

## SCHEDULE G – FORM OF COMPLIANCE DECLARATION

### DECLARATION OF COMPLIANCE

Issued pursuant to the MSAA effective April 1, 2014

**To:** **The Board of Directors** of the South West Local Health Integration Network (the "LHIN"). Attn: Board Chair.

**From:** **The Board of Directors** (the "Board") of the Alexandra Marine and General Hospital (the "HSP")

**Date:** July 19th, 2017

**Re:** April 1, 2016 – March 31, 2017 (the "Applicable Period")

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Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated July 19th, 2017, to declare to you as follows:

After making inquiries of Bruce Quigley, President and Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "MSAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and

  
\_\_\_\_\_  
Mike Niglas, Board Chair

**Schedule G – Form of Compliance Declaration Cont'd.**

**Appendix 1 - Exceptions**

[Please identify each obligation under the MSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

None

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Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

  
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Mike Niglas, Board Chair

**Schedule G – Form of Compliance Declaration Cont'd.**

**Appendix 1 - Exceptions**

[Please identify each obligation under the MSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

None