

**NANAIMO REGIONAL HOSPITAL DISTRICT**

**REGULAR BOARD MEETING  
TUESDAY, DECEMBER 6, 2016  
7:00 PM**

*(RDN Board Chambers)  
This meeting will be recorded*

**A G E N D A**

**PAGES**

**CALL TO ORDER**

**DELEGATIONS**

**BOARD MINUTES**

3-4 Minutes of the regular Nanaimo Regional Hospital District Board meeting held May 10, 2016 (All Directors – One Vote).

*That the minutes of the Nanaimo Regional Hospital District Board meeting held Tuesday, May 10, 2016 be adopted.*

**BUSINESS ARISING FROM THE MINUTES**

**COMMUNICATIONS/CORRESPONDENCE**

(All Directors – One Vote)

5 **Patient Care Statistics by RHD and Facility.**

6-11 **Island Health and Vancouver Island Regional Hospital Districts – Minutes of the Semi-Annual Joint Planning Meeting held May 6, 2016.**

**UNFINISHED BUSINESS**

**REPORTS**

12-13 **Approval of Signing Authorities for General Banking and Investments** (All Directors – One Vote).

1. *That the signing authorities for the Nanaimo Regional Hospital District general banking services and financial instruments reflect the following officer positions:*

<i>Chairperson</i>	<i>William Veenhof</i>
<i>Chief Administrative Officer</i>	<i>Phyllis Carlyle</i>
<i>Director of Finance</i>	<i>Wendy Idema</i>
<i>Manager, Accounting Services</i>	<i>Tiffany Moore</i>
<i>Manager, Capital &amp; Financial Reporting</i>	<i>Manvir Manhas</i>

2. *That the foregoing authorizations extend to accounts in the name of the Nanaimo Regional Hospital District.*

14-17 **Nanaimo Regional Hospital District 2017 Provisional Budget.**

(All Directors – Weighted Vote)

1. *That the 2017 Regional Hospital District provisional budget be approved with the following components:*

*Property tax requisition \$ 7,158,794*  
*Capital grant allowance \$ 3,444,055*

(All Directors – One Vote)

2. *That the 2017 to 2021 five year projections be received for information.*

**ADDENDUM**

**NEW BUSINESS**

**BUSINESS ARISING FROM DELEGATIONS OR COMMUNICATIONS**

**ADJOURNMENT**

**REGIONAL DISTRICT OF NANAIMO**

**MINUTES OF THE NANAIMO REGIONAL HOSPITAL DISTRICT BOARD MEETING  
HELD ON TUESDAY, MAY 10, 2016 AT 7:00 PM IN THE  
RDN BOARD CHAMBERS**

In Attendance:

Director W. Veenhof	Chairperson
Director C. Haime	Deputy Chairperson
Director A. McPherson	Electoral Area A
Director H. Houle	Electoral Area B
Director M. Young	Electoral Area C
Director B. Rogers	Electoral Area E
Director J. Fell	Electoral Area F
Director J. Stanhope	Electoral Area G
Director B. McKay	City of Nanaimo
Director B. Bestwick	City of Nanaimo
Alternate	
Director D. Brennan	City of Nanaimo
Director J. Kipp	City of Nanaimo
Director W. Pratt	City of Nanaimo
Director I. Thorpe	City of Nanaimo
Director B. Yoachim	City of Nanaimo
Director M. Lefebvre	City of Parksville
Director T. Westbroek	Town of Qualicum Beach

Regrets:

Director J. Hong	City of Nanaimo
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Also in Attendance:

T. Osborne	A/Chief Administrative Officer
R. Alexander	Gen. Mgr. Regional & Community Utilities & Solid Waste
G. Garbutt	Gen. Mgr. Strategic & Community Development
J. Harrison	Director of Corporate Services
W. Idema	Director of Finance
D. Pearce	A/Director of Transportation & Emergency Planning
J. Hill	Mgr. Administrative Services
C. Golding	Recording Secretary

**CALL TO ORDER**

The Chairperson called the meeting to order and respectfully acknowledged to Coast Salish Nations on whose traditional territory the meeting took place.

