



Board of Health Finance Standing Committee Meeting

Tuesday, June 4, 2024

10 a.m.

Boardroom/Hybrid

APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR

MOTION:

**THAT the Board of Health Finance Standing Committee appoint _____
as the Board of Health Finance Standing Committee Chair for 2024.**

AGENDA
BOARD OF HEALTH FINANCE STANDING COMMITTEE
TUESDAY, JUNE 4, 2024
10 A.M. TO 12 P.M.
Boardroom

MEMBERS: René Lapierre Ken Noland Michel Parent
Mark Signoretti

EX-OFFICIO STAFF: Rachel Quesnel France Quirion Dr. Mustafa Hirji

INVITED STAFF: Keeley O'Neill

GUESTS: Derek D'Angelo, Lead Audit Engagement Partner, KPMG
Jennifer Bronicheski, Lead Audit Engagement Manager, KPMG

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2024**

APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR

MOTION:

THAT the Board of Health Finance Standing Committee appoint _____ as the Board of Health Finance Standing Committee Chair for 2024.

4. **REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST**
5. **APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MEETING NOTES**
 - 5.1 Board of Health Finance Standing Committee Notes dated November 6, 2023 *

APPROVAL OF MEETING NOTES

MOTION:

THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 6, 2023, be approved as distributed.

6. **NEW BUSINESS**
 - 6.1 2023 Audited Financial Statements
 - a) Briefing Note from the Medical Officer of Health and Chief Executive Officer dated May 28, 2024 *

- b) Review of the 2023 Audit Findings Report and Audited Financial Statements *
 - F. Quirion, Director, Corporate Services
 - K. O'Neill, Manager, Accounting Services
 - Derek D'Angelo and Jennifer Bronicheski, KPMG

2023 AUDITED FINANCIAL STATEMENTS

MOTION:

THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2023 audited financial statements.

- 6.2 Year to Date Financial Statements
 - a) March 2024 Financial Statements *

7. ADJOURNMENT

ADJOURNMENT

MOTION:

That we do now adjourn. Time: _____

* Attachment

**MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, NOVEMBER 6, 2023 – 1 P.M.
HYBRID**

BOARD MEMBERS PRESENT

Mark Signoretti, Chair
Michel Parent

René Lapierre

Ken Noland

STAFF MEMBERS PRESENT

France Quirion

Rachel Quesnel, Recorder

Dr. Penny Sutcliffe

M. SIGNORETTI PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:04 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Notes dated June 6, 2023

05-23 APPROVAL OF MEETING NOTES

MOVED BY PARENT – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 6, 2023, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Year-to-Date Financial Statements

a) September 2023 Financial Statements

The financial statements ending September 30, 2023, show a positive variance of \$951,215 in the cost shared programs before considering COVID-19 extraordinary expenses.

Large negative variances are observed within certain programs which are attributable to recovery activities and associated resources required to complete the backlog of work that accumulated during the COVID-19 pandemic. As of the end of September we continued to have public health nurse vacancies in various programs in the Health Promotion division and public health inspector vacancies in the Health Protection division.

The statements account for \$3,263,996 in COVID-19 extraordinary expenses incurred to the end of September 2023. Members were reminded that cost shared funding must be fully used prior to utilizing COVID-19 extraordinary funding, therefore the actual variance in cost-shared programs at the end of September is nil with \$2,312,781 in COVID-19 extraordinary expenses.

The third quarter report and projected expenses to year end was submitted to the Ministry on October 27, 2023. We have yet to receive confirmation from the Ministry of the amount we have been approved for COVID-19.

The Ministry advised in writing today that it will provide PHSD with up to \$914,000 in one-time funding for 2023-24 to support the Infection Prevention and Control Hub (IPAC). The funding is to the end of March 2024 and it is hoped that IPAC funding will be annualized and become part of the cost-shared budget.

b) Capital Project Financial Summary

The schedule outlines the current project costs against the approved funding from reserves and Ministry of Health funding. As of October 2023, the costs for the Paris Street projects is \$8,82M.

Of note, an adjustment to the Elm Place project costs was not reflected properly in the agenda package summary. The total cost for Elm Place is \$2,268,111 (versus \$2,193,769) of which \$1,022,812 is funded through reserves. With an approved allocation of \$11M from reserves to support infrastructure modernization projects, the estimated balance in the allocated reserve fund is at \$1,136,226.

The Ministry has also funded the elevator and lab roof repair projects. The elevator project is completed and is slightly over budget (\$21,601). The lab roof repair project, which includes the main entrance work, is almost complete. It was approved for a total of \$929,305 in capital funding and as of October 2023 is estimated to cost \$887,742. Any unspent funds unspent in the lab roof project will need to be returned to the Ministry.

Kudos were extended to the team for the diligence in managing complex projects and at such a challenging time. The infrastructure and financial results were recognized.

5.2 Financial Management Policy Review

a) Schedule of Policy Review

This schedule outlines Board of Health By-laws and Policies relating to the financial management of the organization requiring a review in 2024, per the review cycle every two years. The team has been making progress with the review of operational financial policies to be reviewed every five years and in addressing the backlog resulting from the pandemic. Overall, there are no significant variances or changes in policies to bring to attention.

5.3 2024 Operating Budget

a) Briefing Note: Budget Context and Assumptions

Dr. Sutcliffe reviewed the context and assumptions for the proposed 2024 cost-shared operating budget based on careful planning considering unprecedented system change, programmatic uncertainties, and financial pressures.

The Ministry of Health's announcement in August of significant changes to the Ontario's public health system, titled *Strengthening Public Health*, were reviewed as detailed during the September Board of Health meeting.

Effective January 1, 2024, the province will return \$47 million in provincial annual base funding to public health units, which is the level previously provided in 2018. Based on meetings with the Ministry, for PHSD that would mean \$1,179,500 being returned to provincial base funding. The province is also providing local public health units an annual one per cent funding increase over the next three years, being 2024, 2025, and 2026.

The Ministry advises that expenses for COVID-19 programming in 2024 will need to be included in the Board's cost-shared base budget.

A preliminary financial assessment is that the return to provincial funding at the level provided in 2019 as well as the upcoming provincial increase of 1% for three years, and the prior increases of 1% in each of 2022 and 2023, is sub-inflationary and that it will be challenging to meet growing and complex local public health needs. Notwithstanding this, the Ministry has stated the recognition of the *urgent need for stabilization while change processes are underway within the system*.

The ministry grant has been eroded over time and based on historical funding rather than the Board approved budget. There has been a relative growth in municipal contributions to the cost of a Board of Health.

The assumptions made for 2024 were reviewed and F. Quirion was invited to review the 2024 proposed budget, highlighting changes over the 2023 board approved budget. The projected increases in fixed and operating expenses were reviewed.

Questions were entertained regarding benefits, and it was clarified that PHSD has typically gone to market every 2-3 years. PHSD works with its Benefit Consultant to ensure we get the most competitive rates available in the market. As we are exiting the last negotiated rates, PHSD will meet with its Benefit Consultant to secure the best rates possible and determine when going to market would be beneficial.

06-23 IN CAMERA

MOVED BY NOLAND – PARENT: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 1:50 p.m.

CARRIED

07-23 RISE AND REPORT

MOVED BY PARENT – LAPIERRE: THAT this Board of Health Finance Standing Committee rises and reports. Time: 3:10 pm

CARRIED

It was reported that one personal matter involving one or more identifiable individuals, including employees or prospective employees, was discussed for which the following motions emanated.

08-23 APPROVAL OF BOH INCAMERA

MOVED BY LAPIERRE – NOLAND: THAT this Board of Health Finance Standing Committee approve the meeting notes of the October 31, 2022, in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

09-23 2024 OPERATING BUDGET

MOVED BY NOLAND – LAPIERRE - THAT the Board of Health Finance Standing Committee, having reviewed and discussed the details of the proposed 2024 cost-

shared operating budget at its November 6, 2023, meeting, direct the Medical Officer of Health to finalize the budget totaling \$30,073,079; and

THAT the Finance Standing Committee so recommend this budget to the Board of Health for approval at its November 16, 2023, meeting.

CARRIED

6. ADJOURNMENT

10-23 ADJOURNMENT

MOVED BY PARENT – LAPIERRE: THAT we do now adjourn. Time: 3:13 p.m.

CARRIED

(Chair)

(Secretary)

APPROVAL OF MEETING NOTES

MOTION:

THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 6, 2023, be approved as distributed.

