

**CAPITAL SETTLEMENT REPORT - COVID One-Time Reimbursement of Capital Incremental Expenses**



**Instructions:** Complete all highlighted fields and submit this report to the Ministry of Health by June 30th, 2021 with eligible one-time COVID-19 capital incremental expenses incurred between March 6, 2020 to March 31, 2021.  
 Total capital incremental expenses incurred by the hospital (net of HST rebates, where applicable) should be reported in the table below, any applicable offsets received through other funding sources, including other Ministry of Health or Ontario Health funding sources should be reported in cell F16 'Other Capital MOH/OH or Other Funding Offsets'. Please refer to 'MINISTRY OF HEALTH COVID-19 GUIDANCE: INCREMENTAL HOSPITAL EXPENSES' guidance document.  
 The Settlement Report should be submitted as an Excel form, accompanied by a signed PDF and Auditor's Report. **Note:** An auditor's attestation is not required where the total funding amount does not exceed \$50,000.  
 All reporting materials are to be submitted electronically to HealthCapitalInvestmentBranch@ontario.ca, unless otherwise required by the Ministry.

'Capital Costs' - means the capital expenses in connection with the Project and other costs as set out in Schedule 'C' - Project of the Transfer Payment Agreement.

HCIS:

Date Submitted (YYYY-MM-DD):	<input type="text"/>
Hospital Facility/BPS Number (3-Digits):	<input type="text"/>
Hospital Corporation Name:	<input type="text"/>
Ontario Health Region:	Please select.
LHIN Region:	Please select.
Contact Name:	<input type="text"/>
Contact E-mail:	<input type="text"/>
Contact Phone Number:	<input type="text"/>

<b>For Reporting Period (ending March 31, 2021):</b>	
Total Capital Costs Incurred:	<b>\$0.00</b>
MOH Capital Funding Received/Reimbursement Amount (for net expenses reported up to November 2020):	<input type="text"/>
Total Additional Eligible Capital Expenses Reported to the Ministry for up to November 2020 (Any late reporting adjustments requesting reimbursement, if applicable):	<input type="text"/>
Total Capital Expenses Incurred between December 1, 2020 to January 31, 2021 and Reported to the Ministry (Amount accrued by Hospital or MOH Reimbursed Amount for this period, if available):	<input type="text"/>
Total Capital Expenses Incurred between February 1, 2021 to March 31, 2021 and Reported to the Ministry (Amount accrued by Hospital or MOH Reimbursed Amount for this period, if available):	<input type="text"/>
Other Capital MOH/OH or Other Funding Offsets:	<input type="text"/>
Surplus(+) / Deficit(-):	<b>\$0.00</b>

By signing below, the hospital confirms that all information contained in this form is true, complete and is in compliance with the Transfer Payment Agreement.

Signature - CEO or CFO:

Print Name:

Print Title:

Date (YYYY-MM-DD):

**Auditor's Report**

We have examined the institution's compliance as at \_\_\_\_\_, 20\_\_\_\_ with the COVID-19 ONE-TIME REIMBURSEMENT OF CAPITAL INCREMENTAL EXPENSES ONTARIO TRANSFER PAYMENT AGREEMENT in effect April 1, 2020 and the MINISTRY OF HEALTH COVID-19 GUIDANCE: INCREMENTAL HOSPITAL EXPENSES and COVID-19 INCREMENTAL HOSPITAL EXPENSES EXCEL TEMPLATE SUBMISSION QUESTIONS AND ANSWERS documents. This financial information is the responsibility of the facility's management. Our responsibility is to express opinion on the financial information and compliance with the Agreement based on our audit. We conducted the audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement and that the institution complied with the guidelines referred to above. It is expected that the auditors' examination will follow the CPA Handbook - Assurance (CAS 805) as issued by the Chartered Professional Accountant Association. We have audited this Settlement Report for all identified Projects. In our opinion, this statement presents fairly, in all material respects, the funds received and disbursed in accordance with Canadian Generally Accepted Accounting Principles.

Auditor's Signature: