.

1. "WHEREAS the City of Vaughan is a founding member of the Vaughan Health Care Foundation and continues to support its vision and activities and other community initiatives;

AND WHEREAS Vaughan Council has proposed a major health care facility in the City of Vaughan, and endorses the Vaughan Health Campus of Care needs assessment report;

AND WHEREAS the City of Vaughan is the largest City in Canada without its own hospital;

AND WHEREAS the Council of the City of Vaughan recognizes that a hospital in Vaughan is the highest priority for Vaughan residents;

AND WHEREAS the establishment of a hospital would advance the health and well being of Vaughan residents and advance the economic development of the City;

AND WHEREAS the Ministry of Health and Long-Term Care, requires a significant local share contribution towards the development of a new hospital facility as part of its funding formula;

NOW THEREFORE BE IT RESOLVED THAT:

The City of Vaughan provide a grant to the Vaughan Health Campus of Care (VHCC) in the amount of \$80 million dollars, being a contribution toward the local share for land acquisition and the development of a hospital in Vaughan, as Council considers this purpose to be in the interests of the municipality."

2. That staff consult with the VHCC to determine the time frame over which the funds will be required; and that staff be authorized to release funds to the VHCC, subject to such legal agreements as are necessary or advisable to protect the City's interests;
3. That funds not immediately required be placed into an interest bearing reserve account (Vaughan Hospital Reserve) specifically for the acquisition of land and the development of a hospital in the City of Vaughan;
4. That a Bylaw be enacted to:
 1. Authorize the Regional Municipality of York to issue debenture(s) up to but not exceeding a total amount of \$80m amount approved by Council on behalf of the Corporation of the City of Vaughan, repayable over term not exceeding ten (10) years amortized over a twenty (20) year period; and
 2. Authorize that should interim financing be required prior to the receipt of funds through the Region of York issuance of the long term debt, staff take all steps necessary to secure interim financing."

5. That staff be directed to provide notice of an intention to adopt an amendment to the City's budgets pursuant to By-law 394-2002;
6. That this report be brought forward to the Council meeting of Monday, June 15, 2009 at which this amendment is to be considered; and
7. That the confidential report of the Director of Legal Services be received.

Economic Impact

The economic impact is effected by the amount of funds involved, the term of the financing, the amortization period and the interest rate at the time of obtaining the financing. Based on financing \$80m over a 10 year term, with a 20 year amortization at an interest of 4.8%. The annual principle and interest repayment would be \$6.4m. This represents approximately \$60 a year to the average assessed home in Vaughan.

Communications Plan

Following Council's decision, the City's Corporate Communications staff will work with the VHCC to prepare the appropriate joint media release(s).

Purpose

The purpose of this report and the confidential report is to provide additional information to Council with respect to the request for financial assistance from the VHCC, the impact of providing financial assistance and the due diligence that has been taken and is required to protect the public interest.

Background - Analysis and Options

On January 27, 2003, Vaughan Council took the first step toward establishing additional health care resources in the City by creating the Vaughan Health Care Facility Study Task Force. The Vaughan Health Care Foundation and the Vaughan Health Campus of Care (VHCC) were subsequently established. The Foundation has been working with the City, the Region of York, the Government of Ontario, the Central Local Health Integration Network (LHIN) to bring a hospital and other health care resources to Vaughan. Background information in the form of Frequently Asked Questions is attached to this report as Attachment #1.

On April 27, 2009, the Budget Committee received a presentation from the Vaughan Health Campus of Care requesting a financial contribution of \$80,000,000.00 from the City for the site acquisition and development of a hospital in Vaughan, which will form part of the community's local share. On May 5, 2009, Council approved the recommendation to direct staff to bring forward a report to a Special Committee of the Whole meeting on May 21, 2009 at 7:30 p.m. taking into account the comments from the Mayor and Members of Council and the public.

Following the presentation of the Vaughan Health Care Foundation, deputations and written submissions were received. Provided as Attachment # 2 are the Minutes adopted by Council on May 5, 2009 listing those deputations and written submissions received.

Attachment # 3 is a letter from the Chairman of the Board of Directors of the Central Local Integration Network providing documents describing the master program component of the capital planning process and the service delivery model report which is the current mandate of the Central LHIN.

Authority For a Municipal Financial Contribution

Section 107 (1) of the Municipal Act provides:

“Despite any provision of this or any other Act relating to the giving of grants or aid by a municipality, subject to section 106, a municipality may make grants, on such terms as to security and otherwise as the Council considers appropriate, to any person, group or body, including a fund, within or outside the boundaries of the municipality for any purpose that Council considers to be in the interests of the municipality.”

Accordingly, the City has the authority to make a grant for financial assistance to the Vaughan Health Campus of Care.

Amount of Financial Support

The Government of Ontario requires local communities to support the development of hospitals in their communities. Recognizing this the City of Vaughan approved in principle the provision of a significant financial contribution to the Vaughan Health Campus of Care in June 2008. Since that time the VHCC has come forward and requested \$80m towards the local share. Vaughan's contribution is only one component of the local share. The final determination of the total local share ultimately depends on the land costs, the total hospital development costs, including furniture, fixtures and equipment. At the Budget Committee meeting, VHCC advised the estimated local share to be \$300m to \$400m.

Should Council approve the financial contribution requested, it will not impact the funding of the capital infrastructure projects that have already been approved by Council. Future infrastructure requests related to growth such as roads, libraries, community centres, fire halls will continue to be funded through the development community from development charges collected. Repair and/or replacement of existing infrastructure such as buildings, roads, sewers, and water will continue to be funded in part through discretionary reserves set aside for these specific purposes by Council. In addition, Council has received an infrastructure funding strategy which is not compromised by the recommendation in this report.

Financing Options

Pursuant to Council's resolution of June 2008, should Council proceed to contribute towards the local share, there are two basic options: use internal resources (Reserves) or borrow the funds externally through the issuance of long term debt.

City Reserves

The City's obligatory and discretionary reserves as at December 31, 2008 (net of commitments) total \$276m. Obligatory reserves (\$122m) are funds set aside as a result of legal statutory requirements (i.e. development charges, cash-in-lieu of parkland and developer contributions) and cannot be used for purposes other than those permitted under legislation. Discretionary reserves (\$154m) are reserves that have been established by Council for specific purposes such as infrastructure repair and replacement: roads, parks, building, sewer, water etc. The funds in both the obligatory and discretionary reserves are predominantly designated to address the City's own infrastructure requirements.

At the December 4, 2008 Budget Committee meeting, staff tabled a report entitled “Long Range Financial Planning – Infrastructure Funding Strategy” which identified a need for increased infrastructure funding. The report made reference to an infrastructure funding study that estimated the adequacy of infrastructure reserves and current funding levels based on a life cycle analysis of the City's infrastructure. The study indicated that additional infrastructure funding is required as the City continues to grow and add new infrastructure and the existing infrastructure continues to age.

The infrastructure reserves are necessary to fund the repair and replacement of the City's infrastructure. In addition they are utilized to provide cash flow between the time property taxes are billed and collected. This critical requirement will increase if the economy continues to slow. Consequently staff do not recommend utilizing reserves to provide a grant to the VHCC.

Issuance of Long Term Debt (LTD)

Pursuant to the Municipal Act, only the Region of York has the power to issue debentures on behalf of the City of Vaughan. The Region of York has provided a number of LTD options listed below:

Option 1 – LTD financing over a 10 year term with an amortization period of 10 years

Option 2 – LTD financing over a 10 year term with an amortization period of 20 years

Option 3 – LTD financing over a 20 year term with an amortization period of 20 years

Attachment 4 details the annual LTD repayment that is required to repay the debentures under each of the options. The Region of York advises, if LTD financing is required, that the funds would be available shortly after the City and Regional Councils provide their approvals.

Option 1, the ten (10) year term with a ten (10) year amortization period incurs the least overall interest costs; however the annual payments would have far too great an impact on the City tax rate. The twenty (20) year amortization period in Options 2 & 3 would better match the costs with the ultimate life of the project. Option 2, the ten (10) year term with a twenty (20) year amortization period under the most conservative refinancing assumption of 8% at the end of the first 10 years results in the lowest average annual payments of all the proposed options.

Should Council approve the VHCC's request to contribute to the local community share, the recommended financing option is the issuance of Long Term Debt with a ten (10) year term and an amortization period of twenty (20) years.

Buy-Back of Debentures

Under the recommended financing, the issuance of long term debt, staff has reviewed the option of the City buying back the debenture issue with the intent that the City would carry the debenture as an investment (municipal bond). The City would earn the yield on the bond. The yield would be expected to be higher than that received on other typical municipal investments.

If the City later required the funds for infrastructure or to meet the City's cash flow requirements as noted above, the bond could be sold. The risk with this approach is the City's ability to liquidate (sell) the bond if the City requires all or a portion of the funds. There is a general lack of marketability of municipal bonds and it may be difficult to find a buyer. In addition, the price that the City would get for the bond is uncertain as it would depend on the interest rates at the time the City wanted to sell. If interest rates are lower the City would have a gain. If interest rates are higher the City would have a loss. For the above reasons a buy-back of the debentures is not recommended.

