

# Health Infrastructure Renewal Fund Template Instructions

Ministry of Health and Long-Term Care  
Capital Planning and Strategies Branch

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## **1.0 DOCUMENT OVERVIEW**

### **1.1 Purpose**

The purpose of this document is to assist users complete the Ministry of Health and Long-Term Care's (MOHLTC) *Health Infrastructure Renewal Fund Template* (HIRF Template) by describing the template, highlighting specific nuances with each form and by indicating which forms need to be completed.

This document is to be used in conjunction with MOHLTC's *Health Infrastructure Renewal Fund Guidelines*, the *HIRF Template*, and, most importantly, the definitions section that is included with the *Template*.

### **1.2 Organization**

This document has three sections:

- Section 1 provides an overview of this document;
- Section 2 gives a high level overview of the *HIRF Template*; and
- Section 3 highlights specific nuances with each form and indicates when each form should be used.

### **1.3 Support**

These instructions, the *Guidelines*, and the *Template* are available electronically from the following internet address:

[http://www.health.gov.on.ca/english/providers/providers\\_mn.html#capital](http://www.health.gov.on.ca/english/providers/providers_mn.html#capital)

Questions about the program, template, or these instructions should be directed to the hospital's ministry (MOHLTC) consultant. Suggestions for improvement are always welcome.

## 2.0 TEMPLATE OVERVIEW

### 2.1 Template Purpose

The *HIRF Template* is the form hospitals must use for all HIRF submissions to MOHLTC. Hospitals will use the form to submit their:

- **Project Proposal:** provides the MOHLTC with information on planned HIRF projects.
- **Fiscal Year-end Project Report:** updates information as of the end of the fiscal year on the projects undertaken in the approved Project Proposal and the actual expenditures incurred against them.

*Note for 2005/06: If your hospital had one or more “sunset” projects in 2004/05, one Fiscal Year-end Project Report must be completed specific to “sunset” projects. Another Fiscal Year-end Project Report must be completed for all other HIRF projects approved by the Ministry in 2004/05.*

- **Audit Statement:** the Audit Statement for the Fiscal Year-end Report for the previous fiscal year.
- **Revised Project Proposal** (where applicable): If there are changes during the year to a hospital’s approved Project Proposal, use the form to provide the MOHLTC with information on the revised HIRF projects planned.

### 2.2 System Requirements

The form was created using Microsoft’s Excel software and is a “workbook” comprised of 11 different “work sheets”. Where possible, business rules, data validation, drop-down lists, and error messages have been included in the template to assist in completing it. Please note the following before using the template:

- it is compatible with Excel 2000 and higher versions;
- it will work only if Excel’s security level is set to **Medium**. To set Excel’s security level to **Medium**:
  - open *Excel*
  - on the Menu bar, select “*Tools*”
  - select “*Macros*”
  - select “*Security*”
  - select “*Medium*”
  - select “*OK*”
  - close *Excel*
  - open the *HIRF Template* in Excel
- select “*Enable Macros*” if prompted when you first open the template.
- the template uses colour to help define certain cells. Printing the template in colour will help users who are working with a paper copy.

## 2.3 List of Template Forms

Form Name (per lower right corner of template)	Description	User Input Required
HIRF Form-1	General Information	<i>Yes</i>
HIRF Form-2	Project Information	<i>Yes</i>
HIRF Form-3	Detailed Project Costs	<i>Yes</i>
HIRF Form-4	Project Costs	<i>Yes</i>
HIRF Form-5	Building Systems	<i>Yes</i>
HIRF Summary	Summary	No
HIRF Form 6	Source of Funds	<i>Yes</i>
HIRF Audit	Audit Statement	<i>Yes</i>
Checklist	User checklist	No
ERR Guide	Error Guide	No
Definitions	Definitions	No

## 2.4 General Guidelines


- Grey cells are *protected*.
- Orange cells are *mandatory* fields requiring user input. Failing to complete these fields will result in an incomplete submission.
- Light blue cells are *optional* fields. If the information is available, these fields should be completed.
- Forms 1,2,3,4,5, and 6 require user input.
- The “Summary” form will be completed automatically based on the data input in forms 1 through 6.
- The “Audit” form needs to be completed at the year-end *only*.
- The “Check List” is provided as a tool to assist users ensure that all the forms are completed properly. Use is entirely optional.
- The “ERR Guide” worksheet is trouble shooting tool that works with the “Summary” form. If an error message (“ERR”) appears in the “Summary” form, please refer to “ERR Guide” to trouble shoot the error.
- “Definitions” form defines the terms used in the template.

*The template can only accommodate 5 projects. Please group similar projects together under one project title. If that is not possible use an additional template.*

## 3.0 TEMPLATE INSTRUCTIONS

In this section, each of the forms requiring user input is reviewed; however, instructions are not given for *completing each field* in each form because in most cases they are self-explanatory, especially if users consult the “Definitions” worksheet. An indication of when the form should be used based on the submission type is provided for each form.