**DELEGATIONS**

**Corey Vanderhorst, MNP, re 2015 Audited Financial Statements and Audit Findings Report.**

Corey Vanderhorst provided an overview of the 2015 audited financial statements and Audit Findings Report of the Nanaimo Regional Hospital District.

**BOARD MINUTES**

**Minutes of the Inaugural Hospital Board meeting held Tuesday, March 8, 2016.**

MOVED Director Stanhope, SECONDED Director Lefebvre, that the minutes of the Inaugural Hospital Board meeting held Tuesday, March 8, 2016, be adopted.

CARRIED

**ADMINISTRATOR'S REPORTS**

**2015 Audited Financial Statements and Audit Findings Report.**

MOVED Director McPherson, SECONDED Director McKay, that the Audit Findings Report and the financial statements of the Nanaimo Regional Hospital District for the year ended December 31, 2015 be received.

CARRIED

MOVED Director McPherson, SECONDED Director McKay, that the consolidated financial statements of the Nanaimo Regional Hospital District for the year ended December 31, 2015 be approved as presented.

CARRIED

**ADJOURNMENT**

MOVED Director Stanhope, SECONDED Director Lefebvre, that this meeting be adjourned.

CARRIED

TIME: 7:09 PM

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CHAIRPERSON

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CORPORATE OFFICER

Patient Care Statistics by RHD and Facility

Regional Hospital District	Facility	Total Residential Care Beds by Region (13/14)	Total Home Care Clients by Region (13/14)	Home Support Hours by Region per day (13/14)	Emergency Room Visits per day (14/15)	Acute Admissions per day (14/15)	Surgical Cases per day (14/15)	MRI Exams per day (14/15)	CT Scans Per Day (14/15)	New Born Admissions per day (14/15)	Deaths per day (14/15)
CRHD	Royal Jubilee Hospital				149	50	47	15	71	-	2.9
	Saanich Peninsula Hospital				52	6	7	-	29	-	0.7
	Lady Minto Hospital				24	2	-	-	-	-	0.2
	Victoria General Hospital				147	45	40	31	73	8	1.2
	<b>CRHD Total</b>	<b>2,753</b>	<b>3,622</b>	<b>4,979</b>	<b>372</b>	<b>103</b>	<b>94</b>	<b>46</b>	<b>173</b>	<b>8</b>	<b>5.0</b>
CVRHD	Cowichan District Hospital				84	17	14	3	25	1	0.7
	Chemainus Health Care Centre				12	-	-	-	-	-	-
	Ladysmith Health Care Centre				34	-	-	-	-	-	-
	<b>CVRHD Total</b>	<b>483</b>	<b>682</b>	<b>880</b>	<b>130</b>	<b>17</b>	<b>14</b>	<b>3</b>	<b>25</b>	<b>1</b>	<b>0.7</b>
	Nanaimo Regional General Hospital				167	42	38	21	51	3	2.0
NRHD	Oceanside Health Centre				78	-	-	-	-	-	-
	<b>NRHD Total</b>	<b>1,139</b>	<b>1,412</b>	<b>1,628</b>	<b>245</b>	<b>42</b>	<b>38</b>	<b>21</b>	<b>51</b>	<b>3</b>	<b>2.0</b>
	Tofino General Hospital				12	1	-	-	-	-	-
ACRHD	West Coast General Hospital				56	7	3	1	10	1	0.3
	<b>ACRHD Total</b>	<b>190</b>	<b>321</b>	<b>343</b>	<b>68</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>10</b>	<b>1</b>	<b>0.3</b>
	St Joseph's General Hospital				66	14	15	3	26	1	0.6
CSRHD	Gold River Health Centre				7	-	-	-	-	-	-
	Kyuquot Health Centre				1	-	-	-	-	-	-
	Campbell River Hospital				57	10	10	2	21	1	0.5
	<b>CSRHD Total</b>	<b>571</b>	<b>794</b>	<b>1,023</b>	<b>131</b>	<b>24</b>	<b>25</b>	<b>5</b>	<b>47</b>	<b>2</b>	<b>1.1</b>
	Cormorant Island Health Centre				3	-	-	-	-	-	-
MWRHD	Port Hardy Hospital				19	1	-	-	-	-	-
	Port McNeill Hospital				10	1	-	-	-	-	-
	Port Alice Health Centre				1	1	-	-	-	-	-
	<b>MWRHD Total</b>	<b>31</b>	<b>57</b>	<b>51</b>	<b>33</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Combined RHD Totals</b>	<b>5,167</b>	<b>6,888</b>	<b>8,904</b>	<b>979</b>	<b>197</b>	<b>174</b>	<b>76</b>	<b>306</b>	<b>15</b>	<b>9.1</b>