Interim Financing

Should it be necessary to advance funds prior to the receipt of proceeds through York Region's issuance of the long term debt, interim financing would be required. There are three (3) options available:

Option 1 – interim financing from the City's own reserves by issuing an interest bearing promissory note at a prescribe interest rate until the funds are received from the Regional debenture issue.

Option 2 – interim financing by the Region of York through a 90 day floating rate promissory note at a rate based on the Toronto Dominion Bank Prime Rate minus 1.25%

Option 3 – interim financing through the City's corporate bank, the Toronto Dominion Bank at a rate to be negotiated.

If interim financing is required, staff will review all the options.

Impact on the Annual Repayment Limit (ARL)

Provincial legislation restricts the amount of debt load a municipality can incur. The ARL calculation is based on "own source revenues". The debt limit for a municipality under the provincial legislation is 25% of "own source revenues". By way of policy, the City has targeted a lower internal debt limit of 10%. The current City debt limit is just over 5%. Should Council approve the request of VHCC for a contribution toward the local community share financed from Long Term Debt, the City's ARL will be approximately 7.95% which is within the City's internal targeted debt limit and the 25% Provincial limit.

The Tax Rate Impact

A 1% tax increase in property taxes is equivalent to \$1,178,254.00. The VHCC has requested \$80m. The annual repayment cost will depend on the term of the denture, the amortization period and the interest rate at the time of issuance. Attachment 4 provides three (3) financing scenarios. The impact on property taxes ranges from 5.45% to 8.91%.

The funding of a grant to the VHCC is not part of the City's operations and as such will be shown separately on the property tax bills. Residents should be aware that they are contributing towards the local share for a hospital in the City of Vaughan.

Protection of the Public Interest

Section 11(1) (6) of the Municipal Act confers a broad power on municipalities to enact bylaws respecting health, safety and well being of persons. Section 11(1) (5) also empowers municipalities to pass bylaws for the economic, social and environmental well-being of the municipality. Hospital facilities are major job generators and have the capacity to attract significant related development. Accordingly, the City has a significant interest pursuant to its economic development sphere of jurisdiction in providing the land necessary to support the preferred operational model for the core hospital facilities. It should also ensure that other lands are available to advance related opportunities for economic development. Future Council decision making will then involve Council making appropriate determinations with respect to economic development planning and advancing the health, safety and well-being of Vaughan residents.

Council will also be considering the public interest through the study referenced below.

Lands on North Side of Major Mackenzie Between Highway # 400 & Jane Street

At the Budget Committee meeting of April 27th, Vaughan Health Care Foundation representatives announced that the Vaughan Health Campus of Care had entered into a conditional Agreement of Purchase and Sale for lands at the northwest quadrant of Jane Street and Major Mackenzie Drive for a site for a hospital in Vaughan. The following is general information about the property.

The lands comprising 82 acres are currently in the title of Canada's Wonderland Company, which is currently owned by Cedar Fair, a U.S. based N.Y.S.E. publicly listed company with its head office in Ohio. The lands are currently designated "Theme Park" by OPA# 508 and zoned TPC-Theme Park Commercial Zone by Bylaw 1-88. Permitted uses are theme park uses, commercial

uses associated with the park (restaurants, hotels, conference and trade show facilities and offices), and commercial, retail, institutional and recreational uses provided they complement the theme park or provide commercial opportunities not presently planned or that exist in the community or the City.

In the spring of 2008, Canada's Wonderland placed its lands on the north side on Major Mackenzie Drive between Jane Street and Highway 400 for sale on the open market. Considering the strategic location of the lands central to the City at Highway 400 and Major Mackenzie Drive and their relationship to the wider area (including the gateway to the "Village of Maple" to the east), a city-initiated land use policy study was preferred. In September 2008, Council approved Terms of Reference to establish an updated land use, urban design, transportation, and servicing framework for the lands and to ensure consideration of all relevant contextual issues and local, Regional, Provincial and agencies' planning policies. On April 14, 2008, Council awarded Request For Proposal RFP08-310 to Sorensen Gravely Lowes Planning Associates Inc. to carry out the study resulting in a recommended amendment to the Official Plan, which will be consistent with the Vaughan Vision Statement, and in particular to section 4, "Planning and Managing Growth". The study is underway and is expected in the fall.

The lands are adjacent to/accessed by Regional roads (Jane Street and Major Mackenzie Drive) and are adjacent to Highway 400 with a full interchange. The Region of York 2008-10 Year Roads Construction Program indicates the Region plans to improve both Major Mackenzie Drive adjacent to the site and the Jane Street/Major Mackenzie Drive intersection in 2013. As part of the study transportation analysis can identify and evaluate: existing traffic and road conditions in the area, the impacts of the proposed planning and urban design strategy, necessary infrastructure improvements, alternative transportation modes including transit, and opportunities for site access. This analysis will require consultation and input from the Ministry of Transportation and the Region of York.

At present this parcel of land is serviced by York Regional Transit (YRT) on both Major Mackenzie Drive and Jane Street. In a similar manner that YRT provides public transit service on site to Vaughan Mills, the subject site could also have similar opportunity to provide that level of transit service. A transit facility would require further discussions with the Region.

There are several sanitary sewers in the vicinity of the site and an analysis is required to determine the potential locations where connections could be made. The lands are in the City Pressure District 7. There are existing PD7 watermains nearby on Major Mackenzie just west of Jane and on the streets in the residential subdivision to the north.

Consulting Letter and Proposals submitted by Mr. E. Bisceglia

At the Budget Committee meeting of April 27, 2009, Mr. E. Bisceglia appeared on behalf of two landowners who had submitted proposals for their properties, and submitted the two written proposals and a Consultation Report from Mr. Leonard Lipstein of All Realty Consultants. Copies of the Report were distributed to Members of Council. The report provides comparable lands sales for Industrial and Commercial land in Vaughan, school sites (institutional, and valued as residential) and parkland (not in Vaughan), calculating the average rates per acre for property type and then the overall average, resulting in an overall average of \$475,000 per acre. The report provided an estimated value range of \$425,000 to \$475,000 per acre.

The Assumptions and Limiting Conditions section of the report contains this note: "Note ...given the lack of information at this time, an appraisal would not provide the client with a reasonably credible findings/conclusions."

At the Budget Committee meeting, a representative of the VHCF addressed the two sites which were the subject of the proposals. Budget Committee was advised that the site at the southwest corner of Keele Street and Kirby Road was outside the search area, and the site at the northwest

corner of Weston Road and Kirby Road was one of the 28 sites assessed, but was not shortlisted due to its low score. The site received low scores on criteria such as exposure to, distance from and proximity of an interchange on Highway 400, location within the Greenbelt, Environmentally Sensitive Areas, Watercourses, Serviceability, two useable frontages, and location within the Urban area.

Relationship to Vaughan Vision 2020/Strategic Plan

The Vaughan Vision 20/20 initiative is to provide continued support for the development of a future hospital for Vaughan and continue to work with other levels of government and the Vaughan Health Campus of Care to provide comprehensive and integrated health care to residents. A hospital in Vaughan is one of Council's highest priorities.

Regional Implications

Should Council proceed, the Region may be requested to provide interim financing and issue a debenture for the amount of funds approved.

Conclusion

Should Council concur with this proposed increase in expenditure, this action would be considered as an amendment to the budgets. Before amending a budget, the municipality shall give notice of its intention to amend the budgets at a Council meeting. In accordance with Bylaw 394-2002, notice of an intention to adopt an amendment to a budget consists of publication of notice in a newspaper of a public meeting to consider the proposed amendment at least seven (7) days prior to the date of the Council meeting at which this proposed amendment is to be considered. Therefore, if Council increase the expenditure in the budgets, staff be directed to provide notice of an intention to adopt an amendment to the budgets pursuant to Bylaw 394-2002.

The City has been as requested to make a contribution to the community's local share which will facilitate the acquisition of land for a hospital. The parcel which is the preferred site pursuant to the Foundation's site selection process is the subject of a conditional agreement. This parcel is strategically located with the potential for significant higher order development.

Attachments

- Attachment 1 - Background Information in the form of Frequently Asked Questions
- Attachment 2 - Minutes of Council of May 5, 2009
- Attachment 3 – Letter from Central LHIN
- Attachment 4 – Region of York – Long Term Financing Options

Report prepared by:

Clayton Harris, CA
Deputy City Manager/
Commissioner of Finance and Corporate Services

Heather A. Wilson
Director of Legal Services

Ferruccio Castellarin, CGA
Director of Reserves and Investments

Respectfully submitted,

Michael DeAngelis, City Manager

Clayton D. Harris, CA
Deputy City Manager/
Commissioner of Finance & Corporate Services

Janice Atwood-Petkovski
Commissioner of Legal & Administrative Services
City Solicitor

Heather Wilson
Director of Legal Services

Ferruccio Castellarin, CGA
Director of Reserves & Investments



Vaughan Health Campus of Care

Frequently Asked Questions

Q: Why does Vaughan need a hospital?

Vaughan is the largest City in Canada without a hospital. It is also one of Canada's fastest growing cities with a population of over 250,000. That population is expected to increase to over 430,000 by 2031. A 2005 report by IBM Business Consulting Services highlighted that Vaughan is currently the only municipality within the top 10 most populous areas in Ontario without a local hospital. This is causing significant challenges for residents today in accessing hospital care. With an aging population, increased traffic congestion and significant wait times in hospitals in neighbouring municipalities, Vaughan needs a new hospital as quickly as possible.