### 3.1 Form 1: General Information



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#### Health Infrastructure Renewal Fund Project Report

#### General Information

**Date Submitted:**   
(dd-mmm-yy)

**Facility Number:**

**Hospital Corporation Name:**

**MOHLTC Region:** (select from list)

**Fiscal Year (FY):** (select from list)

**Project Submission Type:** (select from list)

**MOHLTC HIRF Grant Approved for Current FY (\$)**

**Unexpended Balance of HIRF Grant from Previous FY (\$) (if applicable)**

**Contact Information**

**Name:**

**Title:**

**Telephone** (xxx-xxx-xxxx) :

**Email:**

**Filename:** HIRF.Template.2005-06.xls


Jan-06HIRF FORM-1

Orange = mandatory      Blue = optional      Grey = protected

#### Additional Instructions:

- Project Submission Type:** Select the submission type from drop down list (e.g., Project Proposal, Fiscal Year-end Report, etc.).
- Unexpended Balance of HIRF Grant from previous FY(\$):** Enter the amount of any unspent grant from previous year, if applicable.

### 3.2 Form 2: Project Information



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**Health Infrastructure Renewal Fund Project Report**  
Project Information

Project No MOHLTC USE ONLY	Col F2.D  Location	Col F2.E  Short Description <i>(Select from list)</i>	Col F2.F  Long Description	Col F2.G  Expected Start date <i>(dd-mm-yy)</i>	Col F2.H  Expected End Date <i>(dd-mm-yy)</i>

Jan-06 HIRF FORM 2

Orange = mandatory      Blue = optional      Grey = protected

**Additional Instructions:**


1. **Location:** Enter the project location within a particular site. Use: "Site / Building within Site / Floor or Wing". *(Maximum 125 Characters)*
2. **Short Description:** Select the applicable short description from the drop down list.
3. **Long Description:** The description should provide sufficient information on the project to allow Ministry staff to determine whether the project complies with program eligibility criteria. *(Maximum 750 Characters)*

*All fields must be completed for each identified project.*





### 3.4 Form 4: Project Costs



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**Health Infrastructure Renewal Fund Project Report**

**Project Costs**

Project No MOHLTC USE ONLY	Short Description	Estimated Start Date	Estimated End Date	Col F4.G Total Project Costs (\$)	Col F4.H Share of Total Project Costs for Current FY	Col F4.I Total Eligible Project Costs (\$)	Col F4.J Eligible Project Costs for Current FY (\$)	Col F4.K Percentage Project Completion to Date (%)	Col F4.L Total Expenditures To Date (\$)
<b>Totals</b>				0	0	0	0		0


Jan-06 HIRF FORM-4

Orange = mandatory
Blue = optional
Grey = protected

**Additional Instructions:**

*All fields must be completed for each identified project.*

### 3.5 Form 5: Building Systems

		<a href="#">&lt;&lt; Previous</a> <a href="#">Next &gt;&gt;</a>										
<b>Health Infrastructure Renewal Fund Project Report</b> <b>Building Systems</b> <small>(Please select from the drop-down menu all that apply)</small>												
Project No MOHLTC USE ONLY	Short Description	Mechanical			Electrical				Architectural			Other
		Col F5.E HVAC (Y/N)	Col F5.F Fire Protection: Sprinkler & Standpipe (Y/N)	Col F5.G Fire Protection: Fire Alarm Systems (Y/N)	Col F5.H Supply (Y/N)	Col F5.I Distribution (Y/N)	Col F5.J Fixtures (Y/N)	Col F5.K Emergency (Y/N)	Col F5.L Finishes (Y/N)	Col F5.M Life Safety (Y/N)	Col F5.N Building Envelope (Y/N)	Col F5.O Please specify below:

Orange = mandatory

Blue = optional

Grey = protected

**Additional Information:**

This form is divided into four sections:


1. Mechanical
2. Electrical
3. Architectural
4. Other

For the Mechanical, Electrical and Architectural sections, use the drop down list, to select “Y” if it is applicable, otherwise select “N”.

Complete the “Other” section for systems that are not considered mechanical, electrical, or architectural. Specify the system in the space provided.