**Island Health and  
Vancouver Island Regional Hospital Districts**

**Semi-Annual Joint Planning Meeting  
Regional District of Nanaimo  
6300 Hammond Bay Road, Nanaimo, BC**

**May 6, 2016  
Minutes of Meeting**

In attendance from Island Health

Don Hubbard  
Dr. Brendan Carr  
Joe Murphy  
Kim Kerrone  
Toni O'Keefe  
Matthew O'Rae  
Catherine Claiter-Larsen (guest)  
Chris Sullivan

In attendance from the Regional Hospital Districts

Teri Fong, Alberni-Clayoquot  
Penny Cote, Alberni-Clayoquot  
David Howe, Capital  
Rajat Sharma, Capital  
Jon Lefebure, Cowichan Valley  
Brian Carruthers, Cowichan Valley  
Dave Rushton, Mt. Waddington  
Greg Fletcher, Mt. Waddington  
Wendy Pratt, Nanaimo  
Wendy Idema, Nanaimo  
Charlie Cornfield, Comox-Strathcona  
Debra Oakman, Comox-Strathcona  
Beth Dunlop, Comox-Strathcona

1. Introductions

Roundtable introductions were made.

2. Welcoming Remarks

- Don Hubbard welcomed everyone to the meeting and provided some opening comments. This included acknowledgement of Island Health's two recent board member appointments: Starr Winchester from Comox Valley and Clare Moglove from Campbell River.

3. Approval of Agenda

There were no additions to the Agenda.

4. October 9, 2015 Minutes

Action items from the previous meeting were discussed including:

- "Typical day" information was sent to RHDs on January 25.
- Geographic Hub model – community engagement – see agenda item #7.
- Linkages between Island Health IMIT infrastructure and other ongoing community initiatives. New network fibre has been added into the West Coast and Mount Waddington which has significantly increased network connections. Island Health is working with Telus and other community groups such as First Nations to make improvements consistent with our health system strategy. Island Health will look to identify any network connection gaps in our facilities as there could be opportunities for Regional Hospital Districts to provide assistance.
- Performance measurement presentation – see agenda item #6.
- MOU signed off and sent to RHDs on January 25.
- RHD regulatory requirements – Kim Kerrone provided an update on discussions with the Ministry of Health. There was follow-up discussion regarding who RHDs should contact in the Ministry when they have questions and involvement of RHD staff with health authorities to address problems in the Hospital District Act. There was also a suggestion that the "RHD meeting" be resurrected at UBCM convention.

No changes were made to the Minutes circulated with the agenda.

**Action Items:**

- Island Health to schedule a teleconference with RHD staff when Ministry of Health response is received on RHD regulatory requirements. Island Health to send RHDs the correspondence sent to Ministry of Health.

## 5. Island Health Update

Dr. Brendan Carr provided an update on various items including:

- Island Health ended the year with an operating budget surplus of 0.2%.
- A tentative agreement has been reached between the BC Nurses' Union and the Hospital Employers' Association of BC.
- The Provincial Government's strategic priorities for health care in BC include:
  - Population health and wellbeing;
  - Improving performance of existing services; and
  - Addressing quality of sustainability of health services.