A new Vaughan hospital is an investment in our community that will support existing and future growth for generations to come.

Q: How much will a new hospital cost?

It is estimated that the total capital development cost for the Vaughan hospital will be approximately \$1.2 billion. It is anticipated that the City's support for assistance to secure land for the hospital and to support other development needs will be approximately \$80 million.

This represents about \$60.00 annually for the average household. That's about 16 cents a day.

Q: What do the Vaughan Health Campus of Care and the Vaughan Health Care Foundation do, and how much progress has been made?

For the past six years the Vaughan Health Campus of Care and Vaughan Health Care Foundation (both not-for-profit organizations) have been making the need for a hospital in Vaughan known not only to our provincial and local governments, but also to the community. There are many excellent hospitals that are close to Vaughan – but with the population growth we have witnessed in York Region, these hospitals are bursting at the seams.

In 2007 the province recognized this need by approving the hospital planning and development process to commence. In October 2008, Health Minister David Caplan announced that the Foundation would be moving into the next stage of planning, the -Master Program/Master Plan/Business Case phase, in close coordination with the Central Local Health Integration Network.

We could not have achieved all that we have without the time and effort contributed by our many volunteers, as well as the support of the City of Vaughan, local MPPs, regional government and the provincial government.

Q: Where will the new hospital be built?

Considerable research and consultation with the community and a comprehensive site selection process have determined the right location for the hospital. The 2005 IBM Business Consulting Services report identified that a future Vaughan hospital should be centrally located, along the Highway 400 corridor. In 2008, a report by Deloitte Consulting, *Service Needs Assessment for the Identification of Vaughan Hospital Services*, commissioned by the Central Local Health Integration Network re-confirmed this view.

Based on population density, proximity to commuter and public transit routes, and distance of other hospitals, the findings of the Deloitte Report indicated a new hospital in Central Vaughan would best suit the needs of local residents.

The optimal site was identified through a rigorous site selection process. Following negotiations with existing landholders the Vaughan Health Campus of Care has recently entered into a conditional agreement that contemplates the acquisition of a site located on the north side of Major Mackenzie Drive, between Highway 400 and Jane Street.

This is a tremendous achievement for the Vaughan Health Campus of Care, for the City of Vaughan, and for the citizens of our community. The site is within the urban area (settlement area in the Official Plan), it is within the catchment study area, has readily available municipal services, is deemed highly suitable for hospital/health care purposes, and has existing access to public transit and highway access.

Q: How was this site chosen?

A special committee of the Foundation called the "Site Selection Committee" was struck for the purpose of identifying the best site for the hospital. The Committee engaged a consultant, Stantec Consulting, to undertake a comprehensive review of available site locations for a new hospital in Vaughan.

Stantec's analysis was based on a search area and selection criteria derived from the *Needs Assessment and Vision Report*, previously prepared by IBM Business Consulting Services on behalf of the Task Force and the City. IBM was itself selected through an RFP process undertaken by the City of Vaughan staff. The findings also aligned with a subsequent study conducted by Deloitte Consulting that was commissioned by the Central Local Health Integration Network.

The comprehensive site selection process began in 2007. The Site Selection Committee went to the extraordinary length of commissioning former Supreme Court of Canada Justice Frank Iacobucci to review this process.

A total of 28 sites were assessed. Stantec then ranked sites on a series of pre-requisite criteria such as:

- ✓ access to transit/transportation corridor;
- ✓ proximity to population;
- ✓ site restrictions;
- ✓ topography;
- ✓ environmental constraints;
- ✓ serviceability;
- ✓ difficulty of land assembly and acreage (among other criteria)

The consulting team undertaking the work included urban planners, engineers, and architects.

Q: Do municipalities usually contribute towards a new hospital?

Yes. Most municipalities in Ontario provide hospitals with financial support for capital development projects, such as a hospital. Local regional support for hospitals in York Region has been provided for well over three decades, and since at least 2001 the Region has provided a capital support program to assist with hospital capital development needs.

The request to the City of Vaughan for financial support to assist in acquiring land for the new hospital is a practice that has been demonstrated in many Ontario municipalities.

A study completed in February 2009 by Inspire Consulting, surveyed 23 hospitals across Ontario which have recently undertaken capital projects to determine if and how their respective municipalities financially contributed to their local hospital development projects. The survey found that the majority of municipalities captured by the survey supported hospital redevelopment projects. A further study conducted by Brantford General Hospital found that, on average, municipalities in Ontario provide approximately 20% of the cost of new hospital capital projects. More recently, the cities of Barrie, St. Catharines, North Bay and Richmond Hill have contributed sizably to new hospital projects in their communities, as have many other local and regional municipalities.

Q: Will the Province of Ontario pay part of the cost of a new hospital?

Yes, the Government of Ontario provides hospital capital funding support for 90% of construction costs. As is the case in other cities throughout Ontario, the local community is responsible for purchasing land as well as funding 100% of the furniture, fixtures and equipment costs. The "local share", for which the community is responsible, averages out to approximately 35% of the total project cost.

Q: What is the next stage?

The next stage of the development process called the Master Plan will better define the full cost of development. This will be followed by Functional Programming, which will lead to detailed site engineering and architectural work, and then to tendering for construction and development.

Q: What will the hospital mean to the local economy?

A new hospital will create over 3,500 permanent jobs. The hospital will attract some of the finest talent in the medical field to Vaughan. In addition, several thousand jobs will be created during the construction phase. But more importantly, it will provide quality health care to the community and close to home.

Q: What services will be provided at a new hospital?

Vaughan needs more than just a traditional hospital. It needs a facility that will be state-of-the-art and able to meet the needs of the community for years to come.

Both the IBM study in 2005 and the Deloitte Report in 2008 identified the need for a hospital that will include acute inpatient beds, an emergency department, palliative care, complex continuing care, rehabilitation services and specialized geriatric beds, as well as opportunities for partnerships with other hospitals to offer services in other specialized areas, such as cancer care and neurology.

The 2008 Deloitte Report identified that a need exists for between 247-278 beds by 2013, growing to 401-464 beds by 2030.

Projected Vaughan Hospital Service Need Volumes

| Vaughan Hospital Service Projections | 2013 | 2015 | 2030 |
|--------------------------------------|---------------|---------------|----------------|
| Emergency Services | 162 | 192 | 274 |
| General Inpatient Services | 24 - 47 | 26-51 | 53 - 91 |
| Specialized Inpatient Services | 10 - 12 | 11-12 | 19 - 21 |
| Outpatient Services | 17 - 23 | 18-25 | 24 - 47 |
| Other Services | 14 | 15 | 31 |
| Total Inpatient Services | 40,432 | 42,578 | 59,132 |
| Total Outpatient Services | 25,827 | 29,153 | 47,247 |
| Total Services | 10,916 | 10,797 | 16,049 |
| Total Services | 81,225 | 83,449 | 122,428 |

In addition, the Ministry of Health and Long-Term Care has advised that a significant number of complex continuing care beds have been allocated to York Region, and that this need should be incorporated into the development process for a new hospital in Vaughan. We have also been advised to include a potential medical school partnership with York University in the Master Program work.

Q: When could the hospital open?

The hospital needs assessment used a planning framework of a 2013 in-service date. We are pressing the provincial government to have the hospital open even sooner, if possible.

Q: Will it be a P3 hospital?

That will be a decision for the provincial government to make. What's most important for us is that the right hospital is built in Vaughan to provide timely access to high quality care.

Q: What relationship will the new hospital have with York Central Hospital and/or other hospitals?

We are pleased to have a positive working relationship with York Central Hospital, as well as other hospitals in York Region and across the 905 and Toronto. We intend to continue working with all of them to receive their input and make sure that the hospital services are provided in the best, most efficient and effective manner possible for the Region, throughout the Central LHIN.

Q: Who is the Vaughan Health Care Foundation?

In January 2003, a task force of community and civic leaders was struck to assess how best to bring additional health care resources to the community of Vaughan. This Task Force then formed The Vaughan Health Care Foundation, a volunteer-driven charity, in early 2004. Since its inception, the Foundation has been working tirelessly towards its mission – to engage the community and to raise funds to support the establishment of health care facilities and services, including a hospital, for the City of Vaughan.

Q: What is the Vaughan Health Campus of Care?

The Vaughan Health Campus of Care is a not-for-profit organization established to ensure that new health services in the Vaughan community are co-ordinated, aimed at a common vision of integration, innovation and excellence in health services delivery and patient care. Responsible for the strategic establishment and coordination of health care services to serve the needs of the Vaughan community, the Vaughan Health Campus of Care is working with the Central LHIN and Provincial Government to secure approvals for additional health services, including a hospital, to support its vision.