Briefing Note

To: Chair, Board of Health Finance Standing Committee

From: Dr. Mustafa Hirji, Medical Officer of Health/Chief Executive Officer

Date: June 4, 2024

Re: 2023 Audited Financial Statement presented in draft

☐ For Information

☒ For Discussion

☐ For a Decision

Issue:

KPMG completed the audit of the 2023 Financial Statements of the Board of Health for the Sudbury and District Health Unit operating as Public Health Sudbury & Districts which include the Independent Auditor's Report.

Recommended Action:

That the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2023 audited financial statements.

Background:

The Ministry of Health requires each health unit to have their financial records audited by an external auditing firm annually.

The 2023 audit was completed by KPMG. This is KPMG's third term and third year of the three-year service agreement.

Public Health Sudbury & Districts is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards.

The auditor's responsibility is to express an opinion on these financial statements based on their audit. The audit involves performing procedures to obtain audit evidence about the amounts and disclosure in the financial statements. The procedures include the assessment of the risks of material misstatements of the financial statements. The auditors consider internal controls relevant to the organization's preparation and fair presentation of the financial statements. The audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as at December 31, 2023 and its results of operations and accumulated surplus, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

There were no recommendations received as a result of the 2023 annual audit completed by KPMG.

Financial Implications:

Audit charges as per the Audit service agreement.

Ontario Public Health Standard:

Effective Public Health Practice – Good governance

Strategic Priority:

Organizational Commitment

Contact:

France Quirion, Director, Corporate Services

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment



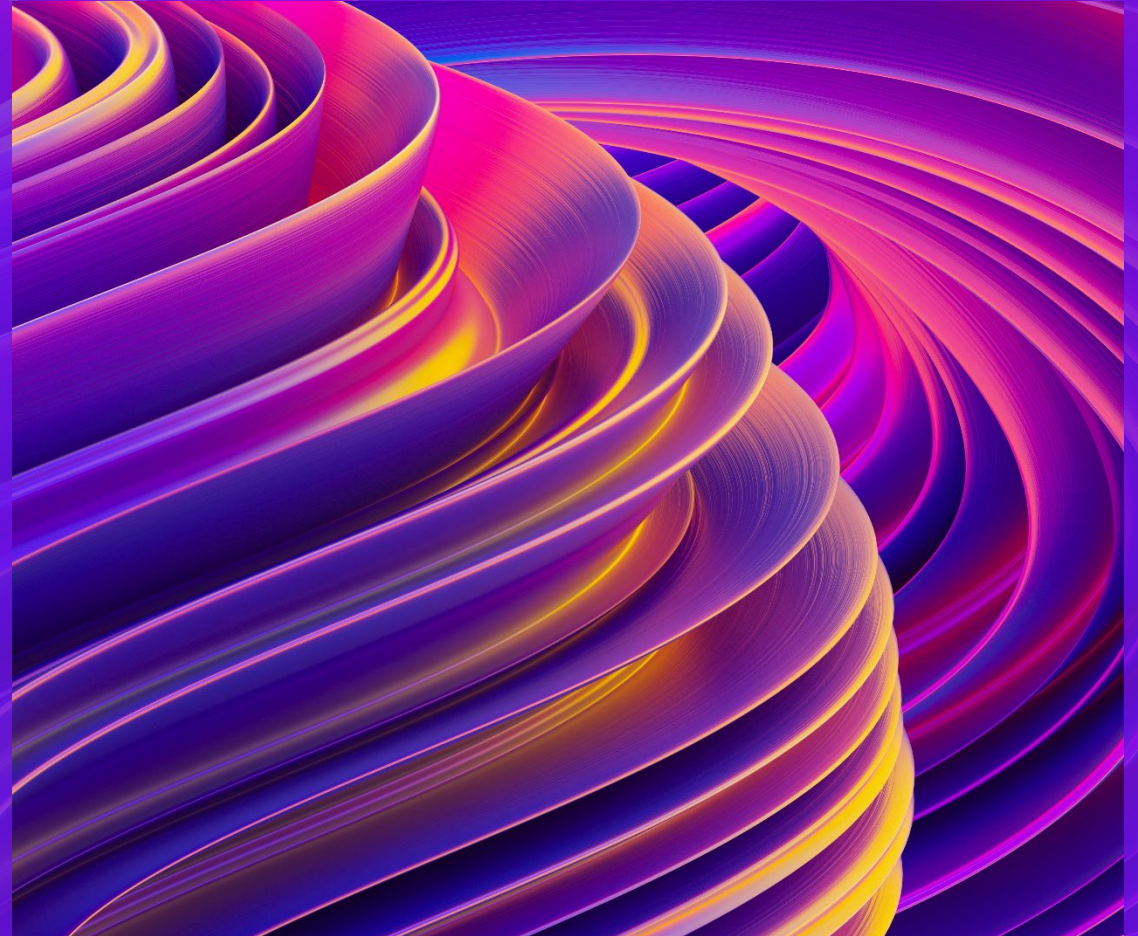
BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT (OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

**Audit Findings Report
for the year ended December 31, 2023**

KPMG LLP

Prepared as of May 23, 2024 for presentation to the Finance
Committee on June 4, 2024

kpmg.ca/audit



KPMG contacts

Key contacts in connection with this engagement

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Lead Audit Engagement Partner

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Digital use information

This Audit Findings Report is also available as a “hyper-linked” PDF document.

If you are reading in electronic form (e.g. In “Adobe Reader” or “Board Books”), clicking on the home symbol on the top right corner will bring you back to this slide.



Click on any item in the table of contents to navigate to that section.

4	Highlights	5	Status	6	Significant changes
7	Policies and practices	8	Independence	10	Appendices

The purpose of this report is to assist you, as a member of the Finance Committee, in your review of the results of our audit of the financial statements. This report is intended solely for the information and use of Management, the Finance Committee, and the Board of Directors and should not be used for any other purpose or any other party. KPMG shall have no responsibility or liability for loss or damages or claims, if any, to or by any third party as this report has not been prepared for, and is not intended for, and should not be used by, any third party or for any other purpose.



Audit highlights



No matters to report



Matters to report – see link for details

Status

We have completed the audit of the financial statements (“financial statements”), with the exception of certain remaining outstanding procedures, which are highlighted on the ‘Status’ slide of this report.



Significant changes



Significant changes since our audit plan



- No changes to our risk assessments
- No changes to our planned audit approach

Risks and results



Significant risks



Other risks of material misstatement



Going concern matters

Policies and practices & Specific topics



Significant unusual transactions



Accounting policies and practices



- See page 7 for additional information with respect to the adoption of Asset Retirement Obligation standard (PSAS 3280)



Other financial reporting matters

- No matters to report. The financial statement presentation complies with the financial reporting framework.

Uncorrected misstatements



Uncorrected misstatements



- No matters to report.

Corrected misstatements



Corrected misstatements



- No matters to report.

Control deficiencies



Significant deficiencies



- We did not identify any control deficiencies that we determined to be significant deficiencies in internal control over financial reporting. A significant deficiency in internal control is a deficiency, or combination of deficiencies, in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

Status

As of May 23, 2024, we have completed the audit of the financial statements, with the exception of certain remaining procedures, which include amongst others:

- Finalization of the review and sign offs of all working papers in the audit file
- Receipt of legal letters, and, or subsequent event verification to date of audit report, as necessary
- Receipt of signed management representation letter
- Completing our discussions with the Finance Committee
- Obtaining evidence of the Board of Director's approval of the financial statements











We will update the Finance Committee, and not solely the Chair, on significant matters, if any, arising from the completion of the audit, including the completion of the above procedures.

A draft of our auditor's report is provided in Appendix: Draft Auditor's Report.

Significant changes

We have made the following significant changes related to our audit strategy since our audit plan:

Audit strategy

	Management and the KPMG audit team		There were no key Management team member changes from the Audit Plan.
	Materiality		Materiality was set at \$1M which represented approximately 3% of the prior year total revenues. No changes to materiality were required.
	Fraud risk		We performed our required audit procedures in accordance with the professional standards over fraud risk as communicated in the Audit Plan and did not identify any additional fraud risks from our audit work.
	Other areas of audit focus		We identified certain areas of audit focus in our Audit Plan. We did not identify any additional areas of audit focus and have no significant findings to report as a result of these procedures.
	Newly effective accounting standards		In the Audit Plan, we highlighted that PS 3280 <i>Asset Retirement Obligations</i> , was effective for the fiscal 2023 audit. We performed the audit procedures to concluded over the impact of this new accounting standard and have no findings to report.

