

SCHEDULES

| Table of Contents Schedules made part of and incorporated into the Long Term Care Home Service Accountability Agreement | | |
|--|--|--|
| Schedule | Title | Description |
| A. | Description of Home and Services | Descriptions (i) Home; (ii) Beds; and (iii) Services. |
| B. | Additional Terms and Conditions by Bed-Type | Incorporates additional bed-type specific terms into Agreement |
| C. | Terms and Conditions Applicable to the Funding | Incorporates terms and conditions specific to the funding model into the Agreement. |
| D. | Reporting Requirements | Identifies, describes and set due dates for common HSP reports |
| E. | Performance | Identifies indicators, standards and local performance requirements. |
| F. | List of Policies, Guidelines, Directives, Standards and Tools Applicable to the HSP, the Home and the Services | List of Policies, Guidelines, Directives, Standards and Tools Applicable to the HSP, the Home and the Services |
| G. | Project Agreement Template | Permits funding for special projects under the auspices of the L-SAA |

Schedule A: Description of Home and Services

Note: The information contained in this Schedule A was collected under the legislation in effect prior to July 1, 2010. Consequently some of the terms used in this Schedule A may not have the same meaning under the Act. In particular, a reference to a specialized unit is not a specialized unit within the meaning of the Act and a 'secure area' of the home is not a secure unit within the meaning of the Act.

| Description of Services | | | | | | |
|---------------------------------------|--|--|---------|---|---|-------|
| A-1. General Information | | | | | | |
| LTCH Legal Name | Victoria Manor Long-Term Care Home | | | | | |
| LTCH Common Name | Victoria Manor | | | | | |
| LTCH Facility ID Number | H11897 | | | | | |
| Owner/Parent Organization | Corporation of the City of Kawartha Lakes (name of the HSP) | | | | | |
| Address | 220 Angeline Street South | | | | | |
| City | Lindsay | Postal Code | K9V 4R2 | | | |
| Geography served (catchment area) | Primarily the City of Kawartha Lakes | | | | | |
| Accreditation organization | Accreditation Canada (till January 2010); changing to CARF in 2010 | | | | | |
| Date of Last Accreditation | Jan-07 | Year(s) Awarded | Three | | | |
| A-2. LTCH Classification | | | | | | |
| Licensed / Approved Beds | Total # of Beds | A | B | C | D | Other |
| Total Licensed / Approved bed | 166 | | 166 | | | |
| Beds Types | | | | | | |
| Convallescent Care Beds | Total # of Beds | Comments/Additional Information | | | | |
| Respite Beds | 2 | One for males, one for females; only short stay beds in the City. Included in the total of 166 beds. | | | | |
| Beds in Abeyance | | | | | | |
| ELDCAP Beds | | | | | | |
| Interim Beds | | | | | | |
| Veterans' Priority Access beds | 2 | Included in the total of 166 beds. | | | | |
| Other beds available for over-bedding | | | | | | |

A.3- Structural Information

Type of Room

(this refers to structural layout rather than what is charged in accommodations)

| | | | |
|-----------------------------|------|-----------------------------|------------------------------|
| Number of rooms with 1 bed | 25 | Number of rooms with 2 beds | 71 |
| Number of rooms with 3 beds | 0 | Number of rooms with 4 beds | 0 |
| Other | | | |
| Separate Infirmary (Y/N) | Y | Number of Rooms | 1 bed in a semi-private room |
| Year of Construction | 1989 | Year(s) of renovations | |
| Opening Date | 1990 | Number of Floors | 2 plus partial basement |

Number of Units and Beds

| Unit | Number of Beds |
|-----------------|--|
| MacMillan House | 42 (including 1 infirmary bed and 1 respite bed) |
| Victoria House | 41 |
| Vaga House | 42 |
| Elford House | 42 (including respite bed) |