EXTRACT FROM COUNCIL MEETING MINUTES OF MAY 5, 2009

Item 1, Report No. 4, of the Special Budget Committee, which was adopted, as amended, by the Council of the City of Vaughan on May 5, 2009, as follows:

By receiving the following written submissions:

- a) **Ms. Audrey Frati, 21 Nadia Avenue, Woodbridge, L4L 8P2; and**
- b) **Ms. Cathy Ferlisi, Concord West Ratepayers Association, dated April 30, 2009.**

1 VAUGHAN HEALTH CAMPUS OF CARE

The Special Budget Committee recommends:

- 1) That Clauses 1, 2, and 3 of the recommendation contained in the following report of the City Manager, the Deputy City Manager and Commissioner of Finance and Corporate Services, the Commissioner of Legal & Administrative Services, the Director of Legal Services and the Director of Reserves and Investments, dated April 27, 2009, be approved;
- 2) That staff be directed to bring forward a report to a Special Committee of the Whole meeting on May 21, 2009, at 7:30 p.m., taking into account the comments from the Mayor and Members of Council and the public; and

That such report include those comments in the form of additional information items previously distributed by the Clerk from Rabbi Landa, Ms. Carrie Liddy, and the Vaughan Community Health Centre, or referenced by any deputants as forthcoming from other parties (e.g. Concord Ratepayers' Association and Glen Shields Ratepayers' Association);

- 3) That the presentation by the following from the Vaughan Health Care Foundation be received:
 - a) Mr. Michael DeGasperis, Chairman of the Board;
 - b) Ms. Victoria van Hemert, Chief Planning Officer; and
 - c) Mr. Quinto Annibale, Secretary;
- 4) That the following deputations and written submissions be received:
 - a) Mr. Adriano Volpentesta, 74 Mediterra Drive, Vaughan, L4H 3B6;
 - b) Mr. Peter Badali, Vaughan in Motion to Cure Cancer, P.O. Box 865, Maple, L5A 1S8;
 - c) Mr. Carlos Pimentel, Carpenters Union, 222 Rowntree Dairy Road, Woodbridge, L4L 9T2;
 - d) Mr. Emilio Bisceglia, Bisceglia & Associates, 7941 Jane Street, Suite 200, Concord, L4K 4L6 and written submission prepared by All Realty Consultants;
 - e) Mr. Savino Quatela, 134 Grand Valley Blvd., Maple, L6A 3K6, and written submission;
 - f) Mr. Joe Collura, RBC Royal Bank, 1 Maison Parc Court, Suite 421, Thornhill, L4J 9K1;
 - g) Mr. Silvio Loiero, 30 Conti Crescent, Woodbridge, L4L 7G6;
 - h) Mr. Ken Schwenger, KARA, 118 Cold Spring Road, Kleinburg, L0J 1C0, and written submission dated April 27, 2009;
 - i) Ms. Rose Marciano, Seniors' Association of Vaughan (SAVI), 70 Tigi Court, Vaughan, L4K 5E4, and written submission;
 - j) Mr. Asif Khan, Run for Vaughan, 10610 Jane Street, Maple, L6A 3A2;
 - k) Ms. Susan Okom, 8050 Islington Avenue, Suite 19, Woodbridge, L4L 1W5, representing Pinewood Estates Ratepayers Association and Rimwood Estates Homeowners Association, and written submissions both dated April 27, 2009;

CITY OF VAUGHAN

EXTRACT FROM COUNCIL MEETING MINUTES OF MAY 5, 2009

Item 1, Sp Budget Report No. 4 – Page 2

- l) Mr. Frank Galati, Islington Woods Community Association, 22 Arista Gate, Vaughan, L4L 9J1;
 - m) Mr. Frank Greco, Kleinburg BIA/Heritage Hill, 10504 Islington Avenue, Box 772, Kleinburg, L0J 1C0;
 - n) Mr. Basat Khalifa, 42 Regency View Heights, Maple, L6A 3T8;
 - o) Mr. Mubashir Khalid, 115 Queen Isabella Crescent, Maple, L6A 3T8;
 - p) Mr. Sam Ciccolini, 26 Grandvista Crescent, Woodbridge, L4H 3G5;
 - q) Dr. Robert Maggisano, Vascular Surgeon, 4600 Hwy #7, Suite 201, Vaughan, L4L 4Y7;
 - r) Mr. Naseem Mahdi, Ahmadiyya Muslim Community, 10610 Jane Street, Maple, L6A 3A2;
 - s) Reverend Jim Keenan, New Hope United Church, 9100 Jane Street, Building E, Concord, L4K 0A4, and written submission dated April 27, 2009;
 - t) Mr. Mario Racco, Brownridge Ratepayers' Association, 21 Checker Court, Thornhill, L4J 5X4, and on behalf of Concord West Ratepayers' Association and Glen Shields Ratepayers' Association; and
 - u) Mr. Richard Lorello, 235 Treelawn Blvd., Kleinburg, L0J 1C0; and
- 5) That the following written submissions be received:
- a) Rabbi Israel Landa, Executive Director, Beth Chabad Israeli Community, 1136 Centre Street, Suite 209, Thornhill, L4J 3M8;
 - b) Ms. Carrie Liddy, dated April 22, 2009; and
 - c) Ms. Isabel Araya, Executive Director, Vaughan Community Health Centre, 9401 Jane Street, Suite 206, Vaughan, L6A 4H7, dated April 24, 2009.

Recommendation

The City Manager, the Deputy City Manager and Commissioner of Finance and Corporate Services, the Commissioner of Legal & Administrative Services, the Director of Legal Services and the Director of Reserves and Investments recommend:

1. THAT this report be received for information,
2. THAT the presentation from the Vaughan Health Campus of Care be received,
3. THAT the comments from the public be received; and
4. THAT staff be directed to bring forward a report to Council taking into account the comments from the Mayor and Members of Council and the public.

Economic Impact

The economic impact will depend on the specifics of the request from the Vaughan Health Campus of Care (VHCC) and Council direction.

Communications Plan

On June, 2008, the City issued a press release indicating the City of Vaughan has approved in principle the provision of a significant contribution to the Vaughan Health Campus of Care for the purposes of site acquisition and hospital development in Vaughan.

The VHCC has requested an opportunity to meet with Council to make a request for financial support from the City of Vaughan. Notice of this meeting (April 27, 2009) was published on the City Page, in Vaughan Today on April 17th and in the Citizen/Liberal on April 23rd. It was also promoted on the City's website.

CITY OF VAUGHAN

EXTRACT FROM COUNCIL MEETING MINUTES OF MAY 5, 2009

Item 1, Sp Budget Report No. 4 – Page 3

Following Council's decision with respect to the presentation by the Vaughan Health Campus of Care the City's Corporate Communication staff will work with the Campus of Care to prepare appropriate media release(s).

Purpose

The purpose of this report is to provide background information to Council including background information provided by the Vaughan Health Campus of Care, regarding their presentation.

Background - Analysis and Options

On January 27, 2003, Vaughan Council took the first step toward establishing additional health care resources in the City by creating the Vaughan Health Care Facility Study Task Force. The Vaughan Health Care Foundation and the Vaughan Health Campus of Care (VHCC) were subsequently established and a report was prepared by IBM Business and Consulting Services on behalf of the Task Force and Foundation titled "Vaughan Health Campus of Care-Needs Assessment and Vision for the Future".

On February 22, 2005, Vaughan Council resolved:

"... the Minister of Health and Long Term Care be advised that Vaughan Council and the residential and business communities of the City of Vaughan are committed to working in partnership with the Ministry, the newly created "Central Area" Local Health Integration Network and all affected stakeholders to develop a health-care facility and system that will serve the needs of our rapidly growing communities, while being a catalyst for innovation and change in the delivery of health-care services."

The Foundation had been working with the City, the Region of York, the Government of Ontario, the Central Local Health Integration Network (Central LHIN) to bring a new hospital and other health care resources to Vaughan. In the fall of 2006, the Foundation engaged Stantec Consulting to undertake an independent, comprehensive review of available locations for a new hospital in Vaughan. VHCC will be providing a detailed presentation, including the site selection process to Council and the public at the meeting of April 27, 2009 at 7:00 p.m..

On April 27, 2007, the provincial government announced its support for a new hospital in Vaughan. In early 2008, the Foundation approached Council, to discuss the provincial requirement for a local contribution to the funding of a hospital. The local share is anticipated to come from various sources including the local municipality.

At the Council meeting of June 16, 2008, Council adopted the following resolution:

WHEREAS the Ontario government announced its decision to support planning for new hospital services in the City of Vaughan;

AND WHEREAS the Central Local Health Integration Network (LHIN) has been working in conjunction with the Vaughan Health Care Foundation and the Vaughan Health Campus of Care to conduct planning for health care services in Vaughan;

AND WHEREAS the City of Vaughan is a founding member of the Vaughan Health Care Foundation and continues to support its vision and activities and other community initiatives;

AND WHEREAS Vaughan Council has proposed a major health care facility in the City of Vaughan, and endorses the Vaughan Health Campus of Care needs assessment report;

AND WHEREAS the City of Vaughan is the largest City in Canada without its own hospital;

CITY OF VAUGHAN

EXTRACT FROM COUNCIL MEETING MINUTES OF MAY 5, 2009

Item 1, Sp Budget Report No. 4 – Page 5

A hospital is a significant long term facility and it would be appropriate to fund such an asset over a long term, i.e. 20 years. Also a shorter period would result in a quicker repayment, however a greater annual impact to the municipality.