Island Health is responsible for delivering on these priorities which can be summarized as focusing on:

- Effective primary care services;
- Appropriate services for frail seniors;
- Targeted and effective mental health and substance use services;
- Better access to, reduced wait times for, surgery and diagnostic tests; and
- Effective networks of services in rural and remote communities.
- IHealth was successfully activated in Nanaimo Regional General Hospital (NRGH), Dufferin Place and Oceanside Health Centre. The NRGH campus became the seventh site in Canada to implement this level of Electronic Health Record functionality, and now shares the rank of second largest organization in the country to achieve this scope.
- The Unit Dose Medication Distribution project, which is linked to IHealth, is continuing to be implemented and will improve medication safety and reduce medication-related adverse events.
- Island Health will be rolling out a public awareness campaign to help people know when they should come to the Emergency Department and when they can safely seek assistance from other health care providers.
- North Island Hospitals Project is on schedule with most major construction to be completed by this summer and opening in late 2017.
- Island Health's involvement in a coordinated response with other agencies to increase education and prevention information to address an increase in overdoses since late last year. Naxolone, which is a powerful antidote to opioid overdose, is also being distributed at Victoria and Nanaimo emergency departments and is available at the health clinic at Vancouver Island University.
- Development of a provincial approach for medically assisted deaths, within the federal framework.

There was follow-up discussion on various items including:

- Island Health's preparation for the growing aging population and how we need to fundamentally shift how we do things (e.g. from acute care to community care);
- The importance of partnerships such as health networks and the First Nation Health Authority;
- The growing need for dementia care; and



- The need to identify major capital priorities beyond Cowichan District Hospital.

#### 6. Island Health Planning and Performance Monitoring/Reporting

Joe Murphy provided a presentation that included:

- A summary of the 2015/16 Annual Plan Year-End Assessment.
- A description of the 2016/17 Annual Plan process and the types of information used in its preparation.
- A description of the performance measure process used.

There was a follow-up discussion on how the targets are set by the Board.

#### 7. Community Engagement

Toni O’Keefe provided an update on the community engagement process being implemented by Island Health. A handout was provided on the Dimensions of Engagement that describes the streams for engaging employees, patients and the community in population health. Island Health has heard the warning that there can be “consultation fatigue” so planning for engagement will include linking with other government agencies on how they engage communities and developing an engagement strategy based on the unique variables of the community. The first roll-out of the strategy is being planned for Geography 1.

There was also discussion regarding:

- Grant funding for wellness in communities; it was suggested that RHD administrators can provide Island Health with advice regarding the grant application and review process.
- Tapping into non-profit community groups and volunteers.

#### 8. IM/IT in the Modern Health Care System

Matt O’Rae and Catherine Claiter-Larsen provided a presentation regarding the importance of IM/IT in health care. Matt O’Rae provided background context on the outdated definition of capital in the Hospital District Act and the variance in what is being cost-shared across the province. RHD funding is utilized for traditional projects and equipment, but it would be beneficial if cost-sharing could also be used to fund high priority IM/IT capital projects that will improve outcomes for Island Health residents. This includes “smart” or integrated IM/IT equipment and IM/IT infrastructure to enable increased functionality in equipment; this would not include administrative IM/IT capital projects. The intent is not to increase the financial burden on RHDs, but rather to ensure the highest priority capital projects are funded whether they are traditional projects, equipment or IM/IT.

Catherine Claiter-Larsen spoke to the Island Health vision that health care services are coordinated around the person, with information flowing seamlessly within, and across each venue of care. This information would capture the context, goals and preferences for each

person and ensure the highest levels of quality and care. The use of information technology can prevent preventable harm, avoid duplication of services and recommend therapies that maximize quality and safety of care. Considerable progress has been made through the investment in electronic health records; however, much more is needed.

There was discussion regarding:

- How Island Health is taking advantage of technology that already exists rather than creating new technology.
- The need for the legislation to change to allow for a broader range of IM/IT projects to be funded outside of hospitals and other designated facilities.
- The need to support community practices that support our patients through the provision of technology (not equipment).
- How Island Health engages with Telus to leverage services within a community.
- The security of the electronic health record database including the closed environment at the Kamloops Data Centre.
- The technology will be seamless across the province.