*All fields must be completed for each identified project.*

# 3.6 SUMMARY FORM



## Health Infrastructure Renewal Fund Project Report

### Summary

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Next >>

Date Submitted (dd-mm-yy) : \_\_\_\_\_ Hospital Corporation Name: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Number: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

MOHLTC Region: \_\_\_\_\_ Project Submission Type: \_\_\_\_\_ Email: \_\_\_\_\_

Project Information				Building Systems										Project Costs								
Project No MOHLTC USE ONLY	Col FEA	Col FEB	Col FEC	Col FED	Mechanical		Electrical			Architectural			Other		Col FEP	Col FEG	Col FER	Col FES	Col FET	Col FEU		
	Location	Short Description	Expected Start date (dd-mm-yy)	Expected End Date (dd-mm-yy)	HVAC	Fire Protection: Sprinkler & Standpipe	Fire Protection: Fire Alarm Systems	Supply	Distribution	Plenums	Emergency	Finishes	Life Safety	Building Envelope	Please specify below:	Total Project Costs (\$)	Share of Total Project Cost for Current FY (\$)	Total Eligible Project Costs (\$)	Share of Total Project Costs for Current FY (\$)	Percentage Project Completion as Date (%)	Total Expenditures (to Date) (\$)	
Total:																0	0	0	0	0	0	

Eligible Project Costs by Type of Expenditure				Projects Costs that do not qualify for HRF Grant				Estimated Project Costs by Priority Area																								
Project No MOHLTC USE ONLY	Col FSA	Col FSB	Col FSC	Ancillaries			Col FSD	Col FSE	Col FSI	High Priority					Medium Priority																	
	Location	Short Description	Construction Costs (\$)	Prime Consultant's Fees (\$)	Disbursements (\$)	Other Consultant Fees (\$)	Other Eligible Costs (\$)	Furnishings (\$)	Fees for Ancillary Revenue Generating Items (\$)	Other Ineligible Costs (\$)	Code Compliance (\$)	Please specify the Code(s) below:	Health Safety (\$)	Accessibility (\$)	Improved Energy Efficiency (\$)	Improved Sustainability (\$)	Other (\$)	Please specify Area below:	Special Priority (\$)													
Total:												0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Amount (\$)
(1) Total Share of Project Costs for Current FY (column FS.Q)	0
(2) Total Eligible Project Costs for Current FY (column FS.S)	0
(3) MOHLTC HRF Grant Approved for Current FY:	0
(4) Unexpended Balance of HRF from previous FY:	0
(5) Total Hospital Share:	0
(6) Unexpended Balance of HRF Grant:	0

**Hospital Agreement**  
The Hospital will ensure that:

- All policies and procedures are followed as identified in the Health Infrastructure Renewal Program Guidelines.
- The Public Hospital Act and other applicable codes and regulations are followed.
- A revised Project Report is submitted to the Ministry of Health and Long-Term Care within the current fiscal year if changes are made to the above project list.

Signature - Chair of the Board Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature - Chief Executive Officer Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature - MOHLTC Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Bill Bailey, Director, Capital and Strategies Branch

HRF-SUMMARY

Orange = mandatory
Blue = optional
Grey = protected

### Additional Information:


This form does not require any input. It is automatically updated as the other forms are being completed.

If “ERR” appears on this form , an error has occurred while entering data on one of the other forms. To resolve the error, please refer to the “ERR Guide” to trouble shoot the problem.

*The hard copy of this form must be signed by both the hospital Chair of the board and the CEO.*

### 3.7 Form 6: Source of Funds

Please complete the following section ONLY for the Fiscal Year-End Project Report

		<a href="#">&lt;&lt; Previous</a>	<a href="#">Next &gt;&gt;</a>
<b>Health Infrastructure Renewal Fund Project Report</b> <b>Source of Funds</b>			
Source	Amount (\$)		
MOHLTC HIRF Grant Approved for Current FY	0		
Unexpended Balance of HIRF Grant from previous FY	0		
Facility's own resources:			
Cash on hand			
Estates and trusts			
Bonds and Securities			
Hospital Foundation			
Other (please specify below)			
.....			
<b>Total Source of Funds</b>			
<small>Jan-06</small>		<small>HIRF-FORM-6</small>	

Orange = mandatory      Blue = optional      Grey = protected


**Additional Information:**

Complete the following fields as applicable for Source of Funds:

1. Cash on hand
2. Estates and trusts
3. Bonds and Securities
4. Hospital Foundation
5. Other (specify the source)

### 3.8 Audit Form

Please complete the following section ONLY for the Fiscal Year-End Project Report

	<a href="#">&lt;&lt; Previous</a>	<a href="#">Next &gt;&gt;</a>
<b>Health Infrastructure Renewal Fund Project Report</b>		
<b>Audit Statement</b>		
<p>This financial information is the responsibility of the facility's management; our responsibility is to express an opinion on the financial information based on our audit. We conducted the audit in accordance with generally accepted auditing standards, which require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures stated. It also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.</p>		
<p>We have audited the 2004/05 Fiscal Year-end HIRF Project Report and Source of Funds for the projects listed. In our opinion, this statement presents fairly, in all material respects, the funds received and disbursed, in accordance with generally accepted accounting principles.</p>		
Public Accountant(s)	Date (dd-mmm-yy)	
<input type="text"/>	<input type="text"/>	
Jan-06	HIRF-AUDIT	

#### Additional Information:

The Audit form needs to be completed by the external auditor at the year- end.

A large rectangular area with horizontal lines, intended for writing.