Assuming a 10 year debenture with a 20 year amortization period at an interest rate of 5%, the annual repayment would be approximately \$1.6M for every \$20M debentured. A 1% increase in property taxes is equivalent to \$1,178,254.00 or \$10.97 a year to the average assessed home in Vaughan, therefore for every \$20M debenture, property taxes would increase by 1.4% or approximately \$15 for the average assessed home in Vaughan.

Once the necessary approvals are in place there are options available to the City to obtain interim financing prior to the receipt of long term financing. The City could use its line of credit with its corporate bank. Further details can be provided however they will depend on the specifics of the request from the Campus of Care.

Protection of Public Interest

As part of the report to Council after the public meeting, staff will provide options regarding the protection of the public interest including financial risk management, ensuring compliance with applicable law and ensuring delivery of the intended benefit. Staff would address safeguards for the City in the event that a hospital does not come to fruition within a reasonable time frame.

Relationship to Vaughan Vision 2020/Strategic Plan

This report is consistent with the priorities previously set by Council as a hospital in Vaughan is one of Council's highest priorities.

Regional Implications

There are no regional implications as a result of this report.

Conclusion

VHCC has provided background information attached to this report and will be making a presentation on April 27, 2009. In considering VHCC's specific request, it would be appropriate to direct staff to report to Council providing options, having regard for comments from the Mayor and Members of Council and the public.

Attachments

Attachment #1 - Vaughan Hospital Planning, Local Share and Site Selection Process - Overview

Report prepared by:

Clayton Harris
Deputy City Manager
Commissioner of Finance and Corporate Services

Heather Wilson
Director of Legal Services

(A copy of the attachments referred to in the foregoing have been forwarded to each Member of Council and a copy thereof is also on file in the office of the City Clerk.)

Central **LHIN**

140 Allstate Parkway, Suite 210
Markham, ON L3R 5Y8
Tel: 905 948-1872 • Fax: 905 948-8011
Toll Free: 1 866 392-5446
www.centrollhin.on.ca

May 15, 2009

*Sent via e-mail:
mdegasperis@aristahomes.com*

Mr. Michael DeGasperis
Chairman
Vaughan Health Campus of Care
The Vaughan Health Care Foundation
9401 Jane Street, Suite 328
Vaughan, ON L6A 4H7

Dear Mr. DeGasperis:

Re: Hospital Services in the Community of Vaughan

In accordance with our earlier discussions, I am forwarding herewith copies of the following documents:

- A letter dated October 22, 2008 from the Honorable David Caplan, Minister of Health and Long-Term Care, approving a capital grant of up to \$190,000 to assist with early planning for new hospital services in the community of Vaughan.
- A letter dated January 8, 2009 from Mr. David Clarke, director, Health Capital Investment Branch of the Ministry of Health and Long-Term Care, providing administrative details for the capital grant.

The letter from Mr. Clarke includes documents describing the Master Program component of the capital planning process, and specifically the Service Delivery Model Report which is the current mandate of Central LHIN. As also described in those documents, subsequent phases of the capital planning process address the Service Support Infrastructure Report, which includes consideration of a site. This is not the current mandate of the Central LHIN.

Please contact me if any additional information is required.

Yours truly,



Ken Morrison
Chairman of the Board of Directors
Central Local Health Integration Network

/at

(Attach.)

Ministry of Health
and Long-Term Care

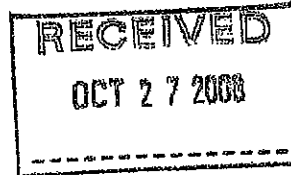
Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel 416-327-4300
Fax 416-326-1571
www.health.gov.on.ca

Ministère de la Santé
et des Soins de longue durée

Bureau du ministre

10^e étage, édifice Hepburn
80, rue Grosvenor
Toronto ON M7A 2C4
Tél 416-327-4300
Télééc 416-326-1571
www.health.gov.on.ca



HLTC3065FL-2008-249

OCT 22 2008

Mr. Ken Morrison
Board Chair
Central Local Health Integration Network
140 Allstate Parkway, Suite 210
Markham ON L3R 5Y8

Dear Mr. ^{Ken}Morrison:

It is with pleasure that I confirm the Ministry of Health and Long-Term Care's support of a capital planning grant to assist with early planning for new hospital services in the community of Vaughan.

The Vaughan initiative has entered into the Business Case/Master Programming/Master Planning stage of development according to the Ministry's capital planning process. The Ministry of Health and Long-Term Care will provide a capital grant of up to \$190,000 to the Central LHIN to assist with the costs of developing the Master Program component of this development stage.

Approval of a planning grant does not imply approval to proceed to planning and design, or approval to implement a project.

Under separate cover, David Clarke, Director, Health Capital Investment Branch will be writing directly to Hy Eliasoph, your Chief Executive Officer, to outline the Master Program parameters, conditions and administrative requirements associated with this grant.

I wish you and your Board every success as you advance with this next step in planning for this worthwhile endeavour.

Yours sincerely,

A handwritten signature in black ink, appearing to read "David Caplan".

David Caplan
Minister

c: Greg Sorbara, MPP, Vaughan-King-Aurora
Hy Eliasoph, Chief Executive Officer, Central Local Health Integration Network

Ministry of Health
and Long-Term Care

Health Capital Investment
Branch

Health System Information
Management and Investment Division
777 Bay Street, Suite 702
Toronto ON M5G 2E5

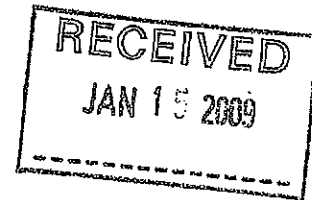
Telephone: 416 314-0402
Facsimile: 416 326-5533

Ministère de la Santé
et des Soins de longue durée

Direction de l'investissement dans les
immobilisations en matière de santé

Division de la gestion de l'information et de
l'investissement pour le système de santé
777, rue Bay, bureau 702
Toronto ON M5G 2E5

Téléphone : 416 314-0402
Télécopieur : 416 326-5533



HLTC3065FL-2008-414

JAN 08 2009

Mr. Hy Eliasoph
Chief Executive Officer
Central Local Health Integration Network
140 Allstate Parkway, Suite 210
Markham ON L3R 5Y8

Dear Mr. Eliasoph:

Further to the recent letter dated October 22, 2008 from the Minister of Health and Long-Term Care approving a capital grant of up to \$190,000 to assist with early planning for new hospital services in the community of Vaughan, I am writing to clarify the administrative details. The ministry will be providing this \$190,000 as additional one-time operating funding to the LHIN.

Although the responsibility for capital approvals and funding are retained with the MOHLTC, it is critical that planning related to a hospital's role, priorities, programs and services is resolved within a LHIN context. The Central LHIN is well positioned to lead this initiative since the front end of early capital planning stages should be about service delivery. With this approval, the ministry has separated Master Program/Service planning from physical facility/site planning (Master Plan). This provides a much clearer planning process, one that can focus on services, programs, and an appropriate business model. The LHIN can ensure proactive integration of this work with the LHIN's area wide planning and coordination with the work of the other LHIN hospitals undertaking early capital planning stages. As well, the LHIN can consider if and how best to address the possible relocation of complex continuing care beds and the future existence of a Medical School at York University.

As the Minister noted, the Vaughan initiative has entered into the Business Case/Master Programming/Master Planning stage of development according to the Ministry's capital planning process. The funding of up to \$190,000 is to assist with the costs of developing the Master Program component of this capital development stage.

The Master Program component involves preparation of a Service Delivery Model Report and includes the following:

- Master Program;
- Human Resources Plan for 5-year time frame;
- Preliminary Operating Cost Estimate;
- Options for Delivering the Changes in Service Delivery.

.../2

Mr. Hy Eliasoph

The Master Program is a document that reflects the healthcare organization's present and future service role within the community. It outlines current and projected programs, staffing, and departmental space requirements based on the demographic data in the health care services plan.

To assist you with developing the Master Program component of Stage 1 (Proposal/Business Case stage) of the capital planning process, I have appended the following two documents:

- 1) The Draft Proposal Guidelines for Capital Projects Stage 1: Proposal/Business Case (Please reference only Section 2: Service Delivery Model Report).
- 2) The Stage 1 Proposal Checklist (Please reference only Stage 1.1 for the Master Program components).

The Ministry will work closely with you to reach agreement on the planning parameters for the Master Program including planning horizons and build upon your *Service Needs Assessment for the Identification of Vaughan Hospital Services* report.

The LHIN is requested to submit its detailed cost estimate for the Master Program preparation associated with the funding of \$190,000. Approval of this funding does not imply approval to design or implement a project. The agreement by the LHIN to use the funding as identified will be included in your next Ministry LHIN Accountability Agreement addenda letter. Funding will be provided in the 2008/09 fiscal year for use in both 2008/09 and 2009/10. The LHIN should ensure that unused funds at the end of 2008/09 are appropriately accrued on the LHIN books in accordance with Generally Accepted Accounting Principles.

If you have any questions, please direct them to Ms. Mary Mahoney, Senior Consultant, GTA Capital Projects at 416-212-5485.