#### 9. Facility Condition Assessments

Chris Sullivan provided an update on the Facility Condition Assessment process. This is a five year cycle with Year 4 underway this Spring. The various caveats associated with the assessment information was noted.

#### 10. Capital Planning Update

Chris Sullivan provided an update on the capital planning process including:

- The new capital commitments approved in 2016/17 is \$48.8 million. The funding for these projects and equipment will flow over the next three years. This excludes IM/IT capital funding.
- The existing capital commitments total \$312.8 million. A few of the projects included in this commitment are the North Island Hospitals Project, IHealth (Electronic Health Record), Unit Dose Medication Distribution project and the replacement of the electrical energy plant at Nanaimo Regional General Hospital.
- The Ministry of Health funding letter is expected in the next few weeks. No material changes are expected.

An update on some significant Island Health projects was provided for information.

#### 11. First Nations Treaties – Funding for RHD's

Teri Fong provided information on a letter received regarding First Nations being excluded from existing debt.

**Action Items:**

- ACRHD to share letter from Ministry of Health.

12. Round Table

A question was asked about hospice beds. Island Health is implementing an End of Life strategy that includes doubling the number of hospice beds from 32 to 64.

Reference to the benefits of community partnerships such as the “Better at Home” program was noted.

**Action Items:**

- Provide information on the End of Life strategy at the next semi-annual meeting.
- Provide information on medical dispensaries at the next semi-annual meeting.

13. Closing Remarks

Dr. Brendan Carr thanked the meeting attendees for their participation.

14. Future Meeting

The next meeting will be in October 2016.

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**TO:** Nanaimo Regional Hospital District Board      **DATE:** November 21, 2016

**FROM:** T. Moore  
Manager, Accounting Services      **MEETING:** December 6, 2016

**SUBJECT:** Approval of Signing Authorities for General Banking and Investments

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**RECOMMENDATIONS:**

1. That the signing authorities for the Nanaimo Regional Hospital District general banking services and financial instruments reflect the following officer positions:

Chairperson	William Veenhof
Chief Administrative Officer	Phyllis Carlyle
Director of Finance	Wendy Idema
Manager, Accounting Services	Tiffany Moore
Manager, Capital & Financial Reporting	Manvir Manhas

2. That the foregoing authorizations extend to accounts in the name of the Nanaimo Regional Hospital District.

**PURPOSE:**

To update the Nanaimo Regional Hospital District (NRHD) signing authorities for general banking and investment purposes.

**BACKGROUND:**

The RDN needs to update the designated signing authorities for financial instruments for the Nanaimo Regional Hospital District (NRHD).

The signing authority changes will affect accounts currently held with:

TD Canada Trust  
Municipal Finance Authority

The designated signing authorities as outlined in this report would also apply should the Regional District open new financial instrument accounts.

The updated signing authorities are listed in the recommendation.

The practical application of the signing authorities involves issuing cheques for goods and services and investing sums with the Municipal Finance Authority. Two signatures are required as follows:

- Cheques less than \$1,000 have two signatures automatically printed through the finance software;
- Cheques over \$1,000 have one signature printed and are reviewed and signed manually for the second signature by the Manager, Accounting Services;
- Cheques with a value of more than \$250,000 have no preprinted signatures and must be signed individually by two signing officers, typically the Director of Finance and the Manager, Accounting Services.

**ALTERNATIVES:**

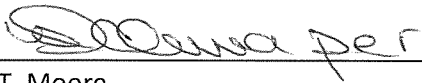
1. Approve the signing authorities as presented to be applicable to the Nanaimo Regional Hospital District.
2. Recommend an alternative list of signing authorities.

**FINANCIAL IMPLICATIONS:**

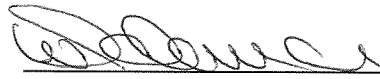
There are no financial implications to these measures. The number of designated authorities is sufficient to ensure that two signatures can be obtained in an efficient manner.