Accounting policies and practices



Initial selection

PSAS 3280 Asset Retirement Obligation Standards was effective for fiscal years beginning on or after April 1, 2022. For most organizations, the preferred adoption of this standard was on a modified retroactive basis within the December 31, 2023 financial statements.

Note disclosure has been included in the financial statements for the transition to the new accounting standard. Please see note 1 (I) for additional information relating to the transitional adjustments.



Revised

The new accounting standard, PS 3280, addresses the reporting of legal obligations associated with the retirement of certain tangible capital assets, such as asbestos removal in buildings owned by the Board or lease agreements that require returning the asset to its' original state.

In accordance with the provisions of this new standard, the Board completed an analysis of all facilities, capital assets and lease agreements and determined there was no asset retirement obligations that existed as of January 1, 2023.



Significant qualitative aspects

The adoption of the Asset Retirement Obligations Standard required management to calculate the value of the obligation as of the date of transition. For application of the Standard, the Board engaged Pinchin Ltd. and used internal knowledge of the Finance, Facilities, and other departments to determine whether any obligation existed at the date of transition.

Independence

As a firm, we are committed to being and being seen to be independent. We have strict rules and protocols to maintain our independence that meet or exceed those of the IESBA Code¹ and CPA Code. The following are the actions or safeguards applied to reduce or eliminate threats to an acceptable level:



Dedicated ethics & independence partners



Process for reporting breaches of professional standards and policy, and documented disciplinary policy



Ethics, independence and integrity training for all staff



International proprietary system used to evaluate and document threats to independence and those arising from conflicts of interest



Operating policies, procedures and guidance contained in our quality & risk management manual



Mandated procedures for evaluating independence of prospective audit clients



Restricted investments and relationships



Annual ethics and independence confirmation for staff

Statement of compliance

We confirm that, as of the date of this communication, **we are independent** of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada.

¹ International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards)

Appendices

A

Required
communications

B

Audit quality

C

New auditing
standards

D

Insights

E

Continuous Evolution

Appendix: Draft auditor's report

INDEPENDENT AUDITORS' REPORT

To the Board of Health for the Sudbury & District Health Unit (Operating as Public Health Sudbury & Districts)

Opinion

We have audited the accompanying financial statements the Board of Health for the Sudbury & District Health Unit (Operating as Public Health Sudbury & Districts) (the "Entity"), which comprise:

- the statement of financial position as at December 31, 2023
- the statement of operations and accumulated surplus for the year then ended
- the statement of change in net debt for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2023, and its results of operations, its changes in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the **"Auditors' Responsibilities for the Audit of the Financial Statements"** section of our report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibility of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.



Appendix: Draft auditor's report

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.

- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

June 20, 2024



Appendix: Management representation letter

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT
1300 PARIS STREET
SUDBURY, ONTARIO P3E 3A3

KPMG LLP
Times Square
1760 Regent Street, Unit 4
Sudbury, ON P3E 3Z8
Canada

June 20, 2024

We are writing at your request to confirm our understanding that your audit was for the purpose of expressing an opinion on the financial statements (hereinafter referred to as "financial statements") of Board of Health for the Sudbury & District Health Unit ("the Entity") as at and for the period ended December 31, 2023.

GENERAL:

We confirm that the representations we make in this letter are in accordance with the definitions as set out in Attachment I to this letter.

We also confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

RESPONSIBILITIES:

- 1) We have fulfilled our responsibilities, as set out in the terms of the engagement letter dated January 17, 2022, including for:
 - a) the preparation and fair presentation of the financial statements and believe that these financial statements have been prepared and present fairly in accordance with the relevant financial reporting framework.
 - b) providing you with all information of which we are aware that is relevant to the preparation of the financial statements ("relevant information"), such as financial records, documentation and other matters, including:
 - the names of all related parties and information regarding all relationships and transactions with related parties;
 - the complete minutes of meetings, or summaries of actions of recent meetings for which minutes have not yet been prepared, of shareholders, board of directors and committees of the board of directors that may affect the financial statements. All significant actions are included in such summaries.
 - c) providing you with unrestricted access to such relevant information.
 - d) providing you with complete responses to all enquiries made by you during the engagement.

- e) providing you with additional information that you may request from us for the purpose of the engagement.
- f) providing you with unrestricted access to persons within the Entity from whom you determined it necessary to obtain audit evidence.
- g) such internal control as we determined is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. We also acknowledge and understand that we are responsible for the design, implementation and maintenance of internal control to prevent and detect fraud.
- h) ensuring that all transactions have been recorded in the accounting records and are reflected in the financial statements.
- i) ensuring that internal auditors providing direct assistance to you, if any, were instructed to follow your instructions and that we, and others within the entity, did not intervene in the work the internal auditors performed for you.

INTERNAL CONTROL OVER FINANCIAL REPORTING:

- 2) We have communicated to you all deficiencies in the design and implementation or maintenance of internal control over financial reporting of which we are aware.

FRAUD & NON-COMPLIANCE WITH LAWS AND REGULATIONS:

- 3) We have disclosed to you:
 - a) the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
 - b) all information in relation to fraud or suspected fraud that we are aware of that involves:
 - management;
 - employees who have significant roles in internal control over financial reporting; or
 - others
 where such fraud or suspected fraud could have a material effect on the financial statements.
 - c) all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements, communicated by employees, former employees, analysts, regulators, or others.
 - d) all known instances of non-compliance or suspected non-compliance with laws and regulations, including all aspects of contractual agreements or illegal acts, whose effects should be considered when preparing financial statements.
 - e) all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.



Appendix: Management representation letter

SUBSEQUENT EVENTS:

- 4) All events subsequent to the date of the financial statements and for which the relevant financial reporting framework requires adjustment or disclosure in the financial statements have been adjusted or disclosed.

RELATED PARTIES:

- 5) We have disclosed to you the identity of the Entity's related parties.
- 6) We have disclosed to you all the related party relationships and transactions/balances of which we are aware.
- 7) All related party relationships and transactions/balances have been appropriately accounted for and disclosed in accordance with the relevant financial reporting framework.

ESTIMATES:

- 8) The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

GOING CONCERN:

- 9) We have provided you with all information relevant to the use of the going concern assumption in the financial statements.
- 10) We confirm that we are not aware of material uncertainties related to events or conditions that may cast significant doubt upon the Entity's ability to continue as a going concern.

NON-SEC REGISTRANTS OR NON-REPORTING ISSUERS:

- 11) We confirm that the Entity is not a Canadian reporting issuer (as defined under any applicable Canadian securities act) and is not a United States Securities and Exchange Commission ("SEC") Issuer (as defined by the Sarbanes-Oxley Act of 2002).
- 12) We also confirm that the financial statements of the Entity will not be included in the group financial statements of a Canadian reporting issuer audited by KPMG or an SEC Issuer audited by any member of the KPMG organization.

Yours very truly,

By: Dr. Mustafa Hirji, Acting Medical Officer of Health & CEO

Attachment I – Definitions

MATERIALITY

Certain representations in this letter are described as being limited to matters that are material.

Information is material if omitting, misstating or obscuring it could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Judgments about materiality are made in light of surrounding circumstances, and are affected by perception of the needs of, or the characteristics of, the users of the financial statements and, the size or nature of a misstatement, or a combination of both while also considering the entity's own circumstances.

FRAUD & ERROR

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity's assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorization.

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

Appendix: Audit quality - How do we deliver audit quality?