Sincerely,



David Clarke
Director

Attachment

- c: Ken Morrison, Board Chair, Central Local Health Integration Network
Carrie Hayward, Director, LHIN Liaison Branch
Pier Falotico, Director, Financial Management Branch

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

Objective

The objective of the Proposal/Business Case stage is for the provider to obtain Ministry approval on the justification and prioritization of the proposed capital project. The Proposal/Business Case provides an overview of what is currently happening within the health facility and in the area of the Local Health Integration Network (LHIN) in which the facility is located, what has led to the current situation and what is likely to happen if the current situation is maintained. The current situation is described in terms of program and service strategies and targets, activity and workload, and the present condition of the infrastructure that will be directly affected by the proposed capital investment. The priority plans for the development of the healthcare facility slated for implementation are identified in the Proposal/Business Case.

The submission should provide an assessment of possible non-asset solutions to the identified operational problems, such as alternative service delivery options. This information is important to government decision-makers, ensuring that the facility's plan is set in its proper context.

The Ministry will consider capital project proposals that meet the government's policy and program directions. Capital projects given priority are those that:

- Address the vision of the government;
- Are consistent with the government's priorities, resource availability and relative ranking of the project need;
- Address gaps in services or needs in the community identified as a result of program evaluation or analysis;
- Address service volume and growth in demand and are based on a need for a service;
- Maintain life safety and gains in operational efficiencies within the facility;
- Focus on infrastructure renewal or technological improvements; and
- Promote local affordability of health services.

Providers require written approval of their Proposal/Business Case from the Ministry of Health and Long-Term Care before proceeding to the Functional Program stage of the capital planning and approval process.

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

Guidelines

1. Service Context:

A depiction of the service context consists of a clear and concise description of the organization's current and proposed future role in the community and the LHIN. It is important to demonstrate the relationship between the service plan for the organization and the surrounding communities.

The service context includes a description of:

- Health programs currently delivered by the organization - indicating why and how these programs need to be modified
- Any new programs that need to be introduced - indicating the specific improvements expected upon completion of the project
- Service relationships or dependencies between the facility and other sites should be described to convey the larger, regional or provincial health system context.

2. Planning Principles

- Planning must occur within the fiscal framework and priorities established by government.
- Population-based planning with a focus on improved health outcomes and health status for the community.
- Health services must be effective, sustainable and responsive to community needs. This requires working collaboratively across disciplines and sectors to meet defined needs.
- Foster the development of flexible and innovative approaches to service delivery. Current methods of practice and service delivery across programs and disciplines must be challenged. This will require exploration of alternatives including the sharing of medical/professional staff, technology, administrative, and other services within the LHIN to sustain viable programs and services.
- Recruitment and retention of physicians and other allied health care professionals is the first order of business. Consideration for enhancements or expansion of service delivery must have a comprehensive and sustainable health human resource manpower plan.
- Critical mass is necessary to support and sustain the provision of high quality health services.
- Enhance community-based primary care delivery by shifting appropriate resources from the hospitals to the community sector, where applicable.

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

3. Planning Indicators and Targets

Planning for health systems requires the consideration of key population health indicators. This would include, but are limited to, the following:

- Population growth
- Socio-economic indicators of health status, such as, levels of education, average household income, seniors 75+ living alone, morbidity/mortality data.
- Interrelationships between hospital and community-based care (i.e. homecare, LTC) and tracking hospital utilization by levels of care.
- Planning targets would include an analysis of the following:
 - Length of stay (strategies to improve ALOS, ALC, etc.)
 - Beds/1,000 or 100,000 guidelines (complex continuing care, rehabilitation, mental health)
 - Admission rates and days consumed
 - Utilization rates/population
 - Day surgery rates
 - Occupancy levels

Submission Requirements

The organization's Proposal/Business Case must be submitted under the signatures of the Board Chair and Chief Executive Officer. All components outlined below must be included, or a rationale provided for why specific components are not included. Details for each component are described below.

Submission components required:

1. Executive Summary and capital project request form
2. Service Delivery Model Report
 - Master Program
 - Human Resources plan for 5-year time frame
 - Preliminary Operating Cost Estimate
 - Options for Delivering the Changes in Service Delivery
3. Service Support Infrastructure Report
 - Multi-Year Infrastructure Plan
 - Technical Building Assessment
 - Master Plan (Site Plan)
 - Master Plan (Building Plans)
 - Options for Master Plan
4. Business Case / Options Analysis
5. Facility Development Plan
 - Proposed Floor Plans

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

- Proposed Space Summary
- Implementation/Phasing Plan
- Schedule
- Other Operational Issues
- Funding/Financing Plan
- Project Estimate

Submission Components

Detailed below is a description of the submission components for the Proposal/Business Case stage.

1. Executive Summary

The executive summary is a synopsis of the proposal, providing key facts about the proposed project, including anticipated outcomes. Also included is a brief description of the recommended Facility Development Plan, activities that will be undertaken, and the amount of grant requested. A *Capital Project Request Form* must also be included in the executive summary.

2. Service Delivery Model Report

For a proposed capital project that has a direct impact on current and future services, these impacted services should be planned over a projected 15 to 20-year period. These services could be new, changes to existing services, or a change in the model of care. This outline should be described in a Master Program.

Master Program

The *Master Program* presents the provider's present and future service delivery model. It outlines current and projected services and associated volumes, operating principles, major elements of the service, and component space requirements. It is used to determine both the long-term planning of a physical site, as well as assist in determining the requirement of the next stage for planning capital projects, Functional Programming. It must include a section for each program/service associated with the healthcare facility.

The Master Program includes the following information:

Present Service Delivery:

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

- Program parameters: model of care, organizational structure, hours of operation (if exceptional)
- Partnerships with community-based healthcare providers
- Scope and extent of services provided
- Historical workload for each component for the past three years
- Historical service volumes for the past three years
- Historical attendances for the past three years
- Historical beds for the past three years

Future Service Delivery:

Note:

For project proposals without government decisions for implementation timing, projections should be provided for the year of the proposal, 10 years out and 20 years out.

For projects with government decisions for implementation timing, projections should be provided for the planned year of occupancy and 10-years post occupancy.

- Program parameters affecting space: model of care, organizational structure
- Partnerships with community-based healthcare providers
- Scope and extent of services provided
- Projected workload
- Projected service volumes
- Projected attendances
- Projected beds
- Other factors affecting space (e.g. staff numbers in non-clinical areas)

Spatial Requirements:

- List of major elements that affect space
- Number of beds/operating rooms/specialized room/patient areas
- Number of offices/workstations (for administrative areas)
- Other
- Existing Component Gross Square Foot (CGSF)
- Projected Component Gross Square Foot (CGSF) requirements

The population and demographic information should be based on Ontario Ministry of Finance data for that region. The *Master Program* is a key document for the development of the Service Support Infrastructure Model outlined below.

Human Resources Plan

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

For new and substantial increases in programs, the provider is required to submit a staffing plan, and how this plan will impact the capital project.

Preliminary Operating Cost Estimate

For new and substantial increases in programs, the provider may be required to demonstrate what the preliminary operating cost estimate is based on, and any significant changes in the model of care and the services the provider has projected to deliver.

Options for Delivering the Changes in Service Delivery

For new and substantial increases in programs, the provider may be required to demonstrate the options available for service delivery of the program(s). For example, there may be two or more options for delivering a program that may have different capital and operating costs associated with the delivery models. The Ministry will require the options to determine value for money on the chosen service delivery model.

3. Service Support Infrastructure Report

The Service Support Infrastructure Report evaluates the condition and potential use of existing buildings and systems, and defines the long-term development strategies for specific sites, campuses or communities. This component of the proposal should be updated to reflect changing circumstances, and always represent the current status at the time of the proposal. The outcomes will provide a context for the Facility Infrastructure Renewal Plan, which will address required capital upgrades required because of the condition of the buildings or systems.

A priority of the Ministry is to provide health services in an efficient, accessible and safe manner, respecting the staff and user's privacy and dignity in the delivery of those services.

Efficiency can be measured in workflow and travel diagrams. For example, staff can better serve users by spending less time and energy retrieving supplies if resources are located near to where they are being used.

Accessibility can be measured by identifying barriers and removing barriers to those that require service (refer to *Ontarians with Disabilities Act, 2001*).

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

Safety and Security is measured by sight lines, visual supervision and observation of a program. Safety also includes the understanding and implementation of Infection Control guidelines for both staff and users (refer to "Reference Document: Patient Care Space Classification and Associated Requirements" and Health Canada's "Routine Precautions for Preventing the Transmission of Infection in Health Care").