**SUMMARY/CONCLUSIONS:**

Staff recommends approving the signing authorities as presented.



T. Moore  
Manager, Accounting Services  
tmoore@rdn.bc.ca



W. Idema  
Director of Finance



P. Carlyle  
Chief Administrative Officer

**TO:** Nanaimo Regional Hospital District Select Committee      **DATE:** November 21, 2016

**FROM:** Wendy Idema, Director of Finance      **MEETING:** November 29, 2016

**FILE:**

**SUBJECT:** Nanaimo Regional Hospital District 2017 Provisional Budget

**RECOMMENDATIONS:**

- That the 2017 Regional Hospital District provisional budget be approved with the following components:

Property tax requisition	\$	7,158,794
Capital grant allowance	\$	3,444,055
- That the 2017 to 2021 five year projections be received for information.

**BACKGROUND:**

The Hospital District Act Regulation requires Regional Hospital Districts (RHDs) to pass preliminary budgets by December 31. The RHDs provide 40% of the funding for capital equipment and capital projects for local facilities and the Province, through Island Health, provides the remaining 60% of the capital funding.

The major components of the Nanaimo Regional Hospital District (NRHD) provisional budget shown in Appendix A are long term debt costs for past and current projects (\$2,752,197), an annual allowance to support smaller operational capital equipment and projects (\$3,444,055) and a transfer to reserves for future major capital projects (\$1,700,000).

Presently, major capital projects included in the budget which include borrowing are as follows:

Project	NRHD Share	Timing
Electrical Energy Plant Upgrade	\$4,570,690	Currently underway
Boiler Plant Upgrade	\$5,000,000 preliminary estimate for gas boiler	2017-2019
ICU Redevelopment	\$6,000,000 preliminary estimate	2018-2020

At this time there are no other major projects proposed by Island Health; however, their long-term plan does include a new patient tower at the Nanaimo Regional General Hospital when funding becomes available. The 2017 provisional budget includes a \$1.7 million transfer to a reserve fund established for significant projects such as the new patient tower and an annual funding envelope of \$3,444,055 for smaller capital equipment and projects (up to \$1.5 million) at designated facilities in the NRHD.

**ALTERNATIVES:**

1. Approve a 2017 provisional budget with a 2.5% tax requisition increase.
2. Provide alternate direction for the 2017 Nanaimo Regional Hospital District tax requisition.

**FINANCIAL IMPLICATIONS:****Alternative 1****2017 Provisional Budget**

Appendix A attached to this report includes a 2.5% increase to the 2017 requisition as forecast in the 2016 to 2020 Plan. The estimated tax cost for 2017 is \$22.34 per \$100,000, based on 2016 assessments compared to \$21.81 which was the 2016 requisition.

Current projections for 2016 indicate a surplus of approximately \$950,000 greater than planned largely due to timing of the Electrical Plant Upgrade project billings from Island Health as \$818,000 has been reserved from annual grants for this project which will carry forward. Ongoing lower interim financing rates and better than expected interest revenue have also contributed approximately \$120,000 to the surplus.

The 2017 preliminary budget includes a \$1.7 million transfer to reserves for future major projects. This is \$700,000 larger than the 2016 to 2020 plan as a result of additional surplus and the timing of project billings from Island Health resulting in delayed borrowing.

The annual capital grant allowance is \$3,444,055, which has been held static for several years as Island Health has been unable to obtain matching funding for minor projects/equipment. Unused portions of this annual grant have been redirected to major projects such as the Unit Dose Medication System and Electrical Plant. Island Health will provide details of planned projects and equipment purchases related to this annual grant in January, 2017.

**2017 to 2021 Budget Forecast**

The outlook for future years in Appendix A has been revised since the 2016 to 2020 financial plan was approved, based on updated information. The proposed increases to the tax requisition for 2018 to 2021 are estimated at 3% in order to maintain reserve fund transfers. Debt servicing costs are estimated to increase from \$2.8 million in 2017 to \$3.4 million in 2021. These amounts will continue to be revised as information is received from Island Health on capital project plans. Should there be approval from the Province for a new major capital project that the NRHD approves for cost sharing, debt servicing costs would need to be revised for the future.