Additional Information

A.4- Additional Services Provided

| | Service Provided | | Contract for Service | | Explanation if applicable |
|--|------------------|----|----------------------|----|---|
| | Yes | No | Yes | No | |
| Nurse Practitioner | | X | | X | |
| Physiotherapy | X | | X | | Service provided at the Manor by a local physiotherapy agency |
| Occupational therapy | | X | | X | |
| Ophthalmology/ Optometry | | X | | X | Residents obtain these services off-site. |
| Audiology | | X | | X | Residents obtain these services off-site. |
| Dental | X | | X | | Some services are provided at the Manor, others at dentists' offices. |
| Respiratory Technology | X | | X | | Service provided at the Manor by a local respiratory services agency |
| Denturist | | X | | X | Residents obtain these services off-site. |
| IV Therapy (antibiotics or hydration) | X | | | | Provided by Central East CCAC |
| Peritoneal Dialysis (PD) | | X | | | The City has expressed an interest in being a PD satellite. |
| Support for hemodialysis (HD) | | X | | X | Any residents requiring HD receive the service in hospital. |
| French Language Services | | X | | X | The City is not designated under the FLSA. |
| Secure residential home area(s) | X | | | | Victoria House |
| Specialized Dementia Care unit(s) | X | | | | Victoria House |
| Designated smoking room(s) | X | | | | Second floor, Elford House |
| Specialized unit for younger physically disabled adults | | X | | | |
| Support for Feeding Tubes | X | | | | |
| Specialized Behavioural treatment unit(s) | | X | | X | |
| Additional service commitments for new bed awards (1987 to 1998) | | X | | X | |

| A.5- Specialized Designations | | | |
|--|--------------------------|-----------|--|
| | Designated | | Comments |
| | Yes | No | |
| Religious | | X | |
| Ethnic | | X | |
| Linguistic | | X | |
| French Language Service Designation | | X | The City is not a designated area under the FLSA. |
| Aboriginal | | X | |
| A.6- Community Linkages | | | |
| | Service Provided | | Comments |
| | Yes | No | |
| Volunteer program | X | | |
| Service groups | | X | |
| Language interpreters | | X | |
| Cultural interpreters | | X | |
| Advisory council | X | | A Family Council has been operating for two years. |
| Community board | | X | |
| Faith communities | X | | Victoria Manor's Chaplain works in close cooperation with faith groups in the community to provide religious and spiritual care to residents. |
| A.7- Services Provided to the Community | | | |
| | Services Provided | | Comments |
| | Yes | No | |
| Meal Services | | X | |
| Social Congregate Dining | | X | |
| Supportive Housing /SDL | | X | |
| Adult Day Program | | X | |
| Retirement living | | X | |

Schedule B – Additional Terms and Conditions by Bed Type

1.0 Termination of Designation of Convalescent Care Beds

- 1.1** By HSP. The HSP may at any time terminate the designation of the Convalescent Care Beds and revert them back to Long-Stay beds by giving thirty (30) calendar days' prior written notice of termination to the Ministry and to the LHIN. A Convalescent Care Bed will revert to a Long-Stay bed on the later of thirty (30) calendar days after the HSP has given the notice of termination, or on the day that the resident who is occupying that Convalescent Care Bed has been discharged from that Bed.
- 1.2** By the LHIN. The LHIN may terminate the designation of the Convalescent Care Beds at any time, upon giving at least sixty (60) calendar days' written notice to the Operator. A Convalescent Care Bed will revert to a Long-Stay bed on the later of sixty (60) calendar days after the LHIN has given the notice of termination, or on the day that the resident who is occupying that Convalescent Care Bed has been discharged from that Bed.
- 1.3** Application to other Bed types. The terms set out in this section 1.0 are being reviewed to determine their applicability to other specialty beds type. The HSP will be advised if their application is extended beyond Convalescent Care Beds.

Schedule C

Terms and Conditions Applicable to the Funding

1.0 Background. The LHINs provide subsidy funding to long-term care home health service providers pursuant to a funding model set by the MOHLTC. The current model provides estimated per diem funding that is subsequently reconciled. The current funding model is under review and may change during the term of the Agreement. As a result, and for ease of amendment during its term, the Agreement incorporates certain terms and conditions that relate to the funding model in this Schedule C.

2.0 Additional Definitions. Any terms not otherwise defined in this Schedule have the same meaning attributed to them in the Agreement. The following terms have the following meanings:

"Approved Funding" means the allowable subsidy for the Term determined by reconciling the Estimated Provincial Subsidy in accordance with Applicable Law and Applicable Policy

"Construction Funding Subsidy" or "CFS" means the funding that the MOHLTC agreed to provide to the HSP in an agreement for the construction, development, redevelopment, retrofitting or upgrading of beds (a "Development Agreement").

"Envelope" is a portion of the Estimated Provincial Subsidy that is designated for a specific use. There are four Envelopes in the Estimated Provincial Subsidy as follows:

- (a) the "Nursing and Personal Care" envelope;
- (b) the "Program and Support Services" envelope;
- (c) the "Raw Food" envelope; and
- (d) the "Other Accommodation" envelope.