3.1 Multi-Year Infrastructure Plan

This includes:

- Current year project plan
- Next fiscal year plan

See *Health Infrastructure Renewal Fund (HIRF) Guidelines* for more details

3.2 Technical Building Assessment

- Description of all major buildings and systems (age, general condition, etc.)
- Elementary assessment of building systems (refer to the CSA Standard document PLUS 317, *Guidelines for Elementary Assessment of Building Systems in Health Care Projects Checklist*)
- Recommendations for capital investment in existing facility
- Summary of implications for Deferring Capital Investment

3.3 Master Plan (Site Plan)

The Master Plan includes the following information:

Site Evaluation Report

(refer to *Canadian Handbook of Practice for Architects [CHOP]*, Chapter 32, "Site Evaluation Checklist")

- Physical factors
- Cultural factors
- Regulatory factors
- Recommendations (to be considered in master planning)
- Summary

Site Plan

- Survey (refer to CHOP, Chapter 42, "Information Required on Land Surveys Checklist")
 - Contours not more than 1.5 m (5 ft)
- Site Utilization

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

- Vehicular traffic flow and parking
- Pedestrian traffic flow
- Entrances and exits to and from building(s)
- Entrances and exits from site
- Soil investigation

Building Plan(s)

- All floor plans at a scale no less than 1:400 (1/32"=1'-0")
 - Location, boundaries and name of all component space
 - Primary vertical and horizontal circulation space
 - Entrances and exits from components and building

Planning and Building Approvals

- The Master Plan must also consider the obstacles to its implementation. A review of the potential approvals must be undertaken and a summary of the plan's conformance should be included. Realistic strategies and schedules for how the provider intends to overcome non-conforming issues must be included. Required approvals will vary by facility and may include the following:
 - Zoning
 - Conservation authority
 - Historic board
 - Aviation authorities

3.4 Master Plan (Building Plans)

Options for Master Plan Development

- Site plan showing options for redevelopment (projections consistent with Master Program timeframes – outlined in section 2.1) plus available land for redevelopment up to the point the land is fully utilized based on today's municipal requirement.
- Building plans showing component(s), circulation and entrances (1/32"=1'-0")
- Preferred option within the context of the master site plan

3.5 Options for Master Plan

- Provider should consider various Master Plan options, which take into consideration the service delivery model and the Service Support Infrastructure Model.

4. Business Case / Options Analysis

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

The provider must submit a business case that considers various options for the organization's proposed service delivery and Master Plan. The submission should demonstrate that the provider has reviewed all of its options and is proposing the most cost-effective solution. A sound basis for making key strategic decisions to meet service objectives, providing value for money, and protecting the public interest must be clearly indicated. This can be done by, for example, developing a "priority matrix" that shows a cost/benefit analysis.

The provider should consider the following:

- Models for delivering services
- Partnerships with community-based healthcare providers
- Operating costs
- Operating costs associated with health care professionals
- Human resource (HR) plan
- Models for supporting infrastructure
- Capital cost
- Project schedule
- Operating costs associated with the facility (i.e., heating/cooling, cleaning, laundry, food services, etc.), including maintenance costs associated with building systems
- Local affordability

5. Facility Development Plan

The Facility Development Plan identifies the priority programs that have been identified for immediate implementation. The Facility Development Plan should demonstrate the areas of the Master Plan that need to be addressed in the capital project. The development of these programs and their associated costs form the basis of the provider's request for capital funding.

5.1 Proposed Floor Plans

- All floor plans (no less than 1:200 or 1/16" = 1'-0")
- Proposed location, boundaries of all programs
- Major blocks/zones and intra-component corridors within the components
- Entrances and exits from the component and building
- Major building circulation (vertical/horizontal)

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

5.2 Proposed Space Summary

- Total building square footage – Building Gross Square Feet (BGSF)
- All components/programs areas listed individually – Component Gross Square Feet (CGSF)
- Summary by component/program (CGSF)

For the purposes of this document, Net Square Foot (NSF) = Net Component is the measured interior surface of all walls, partitions and mechanical enclosure. It should be exclusive of any major or minor furniture and equipment, fixed or loose, which may be included or planned for this space. NSF does not include component circulation unless otherwise clearly stated.

5.3 Implementation/Phasing Plan

5.4 Schedule

5.5 Other Operational Issues

- Meeting the requirements of the *Planning and Design Guidelines for Ontario Providers*, including the planning and design objectives such as sustainability and efficiency in operations
- Integration of service providers, such as third parties involved in planning
- Information technology
- Staffing and recruitment
- Furniture and equipment

5.6 Funding/Financing Plan

The provider must identify how the capital project will be funded. If the provider is required to share in the costs, evidence of financial viability is required. A plan for the local share will be required including the cost of financing and how such costs will be paid for.

5.7 Project Estimate

- Hard Costs (order of magnitude cost estimates):
 - Breakdown by component (CGSF)
 - Breakdown by building gross factor (BGSF)
 - Site costs (as determined by site analysis/master plan)
 - Associated costs (as determined by physical feasibility study)

Draft Proposal Guidelines for Capital Projects

Stage 1: Proposal/Business Case

- Budgeted furniture and equipment costs
- Phasing and logistics
- Soft Costs (ancillary costs):
 - Professional fees
 - Other consultants
 - Permit fees
 - Project management
 - Non-recoverable GST
- Financing costs
- Total proposed cost estimate of Development Plan

Procedural Steps

Upon receipt of the Proposal/Business Case submission, the ministry will review the submission and meet with the provider to reach a full understanding of the project's intent. The review process will include consideration of provincial resource availability and relative prioritization of the project need.

If the submission is accepted, Ministry staff will provide a recommendation regarding approval of the proposal/business. The Ministry provides written approval of the provider's Proposal/Business Case with approval to advance to developing the Functional Program. If approval is not granted, the ministry will discuss with the provider the areas requiring further work. Next steps are then established.

Upon approval of the Proposal/Business Case, the provider will be required to submit a signed Project Charter to the Ministry within 30 calendar days. The Project Charter serves as an accountability tool and confirms the project objective, scope, deliverables, administrative parameters, and commitments to which the provider has agreed.

The provider may receive a Functional Program Development grant in order to assist in developing the Functional Program. If the provider wishes to receive a Functional Program Development grant, a Planning and Design work plan and budget plan describing the key activities associated with planning and design for the project must be submitted.

Capital Planning Manual: Technical Submission Checklist
Ministry of Health and Long Term Care
Capital Planning and Strategies Branch

Stage 1: Proposal
Note: Items 1.1, 1.2, 1.3 (optional) and 1.4 make a complete Stage 1 submission

| | |
|---------------------|-------|
| Facility Name: | _____ |
| Location: | _____ |
| Institution Number: | _____ |
| Date of Submission: | _____ |

| |
|---|
| <p>Stage 1: Proposal</p> <ul style="list-style-type: none">1.1 Master Program1.2 Master Plan: Site and Space Analysis1.3 Master Plan: Physical Feasibility Study (optional)1.4 Master Plan: Development Plans <p>Stage 2: Functional Program</p> <ul style="list-style-type: none">2.1 Functional Program Report <p>Stage 3: Preliminary Design Development</p> <ul style="list-style-type: none">3.1 Block Schematic Report3.2 Sketch Plan Report <p>Stage 4: Contract Document Development</p> <ul style="list-style-type: none">4.1 Working Drawings and Specifications4.2 Final Estimate of Cost <p>Stage 5: Implementation</p> <p>* References</p> <ul style="list-style-type: none">- Canadian Standard Form of Contract for Architectural Services, Document 6, 2002- Canadian Handbook of Practice for Architects (CHOP) |
|---|

The Health Care Facility has ensured that:

1. This submission meets the policies and procedures identified in the Capital Planning Manual
2. This submission is complete, with explanation when requirements have not been met
3. It will comply with all regulations under applicable legislation relating to this health care facility

| | | | |
|--|-------------------|--|-------------------|
| Signature - Facility Administrator / Chief Executive Officer | | Signature - Chair of the Board / Owner | |
| Print Name | Date (dd/mm/yyyy) | Print Name | Date (dd/mm/yyyy) |

Capital Planning Manual: Technical Submission Checklist
Ministry of Health and Long Term Care
Capital Planning and Strategies Branch

Stage 1.1: Master Program

** All information marked as "Not Submitted" must be accompanied with a rationale explaining why the information is not required to be submitted.

1.1 Master Program

| Submitted | Not Submitted** | |
|-----------|-----------------|--|
| | | The master program is a document that reflects the health care facility's present and future service role within the community. It outlines current and projected program, staffing, and departmental space requirements based on the demographic data in the health care services plan. |

1.1.1 Planning Parameters

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1.1.1 Facility Mission Statement 1.1.1.1.1 Facility vision |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1.1.2 Planning Parameters 1.1.1.2.1 Definition of existing and proposed service (by department) 1.1.1.2.2 Catchment area and population needs |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1.1.3 Summary Tables 1.1.1.3.1 Existing and projected workload 1.1.1.3.2 Existing and projected staffing 1.1.1.3.3 Existing and proposed departmental area requirements (DGSF) |

Comment _____

1.1.2 Programs

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1.2.1 Scope and extent of services provided by each department |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1.2.2 Historic Workload for each department for the past 3 years 1.1.2.2.1 Service Volumes 1.1.2.2.2 Attendances 1.1.2.2.3 Beds |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1.2.3 Projected Workload for each department for the next 3-5, 5-8 and 8-12 years 1.1.2.3.1 Service Volumes 1.1.2.3.2 Attendances 1.1.2.3.3 Beds |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1.2.4 Projected Staffing for each department (relative to workload) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1.2.5 Existing Department Space (DGSF) (to be coordinated with Site & Space analysis) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.1.2.6 Projected Department Space Requirements (DGSF) |

Comment _____

Capital Planning Manual: Technical Submission Checklist
Ministry of Health and Long Term Care
Capital Planning and Strategies Branch

Stage 1.2: Master Plan: Site and Space Analysis

** All information marked as "Not Submitted" must be accompanied with a rationale explaining why the information is not required to be submitted.