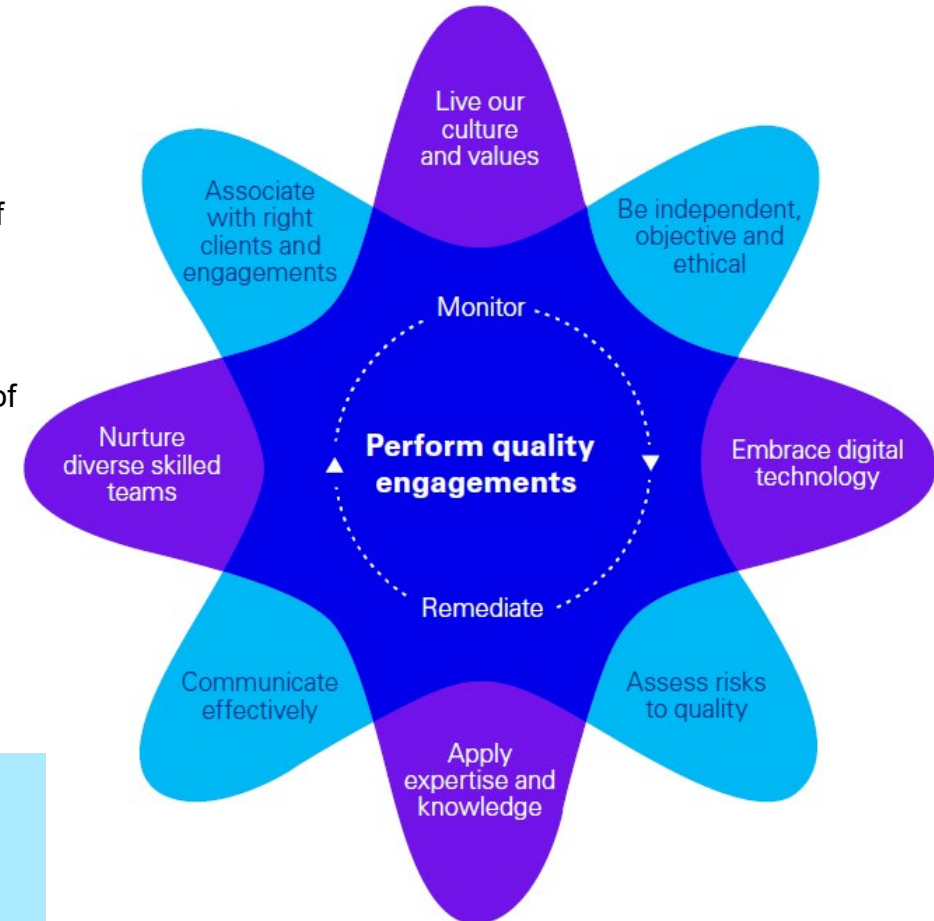
Quality essentially means doing the right thing and remains our highest priority. Our Global Quality Framework outlines how we deliver quality and how every partner and staff member contributes to its delivery.

The drivers outlined in the framework are the ten components of the KPMG System of Quality Management (SoQM). Aligned with ISQM 1/CSQM 1, our SoQM components also meet the requirements of the International Code of Ethics for Professional Accountants (including International Independence Standards) issued by the International Ethics Standards Board for Accountants (IESBA) and the relevant rules of professional conduct / code of ethics applicable to the practice of public accounting in Canada, which apply to professional services firms that perform audits of financial statements. Our Transparency Report includes our firm's Statement on the Effectiveness of our SoQM.

[KPMG 2023 Audit Quality and Transparency Report](#)

We define 'audit quality' as being the outcome when:

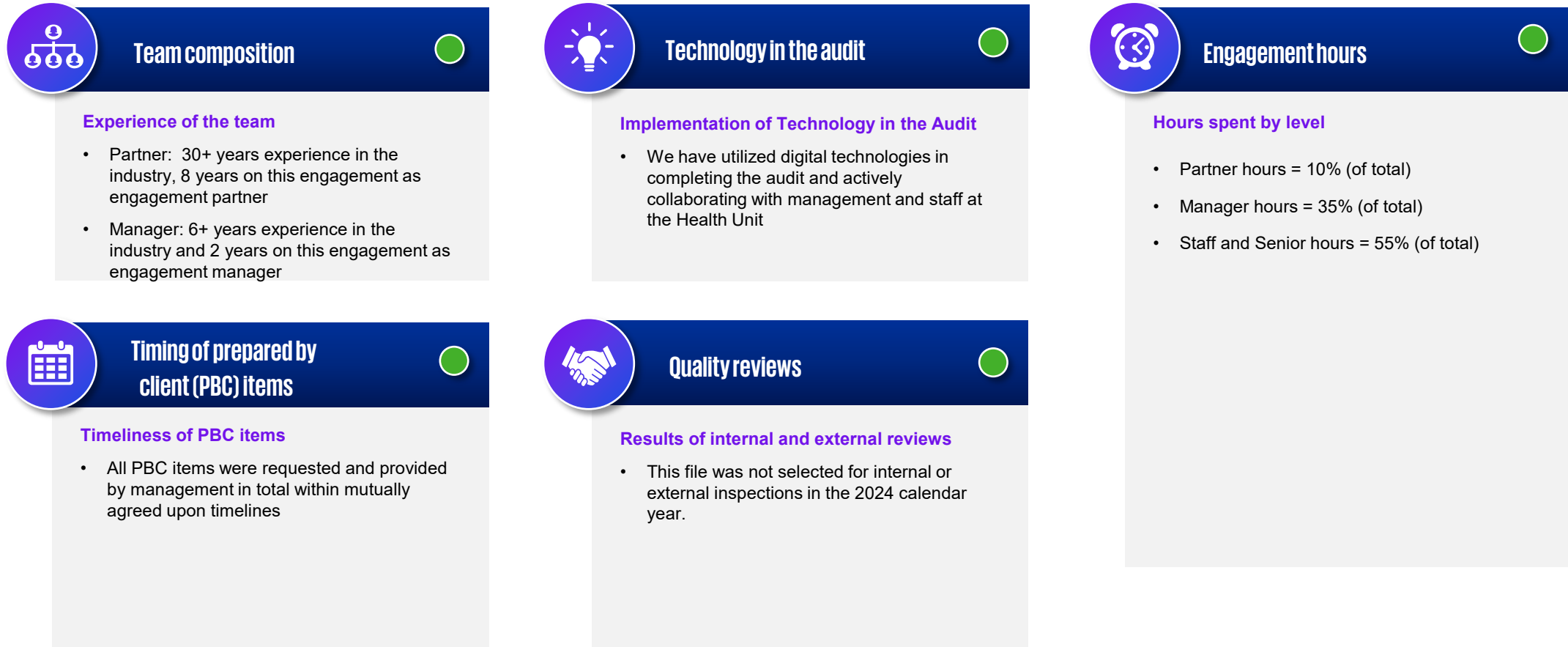
- audits are **executed consistently**, in line with the requirements and intent of **applicable professional standards** within a strong **system of quality management**; and
- all of our related activities are undertaken in an environment of the utmost level of **objectivity, independence, ethics and integrity**.



Doing the right thing. Always.

Appendix: Audit quality - Indicators (AQIs)

The objective of these measures is to provide the Finance Committee and management with more in-depth information about factors that influence audit quality within an audit process. Below you will find the current status of the AQIs that we have agreed with management are relevant for the audit.



Nothing to report



Some matters to report



Specific matters to report

Appendix: Newly effective and upcoming changes to auditing standards

For more information on newly effective and upcoming changes to auditing standards – see Current Developments



Effective for periods beginning on or after December 15, 2022

ISA/CAS 220

.....
(Revised) Quality management for an audit of financial statements

ISQM1/CSQM1

.....
Quality management for firms that perform audits or reviews of financial statements or other assurance or related services engagements

ISQM2/CSQM2

.....
Engagement quality reviews

Effective for periods beginning on or after December 15, 2023

ISA 600/CAS 600

.....
Revised special considerations – Audits of group financial statements

Appendix: Audit and assurance insights

Our latest thinking on the issues that matter most to Audit Committees, board of directors and management.

KPMG Audit & Assurance Insights

Curated research and insights for audit committees and boards.

Board Leadership Centre

Leading insights to help board members maximize boardroom opportunities

Current Developments

Series of quarterly publications for Canadian businesses including Spotlight on IFRS, Canadian Securities & Auditing Matters and US Outlook reports.

Audit Committee Guide – Canadian Edition

A practical guide providing insight into current challenges and leading practices shaping audit committee effectiveness in Canada.

Accelerate 2023

The key issues driving the audit committee agenda in 2023.

Momentum

A quarterly newsletter with the latest thought-leadership from KPMG's subject matter leaders across Canada and valuable audit resources for clients.

KPMG Climate Change Financial Reporting Resource Centre

Our climate change resource center provides insights to help you identify the potential financial statement impacts to your business.