**Alternative 2**

A Provisional budget must be approved by December 31 so any alternative direction would have to observe this deadline.

**SUMMARY/CONCLUSIONS:**

Regional Hospital Districts are required to approve a provisional budget on or before December 31 each year. Staff recommend a provisional budget which raises \$7,158,794 in property tax revenues for 2017 (2.5% increase over 2016) as forecast in the 2016 to 2020 Plan. The budget includes \$3.44 million for capital equipment/minor capital projects at facilities in the NRHD area; \$2.75 million for debt payments in 2017 and a \$1.7 million transfer to reserve for future infrastructure projects.



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W. Idema  
Director of Finance  
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P. Carlyle  
Chief Administrative Officer



APPENDIX A

NANAIMO REGIONAL HOSPITAL DISTRICT  
PROVISIONAL BUDGET  
2017 to 2021

	2016		2017 Proposed Nov 2016 2.5%	2018 Proposed Nov 2016 3.0%	2019 Proposed Nov 2016 3.0%	2020 Proposed Nov 2016 3.0%	2021 Proposed Nov 2016 3.0%
	Approved Budget 2.0%	Projected Actuals					
Current Projection							
<b>Revenues</b>							
Property taxes	6,984,190	6,984,190	7,158,794	7,373,558	7,594,765	7,822,608	8,057,286
Grants in lieu	30,000	33,651	30,000	30,000	30,000	30,000	30,000
Interest income	75,000	121,107	100,000	100,000	100,000	100,000	100,000
Other revenue		9,527					
Transfer from reserves	868,435	868,435					
Transfer from prior years unallocated grant funding	2,128,466	2,128,374	2,494,606	958,701	991,439	931,717	941,796
Prior year surplus applied	10,086,091	10,145,284	9,783,400	8,462,259	8,716,204	8,884,325	9,129,082
<b>Expenditures</b>							
Administration	36,400	36,400	40,600	42,224	43,913	45,669	47,496
Debt payments	2,976,577	2,976,577	2,752,197	2,746,727	2,992,509	2,984,083	3,398,690
Debt issue expense/temp financing	75,000	1,000	69,413	168,933	200,000	293,750	172,500
Annual capital grants (see below)	2,667,240	2,667,240	3,444,055	3,512,936	3,548,065	3,619,027	3,691,407
Annual capital grant applied to major project	868,435	50,000	818,435				
Surplus applied to capital projects	142,646	142,646					
Reserve for Future Projects	1,776,815	1,776,815	1,700,000	1,000,000	1,000,000	1,000,000	900,000
	8,543,113	7,650,678	8,824,700	7,470,820	7,784,487	7,942,529	8,210,094
Surplus for future years' expenditures	1,542,978	2,494,606	958,701	991,439	931,717	941,796	918,989
Total assessments	Revised roll Mar 2016	Revised roll Mar 2016	Revised roll Mar 2016	1.02	1.02	1.02	1.02
Rate per thousand	32,039,088,185	32,039,088,185	32,039,088,185	32,679,869,949	33,333,467,348	34,000,136,695	34,680,139,429
Projected Tax Cost per \$100,000	0.217989649	0.217989662	0.223439399	0.225629973	0.227842031	0.230075777	0.232331422
	\$ 21.80	\$ 21.80	\$ 22.34	\$ 22.56	\$ 22.78	\$ 23.01	\$ 23.23
<b>Reserve Fund Status</b>							
Opening Balance	2,379,000	2,379,000	4,155,815	5,855,815	6,855,815	7,855,815	8,855,815
Applied to budget							
New contribution	1,776,815	1,776,815	1,700,000	1,000,000	1,000,000	1,000,000	900,000
Balance available	4,155,815	4,155,815	5,855,815	6,855,815	7,855,815	8,855,815	9,755,815