

**MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2019 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)**

NAME OF PUBLIC HEALTH UNIT: **York Region Public Health**

Section 1: Base Funding (January 1, 2019 to December 31, 2019)

- Programs Funded at 75%
- Programs Funded at 100%

Section 3: 2019 One-Time Funding Approved to March 31, 2020

- (To be settled in 2020)**
- One-Time Projects/Initiatives Funded at 100%

Section 2: 2018 One-Time Funding Approved to March 31, 2019

- One-Time Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Total Section 2: 2018 One-Time Funding Approved to March 31, 2019			574,400	318,438	298,197	-	298,197	298,090	20,348
Grand Total 2019 Settlement (Section 1) + (Section 2)			48,624,575	46,156,849	67,174,394	(818,925)	51,547,751	45,821,053	335,796
Section 3 2019 One-Time Funding Approved to March 31, 2020 (To be settled in 2020)	One-Time Projects / Initiatives Funded at 100%	Unpasteurized Milk-Legal Support	50,000	37,494	15,005		15,005	15,005	22,489
		New Purpose-Built Vaccine Refrigerators	15,200	11,394	10,814		10,814	10,814	580
		Harm Reduction Supplies	10,000	7,500	2,161		2,161	2,161	5,339
		Dental Clinic Upgrades	392,700	-	-		-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
	Sub-Total One-Time Projects / Initiatives Funded at 100%	467,900	56,388	27,980	-	27,980	27,980	28,408	
Total Section 3 - 2019 One-Time Funding Approved to March 31, 2020 (To be settled in 2020)			467,900	56,388	27,980	-	27,980	27,980	28,408

Grand Total 2019 Settlement (Section 1) + (Section 2)	48,624,575	46,156,849	67,174,394	(818,925)	51,547,751	45,821,053	335,796
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Having the authority to bind the Board of Health for the Public Health Unit:

We certify that the Financials shown in the Annual Reconciliation Report and the supporting schedule are complete and accurate and are in accordance with Transfer Payment Agreements and Reports filed with the appropriate Municipal Council.

Date

Signature
Medical Officer of Health / Chief Executive Officer

Date

Signature
Chair of the Board of Health / Authorized Officer