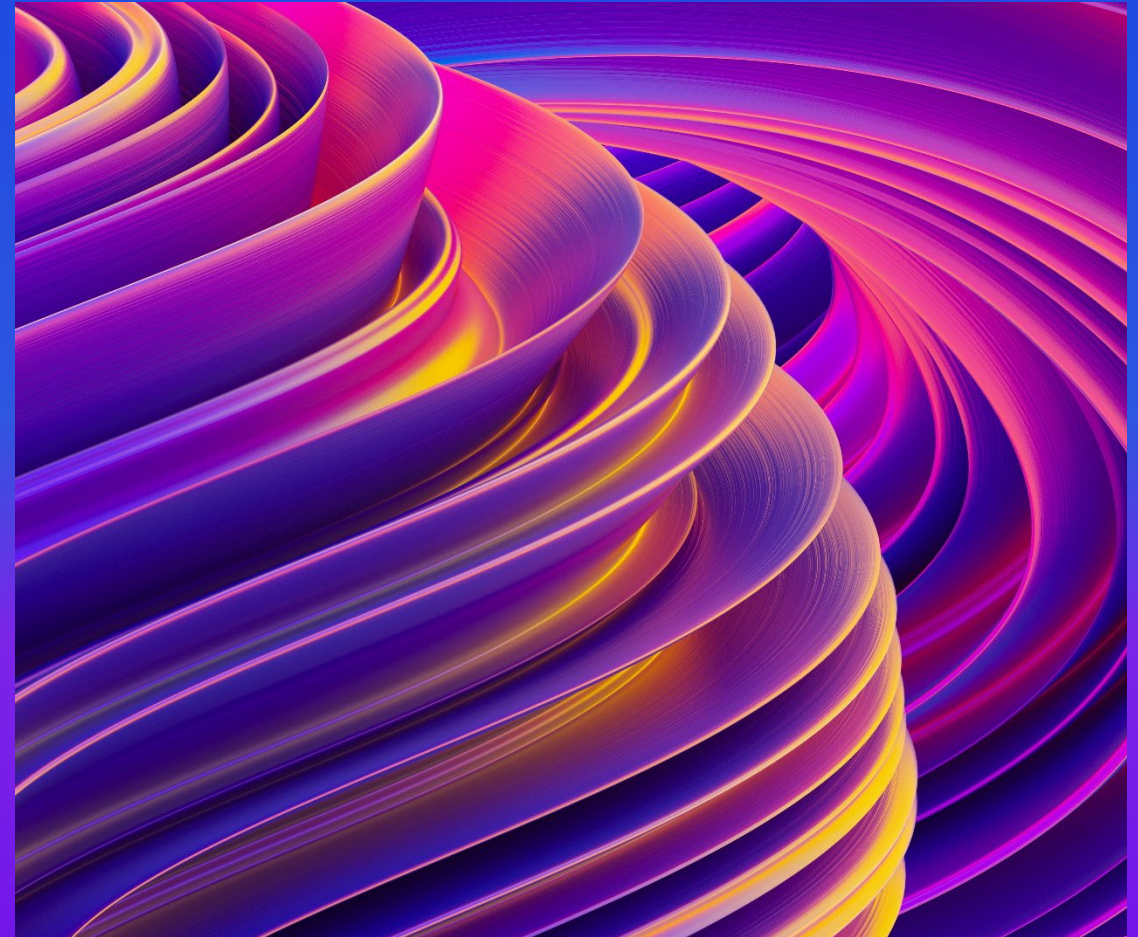
IFRS Breaking News

A monthly Canadian newsletter that provides the latest insights on international financial reporting standards and IASB activities.



<https://kpmg.com/ca/en/home.html>

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Financial Statements of

**BOARD OF HEALTH FOR THE
SUDBURY & DISTRICT
HEALTH UNIT**

**(OPERATING AS PUBLIC HEALTH SUDBURY
& DISTRICTS)**

And Independent Auditor's Report thereon

Year ended December 31, 2023

INDEPENDENT AUDITOR'S REPORT

To the Board Members of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

Opinion

We have audited the accompanying financial statements of The Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts (the Entity), which comprise:

- the statement of financial position as at December 31, 2023
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net financial assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the “financial statements”)

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2023, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “***Auditor's Responsibilities for the Audit of the Financial Statements***” section of our report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using

the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

(date)

DRAFT

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2023, with comparative information for 2022

	2023	2022
Financial assets		
Cash and cash equivalents	\$ 10,027,872	\$ 14,716,265
Accounts receivable	529,551	1,805,805
Receivable from the Province of Ontario	34,220	987,773
	10,591,643	17,509,843
Financial liabilities		
Accounts payable and accrued liabilities	2,769,256	3,833,343
Deferred revenue	356,652	1,472,286
Payable to the Province of Ontario	1,024,127	5,643,882
Employee benefit obligations (note 2)	3,770,170	3,934,882
	7,920,205	14,884,393
Net financial assets	2,671,438	2,625,450
Non-financial assets:		
Tangible capital assets (note 3)	15,208,514	15,153,948
Prepaid expenses	459,492	420,160
	15,668,006	15,574,108
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	\$ 18,339,444	\$ 18,199,558

See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2023, with comparative information for 2022

	2023 Budget (note 10)	2023 Actual	2022 Actual
Revenue (note 9):			
Provincial grants	\$ 22,341,165	\$ 27,390,098	\$ 31,034,662
Per capita revenue from municipalities (note 7)	9,418,510	9,418,510	9,078,101
Other:			
Plumbing inspections and licenses	317,000	357,806	422,637
Interest	120,000	546,275	274,178
Other	476,023	442,571	420,202
	32,672,698	38,155,260	41,229,780
Expenses (note 9):			
Salaries and wages	20,555,589	24,816,191	26,736,003
Benefits (note 6)	6,411,498	6,771,029	6,557,383
Administration (note 8)	2,819,562	2,920,027	4,905,997
Supplies and materials	1,289,333	1,141,367	1,150,986
Amortization of tangible capital assets (note 3)	1,067,858	1,144,542	1,067,858
Small operational equipment	1,291,010	930,947	1,066,629
Transportation	305,707	291,271	384,934
	33,740,557	38,015,374	41,869,790
Annual surplus (deficit)	(1,067,859)	139,886	(640,010)
Accumulated surplus, beginning of year	18,199,558	18,199,558	18,839,568
Accumulated surplus, end of year	\$ 17,131,699	\$ 18,339,444	\$ 18,199,558

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2023, with comparative information for 2022

	2023	2022
Annual surplus (deficit)	\$ 139,886	\$ (640,010)
Purchase of tangible capital assets	(1,199,108)	(6,526,456)
Amortization of tangible capital assets	1,144,542	1,067,858
Change in prepaid expenses	(39,332)	(147,894)
Change in net financial assets	45,988	(6,246,502)
Net financial assets, beginning of year	2,625,450	8,871,952
Net financial assets, end of year	\$ 2,671,438	\$ 2,625,450

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2023, with comparative information for 2022

	2023	2022
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus (deficit)	\$ 139,886	\$ (640,010)
Adjustments for:		
Amortization of tangible capital assets	1,144,542	1,067,858
Change in employee benefit obligations	(164,712)	134,706
	1,119,716	562,554
Changes in non-cash working capital:		
Decrease in accounts receivable	1,276,254	156,138
Decrease (increase) in receivable from the Province of Ontario	953,553	(963,657)
Decrease in accounts payable and accrued liabilities	(1,064,087)	(1,188,448)
Increase (decrease) in deferred revenue	(1,115,634)	162,061
Increase (decrease) in payable to the Province of Ontario	(4,619,755)	1,438,173
Increase in prepaid expenses	(39,332)	(147,894)
	(3,489,285)	18,927
Cash flows from investing activity:		
Purchase of tangible capital assets	(1,199,108)	(6,526,456)
Decrease in cash and cash equivalents	(4,688,393)	(6,507,529)
Cash and cash equivalents, beginning of year	14,716,265	21,223,794
Cash and cash equivalents, end of year	\$ 10,027,872	\$ 14,716,265

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

The Board of Health for the Sudbury & District Health Unit, (operating as Public Health Sudbury & Districts), (the "Health Unit") was established in 1956, and is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence informed practice. The Health Unit is funded through a combination of Ministry grants and through levies that are paid by the municipalities to whom the Health Unit provides public health services. The Health Unit works locally with individuals, families and community and partner agencies to promote and protect health and to prevent disease. Public health programs and services are geared toward people of all ages and delivered in a variety of settings including workplaces, daycare and educational settings, homes, health-care settings and community spaces.

The Health Unit is a not-for-profit public health agency and is therefore exempt from income taxes under the Income Tax Act (Canada).

1. Summary of significant accounting policies:

These financial statements are prepared by management in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board. The principal accounting policies applied in the preparation of these financial statements are set out below.

(a) Basis of accounting:

The financial statements are prepared using the accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they are earned. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Cash and cash equivalents:

Cash and cash equivalents include guaranteed investment certificates that are readily convertible into known amounts of cash and subject to insignificant risk of change in value.

Guaranteed investment certificates generally have a maturity of one year or less at acquisition and are held for the purpose of meeting future cash commitments.