1.2 Site and Space Analysis

| | | |
|-----------|-----------------|---|
| Submitted | Not Submitted** | Site and space analysis are essential pre-design services. They include the evaluation of an existing or potential site in relation to the building program, budget and construction schedule. |
|-----------|-----------------|---|

1.2.1 Site Plan

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.2.1.1 Current Survey Information (refer to the CHOP* Checklist CH-42: Information Required on Land Surveys) 1.2.1.1.1 Contours not more than 1.5m (5 ft) |
|--------------------------|--------------------------|--|

Comment _____

1.2.2 Site Evaluation Report

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.2.2.1 The report should address all relevant items (refer to the CHOP* Checklist CH-32: Site Evaluation Checklist) 1.2.2.1.1 Physical Factors 1.2.2.1.2 Cultural Factors 1.2.2.1.3 Regulatory Factors 1.2.2.1.4 Recommendations (to be considered in master planning) |
|--------------------------|--------------------------|--|

Comment _____

1.2.3 Site Diagrams

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.2.3.1 Site Services (utility locations and civil planning) 1.2.3.1.1 Utility locations 1.2.3.1.2 Civil planning |
|--------------------------|--------------------------|---|

Comment _____

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.2.3.2 Site Utilization 1.2.3.2.1 Vehicular Traffic Flow 1.2.3.2.2 Pedestrian Traffic Flow 1.2.3.2.3 Entrances and Exits from building(s) 1.2.3.2.4 Entrances and Exits from site 1.2.3.2.5 Parking |
|--------------------------|--------------------------|---|

Comment _____

DRAFT
Stage 1: Proposal

1.2.4 Floor Plans

- 1.2.4.1 All Floor Plans at a scale no less than 1:400 (1/32"=1'-0")
 - 1.2.4.1.1 Location, boundaries and name of all departmental space
 - 1.2.4.1.2 Primary vertical and horizontal circulation space
 - 1.2.4.1.3 Entrances and exits from departments and building

Comment _____

1.2.5 Space Table

- 1.2.5.1 All Space recorded in a table
 - 1.2.5.1.1 Total building area (BGSF)
 - 1.2.5.1.2 All departmental areas listed individually (DGSF)
 - 1.2.5.1.3 Building grossing factor (BGSF / DGSF)

Comment _____

Capital Planning Manual: Technical Submission Checklist
Ministry of Health and Long Term Care
Capital Planning and Strategies Branch

Stage 1.3: Master Plan: Physical Feasibility Study (optional)

** All information marked as "Not Submitted" must be accompanied with a rationale explaining why the information is not required to be submitted.

1.3 Physical Feasibility Study (optional)

| | | |
|-----------|-----------------|--|
| Submitted | Not Submitted** | Depending on the scope and the nature of the project, a physical feasibility study may be required for an existing facility. The physical feasibility study evaluates potential use of existing buildings that have a reasonable life expectancy. The facility should determine prior to master planning, if they need to undertake this type of study. |
|-----------|-----------------|--|

1.3.1 Building Evaluation Report

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.3.1.1 Elementary Assessment of Building Systems (refer to the CSA Standard document PLUS 317 Guidelines for Elementary Assessment of Building Systems in Health Care Projects Checklist) |
| | | 1.3.1.2 Recommendations for capital investment in existing facility |

Comment _____

1.3.2 Cost Estimate

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.3.2.1 Cost estimate based on recommendations |
|--------------------------|--------------------------|--|

Comment _____

Capital Planning Manual: Technical Submission Checklist
Ministry of Health and Long Term Care
Capital Planning and Strategies Branch

Stage 1.4: Master Plan: Development Plans

** All information marked as "Not Submitted" must be accompanied with a rationale explaining why the information is not required to be submitted.

1.4 Development Plans

| | | | | |
|-----------|--------------------------|-----------------|--------------------------|---|
| Submitted | <input type="checkbox"/> | Not Submitted** | <input type="checkbox"/> | The master plan defines long-term development strategies for specific sites, campuses or communities, including considerations related to current and future infrastructure, site development, site circulation and spatial relationships. A master plan, which is required following completion of a master program, establishes the process for the program's staged implementation over time. |
|-----------|--------------------------|-----------------|--------------------------|---|

1.4.1 Master Plan Site Plan

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.4.1.1 Based on the site plan information provided in Stage 1.2, provide the proposed development of the site |
|--------------------------|--------------------------|--|

Comment _____

1.4.2 Master Plan Report

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.4.2.1 Based on the site evaluation report, explain how the site will be impacted by the development |
| | | 1.4.2.1.1 Physical factors |
| | | 1.4.2.1.2 Cultural factors |
| | | 1.4.2.1.3 Regulatory factors |

Comment _____

1.4.3 Site Diagrams

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.4.3.1 Site Services (utility locations and civil planning) |
| | | 1.4.3.1.1 Utility locations |
| | | 1.4.3.1.2 Civil planning |

Comment _____

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.4.3.2 Site Utilization |
| | | 1.4.3.2.1 Vehicular traffic flow |
| | | 1.4.3.2.2 Pedestrian traffic flow |
| | | 1.4.3.2.3 Entrances and exits from building(s) |
| | | 1.4.3.2.4 Entrances and exits from site |
| | | 1.4.3.2.5 Parking |

Comment _____

DRAFT
Stage 1: Proposal

1.4.4 Proposed Floor Plans

- 1.4.4.1 All Floor Plans at a scale no less than 1:400 (1/32"=1'-0")
 - 1.4.4.1.1 Location, boundaries and name of all departmental space (existing / proposed)
 - 1.4.4.1.2 Primary vertical and horizontal circulation space
 - 1.4.4.1.3 Entrances and exits from departments and building

Comment _____

1.4.5 Proposed Space Table

- 1.4.5.1 All space recorded in a table
 - 1.4.5.1.1 Total building area (BGSF)
 - 1.4.5.1.2 All departmental areas listed individually (DGSF) (existing / new)
 - 1.4.5.1.3 Building grossing factor (BGSF / DGSF)

Comment _____

1.4.6 Master Plan Cost Estimate

- 1.4.6.1 Total proposed cost estimate of master plan
 - 1.4.6.1.1 Breakdown by department (DGSF)
 - 1.4.6.1.2 Breakdown by building gross factor (BGSF)
 - 1.4.6.1.3 Site costs (as determined by site analysis / master plan)
 - 1.4.6.1.4 Associated costs (as determined by physical feasibility study)
 - 1.4.6.1.5 Ancillary costs
 - 1.4.6.1.5.1 Projected costs for professional fees
 - 1.4.6.1.5.2 Projected costs for other consultants
 - 1.4.6.1.5.3 Projected costs for permit fees
 - 1.4.6.1.5.4 Projected costs for project management
 - 1.4.6.1.5.5 Projected costs for phasing and logistics
 - 1.4.6.1.5.6 1.2% for non recoverable GST

Comment _____

1.4.7 Capital Variance Template

- 1.4.7.1 Capital Variance Template (CVT)
 - 1.4.7.1.1 Complete for the master plan section

Comment _____

DRAFT
Stage 1: Proposal

1.4.8 Project Schedule (optional)

1.4.8.1 Project Schedule

- 1.4.8.1.1 Municipal submissions
 - 1.4.8.1.1.1 Site Plan
 - 1.4.8.1.1.2 Building Permit
- 1.4.8.1.2 Ministry approval to proceed
- 1.4.8.1.3 Block Schematic development
- 1.4.8.1.4 Block Schematic ministry review (6 weeks)
- 1.4.8.1.5 Sketch Plan development
- 1.4.8.1.6 Sketch Plan ministry review (6 weeks)
- 1.4.8.1.7 Contract document development
- 1.4.8.1.8 Contract document ministry review (6 weeks)
- 1.4.8.1.9 Ministry approval to tender
- 1.4.8.1.10 Tender period
- 1.4.8.1.11 Tender closing
- 1.4.8.1.12 Ministry approval to award contract
- 1.4.8.1.13 Implementation
 - 1.4.8.1.13.1 Phasing
- 1.4.8.1.13 Commissioning
- 1.4.8.1.14 Occupancy
- 1.4.8.1.15 Deficiency period

Comment _____

Region of York - Long Term Financing Options

| | | <u>Option 1</u> | <u>Option 2</u> | <u>Option 3</u> |
|-------------------------|--------------|-----------------|-----------------|-----------------|
| Amount | | \$ 80,000,000 | \$ 80,000,000 | \$ 80,000,000 |
| Loan Term | Years | 10 | 10 | 20 |
| Amortization Period | Years | 10 | 20 | 20 |
| Interest Rate | | 4.80% | 4.80% | 6.00% |
| | Second 10 Yr | | 8.00% | |
| Annual Payment | 10 Yr | \$ 10,503,275 | \$ 6,422,019 | \$ 7,486,540 |
| | Second 10 yr | | \$ 8,001,256 | \$ 7,486,540 |
| Total Cost of Borrowing | 10 Yr | \$ 25,032,755 | | |
| | 20 Yr | | \$ 64,232,755 | \$ 69,730,800 |
| Total P& I Payment | 10 Yr | \$ 105,032,755 | | |
| | 20 Yr | | \$ 144,232,755 | \$ 149,730,800 |
| Annual Tax Rate Impact | 10 Yr | 8.91% | 5.45% | 6.35% |