Guaranteed investment certificates amounted to \$2,495,545 as at December 31, 2023 (2022 - \$2,378,159) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

The Health Unit accounts for its participation in the Ontario Municipal Employee Retirement Fund ("OMERS"), a multi-employer public sector pension fund, as a defined contribution plan.

Vacation and other compensated absence entitlements are accrued for as entitlements are earned.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

Other post-employment benefits are accrued in accordance with the projected benefit method prorated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined with reference to the Health Unit's cost of borrowing at the measurement date taking into account cash flows that match the timing and amount of expected benefit payments.

Actuarial gains (losses) on the accrued benefit obligation arise from the difference between actual and expected experiences and from changes in actuarial assumptions used to determine the accrued benefit obligation. These gains (losses) are amortized over the average remaining service period of active employees.

(d) Non-financial assets:

Tangible capital assets and prepaid expenses are accounted for as non-financial assets by the Health Unit. Non-financial assets are not available to discharge liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

(e) Tangible capital assets:

Tangible capital assets are recorded at cost, and include amounts that are directly related to the acquisition of the assets. The Health Unit provides for amortization using the straight-line method designed to amortize the cost, less any residual value, of the tangible capital assets over their estimated useful lives. The annual amortization periods are as follows:

Asset	Basis	Rate
Building	Straight-line	2.5%
Land improvements	Straight-line	10%
Leasehold improvements	Straight-line	10%
Computer hardware	Straight-line	30%
Computer software	Straight-line	100%
Website design	Straight-line	20%
Vehicles and equipment	Straight-line	10%
Equipment – vaccine refrigerators	Straight-line	20%

(f) Prepaid expenses:

Prepaid expenses are charged to expenses over the periods expected to benefit from them.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

1. Summary of significant accounting policies (continued):

(g) Accumulated surplus:

Certain amounts, as approved by the Board of Directors, are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

This represents the net book value of the tangible capital assets the Health Unit has on hand.

- Unfunded employee benefit obligations:

This represents the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

The accumulated surplus consists of the following reserves:

- Working capital reserve:

This reserve is not restricted and is utilized for the operating activities of the Health Unit.

- Public health initiatives:

This reserve is restricted and can only be used for public health initiatives.

- Corporate contingencies:

This reserve is restricted and can only be used for corporate contingencies.

- Facility and equipment repairs and maintenance:

This reserve is restricted and can only be used for facility and equipment repairs and maintenance.

- Sick leave and vacation:

This reserve is restricted and can only be used for future sick leave and vacation obligations.

- Research and development:

This reserve is restricted and can only be used for research and development activities.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

Revenue from government grants and from municipalities is recognized in the period in which the events giving rise to the government transfer have occurred as long as: the transfer is authorized; the eligibility criteria, if any, have been met except when and to the extent that the transfer gives rise to an obligation that meets the definition of a liability for the recipient government; and the amount can reasonably be estimated. Funding received under a funding arrangement, which relates to a subsequent fiscal period and the unexpended portions of contributions received for specific purposes, is reflected as deferred revenue in the year of receipt and is recognized as revenue in the period in which all the recognition criteria have been met.

Other revenues including certain user fees, rents and interest are recorded on the accrual basis, when earned and when the amounts can be reasonably estimated and collection is reasonably assured.

(i) Budget figures:

Budget figures have been provided for comparison purposes and have been derived from the budget approved by the Board of Directors. The budget figures are unaudited.

(j) Use of estimates:

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty. The effect of changes in such estimates on the financial statements in future periods could be significant. Accounts specifically affected by estimates in these financial statements are estimated amounts for uncollectible accounts receivable, employee benefit obligations and the estimated useful lives and residual values of tangible capital assets.

(k) Financial instruments:

All financial instruments are initially recorded on the statement of financial position at fair value.

All investments held in equity instruments that trade in an active market would be recorded at fair value. Management has elected to record investments at fair value as they are managed and evaluated on a fair value basis.

Unrealized changes in fair value would be recognized in the statement of remeasurement gains and losses until they are realized, when they would be transferred to the statement of operations. As there have been no unrealized changes in fair value to note, a statement of remeasurement gains and losses has not been presented.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

1. Summary of significant accounting policies (continued):

(k) Financial instruments (continued):

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the statement of operations.

Financial instruments are classified into fair value hierarchy Levels 1, 2 or 3 for the purposes of describing the basis of the inputs used to determine the fair market value of those amounts recorded a fair value, as described below:

Level 1 Fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 Fair value measurements are those derived market-based inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly.

Level 3 Fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data.

All financial instruments are Level 1. The Health Unit has selected to account for transactions at the trade date.

(l) Asset retirement obligation:

An asset retirement obligation is recognized when, as at the financial reporting date, all of the following criteria are met:

- (i) There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- (ii) The past transaction or event giving rise to the liability has occurred;
- (iii) It is expected that the future economic benefits will be given up; and
- (iv) A reasonable estimate of the amount can be made.

A liability for asset retirement obligations has not been recorded in these financial statements. Given the nature of the assets, the age of the facilities and the remediation work completed to date it was determined there is no further legal obligation on the part of the Health Unit to complete remediation efforts.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

2. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2021 and forms the basis for the estimated liability reported in these financial statements. The valuation of the plan is updated from a walk forward of the December 31, 2021 results. The next full valuation of the plan will be as of December 31, 2024.

	2023	2022
Accumulated sick leave benefits	\$ 563,488	\$ 594,549
Other post-employment benefits	1,826,848	1,702,504
	2,390,336	2,297,053
Vacation pay and other compensated absence	1,379,834	1,637,829
	\$ 3,770,170	\$ 3,934,882

The significant actuarial assumptions adopted in measuring the Health Unit's accumulated sick leave benefits and other post-employment benefits are as follows:

	2023	2022
Discount	4.00%	4.00%
Health-care trend rate		
Initial	5.42%	5.75%
Ultimate	3.75%	3.75%
Salary escalation factor	2.75%	2.75%

The Health Unit has established reserves in the amount of \$675,447 (2022 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2023 are \$2,891,129 (2022 - \$2,833,758).

	2023	2022
Benefit plan expenses:		
Current service costs	\$ 201,023	\$ 191,394
Interest	112,252	110,564
Amortization of actuarial loss	35,912	29,440
	\$ 349,187	\$ 331,398

Benefits paid during the year were \$255,904 (2022 - \$273,241). The net unamortized actuarial loss of \$500,793 (2022 - \$563,705) will be amortized over the expected average remaining service period.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

3. Tangible capital assets:

Cost:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	2023 Total
Balance, January 1, 2022	\$	26,938	14,966,096	2,699,586	3,677,404	423,933	69,845	3,939,616	252,346	26,055,764
Additions		-	62,956	790,665	79,838	-	-	265,649	-	1,199,108
Balance, December 31, 2023	\$	26,938	15,029,052	3,490,251	3,757,242	423,933	69,845	4,205,265	252,346	27,254,872

Accumulated amortization:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
Balance, January 1, 2022	\$	-	3,813,029	679,729	3,086,623	423,933	69,845	2,602,262	226,395	10,901,816
Amortization		-	374,939	227,147	335,454	-	-	192,151	14,851	1,144,542
Balance, December 31, 2023	\$	-	4,187,968	906,876	3,422,077	423,933	69,845	2,794,413	241,246	12,046,358

Net book value:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
At December 31, 2022	\$	26,938	11,153,067	2,019,857	590,781	-	-	1,337,354	25,951	15,153,948
At December 31, 2023		26,938	10,841,084	2,583,375	335,165	-	-	1,410,852	11,100	15,208,514

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

3. Tangible capital assets (continued):

Cost:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	2022 Total
Balance, January 1, 2022	\$	26,938	9,944,791	2,191,024	3,507,830	415,207	69,845	3,121,327	252,346	19,529,308
Additions		-	5,021,305	508,562	169,574	8,726	-	818,289	-	6,526,456
Balance, December 31, 2022	\$	26,938	14,966,096	2,699,586	3,677,404	423,933	69,845	3,939,616	252,346	26,055,764

Accumulated amortization:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
Balance, January 1, 2022	\$	-	3,501,642	486,454	2,717,994	415,207	69,845	2,441,656	201,160	9,833,958
Amortization		-	311,387	193,275	368,629	8,726	-	160,606	25,235	1,067,858
Balance, December 31, 2022	\$	-	3,813,029	679,729	3,086,623	423,933	69,845	2,602,262	226,395	10,901,816

Net book value:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
At December 31, 2021	\$	26,938	6,443,149	1,704,570	789,836	-	-	679,671	51,186	9,695,350
At December 31, 2022		26,938	11,153,067	2,019,857	590,781	-	-	1,337,354	25,951	15,153,948

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2022 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2022 - \$Nil).

(b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2023 are as follows:

No later than one year	\$ 268,087
Later than one year and no later than 5 years	642,499
Later than five years	822,780
	<u>\$ 1,733,366</u>

(c) Contingencies:

The Health Unit is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. Management is of the opinion that these matters are mitigated by adequate insurance coverage.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

5. Accumulated surplus:

The accumulated surplus consists of individual fund surplus accounts and reserves as follows:

	Balance, beginning of year	Annual surplus (deficit)	Purchase of tangible capital assets	Capital Infrastructure Project	Balance, end of year
Invested in tangible capital assets	\$ 15,153,948	(1,144,542)	1,199,108	-	\$ 15,208,514
Unfunded employee benefit obligation	(3,934,882)	164,712	-	-	(3,770,170)
Working capital reserve	3,248,187	1,114,025	(1,199,108)	62,957	3,226,061
Public health initiatives	2,000,000	-	-	-	2,000,000
Corporate contingencies	500,000	-	-	-	500,000
Facility and equipment repairs and maintenance	499,998	5,691	-	(62,957)	442,732
Sick leave and vacation	675,447	-	-	-	675,447
Research and development	56,860	-	-	-	56,860
	\$ 18,199,558	139,886	-	-	\$ 18,339,444

6. Pension agreements:

The Health Unit makes contributions to OMERS, which is a multi-employer plan, on behalf of its members. The plan is a defined contribution plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

The amount contributed to OMERS for 2023 was \$2,157,752 (2022 - \$1,849,843) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

7. Per capita revenue from municipalities:

	2023	2022
City of Greater Sudbury	\$ 8,055,880	\$ 7,808,068
Town of Espanola	250,848	241,050
Township of Sable and Spanish River	163,784	148,068
Municipality of French River	140,236	131,183
Municipality of Markstay-Warren	142,165	128,641
Township of Northeastern Manitoulin & The Islands	122,532	117,657
Township of Chapleau	114,176	105,855
Township of Central Manitoulin	98,165	94,598
Municipality of St. Charles	72,163	63,914
Township of Assiginack	45,811	41,673
Town of Gore Bay	44,174	40,856
Township of Baldwin	29,099	27,874
Township of Billings (and part of Allan)	30,677	27,693
Township of Gordon (and part of Allan)	26,937	24,788
Township of Nairn & Hyman	23,840	21,883
Township of Tehkummah	22,087	20,067
Municipality of Killarney	21,328	19,159
Township of Burpee	14,316	15,074
Township of Cockburn Island	292	-
	\$ 9,418,510	\$ 9,078,101

8. Administration expenses:

	2023 Budget	2023 Actual	2022 Actual
Professional fees	\$ 1,681,119	\$ 1,102,188	\$ 2,786,448
Building maintenance	693,338	471,170	485,640
Advertising	135,265	93,713	160,944
Telephone	69,060	161,173	285,525
Rent	473,945	548,513	623,738
Utilities	243,324	181,087	170,376
Liability insurance	191,590	185,311	162,596
Staff education	125,431	47,255	125,951
Postage	74,100	84,509	62,780
Memberships and subscriptions	41,384	45,108	41,999
	\$ 3,728,556	\$ 2,920,027	\$ 4,905,997

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	Ontario Sr. Dental Care Program	MOH/ AMOH	MCCSS: HBHC & PPNP	HIV-Aids Anonymous Testing	Non- Ministry	Sub- Total
Revenue:											
Provincial grants											
Operation	\$ 17,132,785	-	-	-	-	1,098,118	17,000	1,593,516	63,519	-	19,904,938
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	1,092,500	-	-	-	-	-	1,092,500
Municipalities	9,418,510	-	-	-	-	-	-	-	-	-	9,418,510
Plumbing and inspections	357,806	-	-	-	-	-	-	-	-	-	357,806
Interest	410,752	-	-	-	-	-	-	-	-	135,523	546,275
Other	235,603	7,745	20,800	33,821	-	8,038	-	-	-	136,564	442,571
	28,734,956	7,745	20,800	33,821	1,092,500	1,106,156	17,000	1,593,516	63,519	272,087	32,942,100
Expenses:											
Salaries and wages	19,080,684	6,347	17,942	29,731	706,012	351,952	17,000	1,242,679	50,963	65,801	21,569,111
Benefits	5,486,237	1,292	2,858	4,090	206,806	87,466	-	330,575	12,556	13,237	6,145,117
Transportation	127,258	106	-	-	89,632	291	-	14,212	-	129	231,628
Administration (note 9)	1,964,910	-	-	-	26,740	518,992	-	588	-	36,603	2,547,833
Supplies and materials	850,371	-	-	-	63,310	101,069	-	5,462	-	13,731	1,033,943
Small operational equipment	889,731	-	-	-	-	1,908	-	-	-	-	891,639
Amortization of tangible capital assets	1,144,542	-	-	-	-	-	-	-	-	-	1,144,542
	29,543,733	7,745	20,800	33,821	1,092,500	1,061,678	17,000	1,593,516	63,519	129,501	33,563,813
Annual surplus (deficit)	(808,777)	-	-	-	-	44,478	-	-	-	142,586	(621,713)
Capital expenditures	330,073	-	-	-	-	44,478	-	-	-	-	374,551
Annual surplus (deficit) net of capital expenditures	\$ (1,138,850)	-	-	-	-	-	-	-	-	142,586	(996,264)

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner

Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

9. Revenues and expenses by funding sources (continued):

	Sub-Total	2022-23 One-time Funding					2023-24 One-time Funding								Capital	Total
		COVID-19 Infection Prevention and Control Hub	COVID-19 School Focused Nurses	One-Time Nursing Initiative (TRIN)	Needle Exchange Program	Capital	COVID-19 General	COVID-19 Vaccine	Merger Planning	COVID-19 Infection Prevention and Control Hub	COVID-19 School Focused Nurses	One-Time Nursing Initiative (TRIN)	Non-ISPA Vaccination clinic catch up	PHI Practicum		
Revenue:																
Provincial grants																
Operation	\$ 19,904,938	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19,904,938
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	408,864	201,072	13,878	61,031	22,442	345,979	2,322,100	56,950	599,862	300,000	-	132,629	9,196	739,157	5,213,160
Unorganized territories	1,092,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,092,500
Municipalities	9,418,510	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9,418,510
Plumbing and inspections	357,806	-	-	-	-	-	-	-	-	-	-	-	-	-	-	357,806
Interest	546,275	-	-	-	-	-	-	-	-	-	-	-	-	-	-	546,275
Other	442,571	-	-	-	-	-	-	-	-	-	-	-	-	-	-	442,571
	32,942,100	408,864	201,072	13,878	61,031	22,442	345,979	2,322,100	56,950	599,862	300,000	-	132,629	9,196	739,157	38,155,260
Expenses:																
Salaries and wages	21,569,111	328,518	167,221	12,500	-	-	192,174	1,683,414	800	505,069	246,020	-	103,487	7,877	-	24,816,191
Benefits	6,145,117	68,967	33,851	1,378	-	-	67,912	297,222	-	87,414	53,980	-	13,869	1,319	-	6,771,029
Transportation	231,628	586	-	-	-	-	10,233	46,315	-	2,416	-	-	93	-	-	291,271
Administration (note 9)	2,547,833	2,197	-	-	-	-	52,317	252,921	56,125	782	-	-	7,852	-	-	2,920,027
Supplies and materials	1,033,943	8,596	-	-	61,031	-	12,608	13,655	25	4,181	-	-	7,328	-	-	1,141,367
Small operational equipment	891,639	-	-	-	-	-	10,735	28,573	-	-	-	-	-	-	-	930,947
Amortization of tangible capital assets	1,144,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,144,542
	33,563,813	408,864	201,072	13,878	61,031	-	345,979	2,322,100	56,950	599,862	300,000	-	132,629	9,196	-	38,015,374
Annual surplus (deficit)	(621,713)	-	-	-	-	22,442	-	-	-	-	-	-	-	-	739,157	139,886
Capital expenditures	374,551	-	-	-	-	22,442	-	-	-	-	-	-	-	-	739,157	1,136,150
Annual surplus (deficit) net of capital expenditures	\$ (996,264)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(996,264)

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner

Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

10. Budget information:

The Budget adopted by the Board of Directors on November 10, 2022, was not prepared on a basis consistent with that used to report actual results (Public Sector Accounting Standards). The budget did not include amortization of tangible capital assets. As a result, the budget figures presented in the statement of operations and accumulated surplus represent the Budget adopted by the Board of Directors on November 10, 2022 including subsequent budget amendments, with adjustments as follows:

Budget surplus for the year	\$	–
Less: amortization		1,067,859
Budget deficit per the statement of operations and accumulated surplus	\$	1,067,859

11. Comparative information:

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect the prior year surplus.

2023 AUDITED FINANCIAL STATEMENTS

MOTION:

THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2023 audited financial statements.

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For The 3 Periods Ending March 31, 2024

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	18,538,348	4,634,587	4,293,810	340,777	14,244,538
MOH - Unorganized Territory	826,000	206,500	206,500	0	619,500
Municipal Levies	10,548,731	2,637,183	2,637,428	(245)	7,911,303
Interest Earned	160,000	40,000	87,165	(47,165)	72,835
Total Revenues:	\$30,073,079	\$7,518,270	\$7,224,903	\$293,367	\$22,848,176
Expenditures:					
Corporate Services:					
Corporate Services	5,662,649	1,437,196	1,793,039	(355,843)	3,869,610
Office Admin.	111,350	27,838	17,118	10,719	94,232
Espanola	126,473	33,106	30,416	2,690	96,057
Manitoulin	137,892	36,147	26,647	9,501	111,245
Chapleau	139,699	36,487	30,126	6,361	109,573
Sudbury East	19,270	4,817	4,916	(99)	14,354
Intake	354,886	95,546	73,342	22,204	281,544
Facilities Management	684,866	171,217	189,651	(18,434)	495,215
Volunteer Resources	3,850	963	0	963	3,850
Total Corporate Services:	\$7,240,935	\$1,843,316	\$2,165,254	\$(321,938)	\$5,075,681
Health Protection:					
Environmental Health - General	1,462,523	385,025	337,278	47,746	1,125,244
Enviromental	2,934,156	793,293	766,573	26,720	2,167,583
Vector Borne Disease (VBD)	90,847	12,756	1,678	11,077	89,169
Small Drinking Water Systems	209,356	56,365	33,264	23,101	176,092
CID	1,005,683	270,779	259,043	11,736	746,641
Districts - Clinical	224,061	60,305	59,424	881	164,637
Risk Reduction	53,756	13,439	8,240	5,199	45,516
Sexual Health	1,416,735	379,692	335,447	44,246	1,081,288
SFO: E-Cigarettes, Protection and Enforcement	278,625	68,821	40,826	27,995	237,799
Total Health Protection:	\$7,675,742	\$2,040,475	\$1,841,773	\$198,702	\$5,833,970
Health Promotion and Vaccine Preventable					
Health Promotion - General	1,557,094	420,981	364,585	56,396	1,192,509
School Health and Behavior Change	1,114,046	299,495	258,539	40,956	855,507
Districts - Espanola / Manitoulin	369,527	99,033	95,318	3,715	274,208
Nutrition & Physical Activity	1,735,450	474,268	390,080	84,188	1,345,370
Districts - Chapleau / Sudbury East	419,200	113,303	100,948	12,355	318,252
Tobacco, Vaping, Cannabis & Alcohol	708,943	189,873	73,412	116,461	635,531
Family Health	1,357,541	364,544	253,320	111,224	1,104,222
Mental Health and Addictions	750,486	201,379	246,643	(45,265)	503,842
Dental	501,055	136,691	132,579	4,112	368,475
Healthy Smiles Ontario	665,118	175,849	159,976	15,873	505,142
Vision Health	11,770	2,943	829	2,114	10,941
SFO: TCAN Coordination and Prevention	485,266	128,425	89,851	38,574	395,415
Harm Reduction Program Enhancement	173,699	46,654	0	46,654	173,699
COVID Vaccines	172,022	46,314	777	45,536	171,245
VPD and COVID CCM	1,281,912	345,076	228,069	117,008	1,053,843
MOHLTC - Influenza	(0)	928	95	833	(95)
MOHLTC - Meningittis	(0)	250	68	182	(68)
MOHLTC - HPV	(0)	363	9	354	(9)
Total Health Promotion:	\$11,303,128	\$3,046,369	\$2,395,099	\$651,270	\$8,908,029
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,301,486	882,168	768,825	113,343	2,532,660
Workplace Capacity Development	23,507	0	1,962	(1,962)	21,545
Health Equity Office	14,440	3,610	2,294	1,316	12,146
Nursing Initiatives: CNO, ICPHN, SDoH PHN	503,611	135,587	104,358	31,230	399,253
Strategic Engagement	10,230	1,645	69	1,576	10,161
Total Knowledge and Strategic Services:	\$3,853,274	\$1,023,011	\$877,507	\$145,504	\$2,975,767
Total Expenditures:	\$30,073,079	\$7,953,170	\$7,279,633	\$673,538	\$23,248,447
Net Surplus/(Deficit)	\$(0)	\$(434,901)	\$(54,730)	\$380,171	Page 54 of 57

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 3 Periods Ending March 31, 2024

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
MOH Funding	30,073,079	7,518,270	7,279,945	238,325	22,793,134
Other Revenue/Transfers	706,252	176,563	127,533	49,030	578,719
Total Revenues & Expenditure Recoveries:	30,779,331	7,694,833	7,407,478	287,355	23,371,853
Expenditures:					
Salaries	19,295,938	4,998,168	4,626,273	371,895	14,669,665
Benefits	6,691,083	1,801,297	1,506,463	294,834	5,289,620
Travel	276,457	65,059	30,314	34,745	246,143
Program Expenses	828,480	189,382	46,513	142,869	781,967
Office Supplies	75,150	17,598	11,621	5,977	63,529
Postage & Courier Services	90,100	22,525	17,791	4,734	72,309
Photocopy Expenses	5,030	1,257	689	568	4,340
Telephone Expenses	70,050	17,513	16,888	625	53,162
Building Maintenance	476,961	119,240	144,958	(25,718)	332,003
Utilities	236,920	59,230	48,129	11,101	188,791
Rent	328,254	82,064	78,746	3,317	249,508
Insurance	208,850	205,100	200,623	4,477	8,227
Employee Assistance Program (EAP)	37,000	9,250	8,360	890	28,640
Memberships	40,189	12,966	8,160	4,806	32,029
Staff Development	127,701	20,470	18,308	2,162	109,393
Books & Subscriptions	7,445	1,769	2,274	(506)	5,171
Media & Advertising	131,265	35,271	12,953	22,317	118,312
Professional Fees	440,684	120,171	92,726	27,445	347,958
Translation	49,090	12,072	38,347	(26,275)	10,743
Furniture & Equipment	22,120	4,572	41,792	(37,220)	(19,672)
Information Technology	1,340,564	334,761	510,281	(175,520)	1,180,283
Total Expenditures	30,779,331	8,129,733	7,462,208	667,525	23,772,123
Net Surplus (Deficit)	(0)	(434,901)	(54,730)	380,171	

	C-S Programs	
Gapped Salaries & Benefits	666,729	175.38%
Gapped Operating and Other Revenues	(286,559)	-75.38%
Total gapped funding at March 31, 2024	380,171	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended March 31, 2024

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	19,320	71,080	21.4%	<i>Dec 31</i>	25.0%
Pre/Postnatal Nurse Practitioner	704	139,000	139,008	(8)	100.0%	<i>Mar 31/2024</i>	100.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	100,000	-	100.0%	<i>Mar 31/2024</i>	100.0%
MOH - Merger Planning	739	402,600	325,643	76,957	80.9%	<i>Mar 31/2024</i>	100.0%
Northern Fruit and Vegetable Program	743	176,100	84,765	91,335	48.1%	<i>Dec 31</i>	25.0%
RSV- One Time Funding	744	71,500	71,500	-	100.0%	<i>Mar 31/2024</i>	100.0%
MOH - ISPA Vaccination Clinic Catch Up	756	152,500	152,500	-	100.0%	<i>Mar 31/2024</i>	100.0%
Healthy Babies Healthy Children	778	1,476,897	1,476,889	8	100.0%	<i>Mar 31/2024</i>	100.0%
IPAC Congregate CCM	780	914,100	874,756	39,344	95.7%	<i>Mar 31/2024</i>	100.0%
Ontario Senior Dental Care Program	786	1,256,200	248,913	1,007,287	19.8%	<i>Dec 31</i>	25.0%
Anonymous Testing	788	64,293	64,293	-	100.0%	<i>Mar 31/2024</i>	100.0%
Total		4,843,590	3,557,587	1,286,003			

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time:_____