"Estimated Provincial Subsidy" means the estimated provincial subsidy calculated in accordance with Applicable Policy. .

"Reconciliation Reports" means the reports as required by Applicable Policy including the Long-term Care Home Annual Report and, the In-Year Revenue/Occupancy Report.

3.0 Provision of Funding

3.1 In each Funding Year, the LHIN shall advise the HSP of the amount of its Estimated Provincial Subsidy. The amount of the Estimated Provincial Subsidy shall be calculated on both a monthly basis and an annual basis and will be allocated among the Envelopes and other funding streams applicable to the HSP, including the CFS.

3.2 The Estimated Provincial Subsidy shall be provided to the HSP on a monthly basis in accordance with the monthly calculation described in 3.1. Payments will be made to the HSP on or about the twenty-second (22nd) day of each month of the Term.

3.3 CFS will be provided as part of the Estimated Provincial Subsidy and in accordance with the terms of the Development Agreement and Applicable Policy. This obligation survives any termination of the Agreement.

4.0 Use of Funding

4.1 The HSP shall use the funding allocated for an Envelope for the use set out in the Applicable Policy.

4.2 The HSP shall not transfer any such portion of the Estimated Provincial Subsidy in the following Envelopes to any other Envelope:

- (a) the “Nursing and Personal Care” envelope;
- (b) the “Program and Support Services” envelope; and
- (c) the “Raw Food” envelope.

4.3 The HSP may transfer all or any of the part of the Estimated Provincial Subsidy for the Other Accommodation Envelope to any other Envelope without the prior written approval of the LHIN, provided that the HSP has complied with the standards and criteria for the “Other Accommodation” Envelope as set out in Applicable Policy. .

4.4 In the event that a financial reduction is determined by the LHIN, the financial reduction will be applied against the portion of the Estimated Provincial Subsidy in the “Other Accommodation” Envelope.

5.0 Construction Funding Subsidies

5.1 Subject to 5.2 and 5.3 the HSP is required to continue to fulfill all commitments identified in Schedule A of the service agreement in effect between the HSP and the LHIN on June 30, 2010 (the “CFS Commitments”) and the CFS Commitments are hereby incorporated into and deemed part of this Agreement.

5.2 The HSP is not required to continue to fulfill those CFS Commitments that the Ministry has agreed in writing:

- (i) have been satisfactorily fulfilled; or
- (ii) are no longer required to be fulfilled;

and the HSP is able to provide the LHIN with a copy of such written agreement.

5.3 Where this Agreement establishes or requires a service requirement that surpasses the service commitment set out in the CFS Commitments, the HSP is required to comply with the service requirements in this Agreement.

5.4 The MOHLTC will be responsible for monitoring the HSP’s on-going compliance with the CFS Commitments. Notwithstanding the foregoing, the HSP agrees to certify its compliance with the CFS Commitments when requested to do so by the LHIN.

6.0 Reconciliation

6.1 The HSP shall complete the Reconciliation Reports and submit them to the LHIN in accordance with Schedule D. The Reconciliation Reports shall be in such form and

containing such information as required by Applicable Policy or as otherwise required by the LHIN pursuant to Article 8 of the Agreement.

- 6.2 The Estimated Provincial Subsidy provided by the LHIN under section 3.0 of this Schedule shall be reconciled by the LHIN in accordance with Applicable Law and Applicable Policy to produce the Approved Funding.
- 6.3 In accordance with the Applicable Law and Applicable Policy, if the Estimated Provincial Subsidy paid to the HSP exceeds the Approved Funding for any period, the excess is a debt due and owing by the HSP to the Crown in right of Ontario which shall be paid by the HSP to the Crown in right of Ontario and, in addition to any other methods available to recover the debt, the LHIN may deduct the amount of the debt from any subsequent amounts to be provided by the LHIN to the HSP. If the Estimated Provincial Subsidy paid for any period is less than the Approved Funding, the LHIN shall provide the difference to the HSP.

Schedule D – Reporting Requirements

| 1. In-Year Revenue/Occupancy Report | |
|--|--|
| Reporting Period | Estimated Due Dates¹ |
| 2010 – Jan 01-10 to Sept 30-10 | By October 15, 2010 |
| 2011 – Jan 01-11 to Sept 30-11 | By October 15, 2011 |
| 2012 – Jan 01-12 to Sept 30-12 | By October 15, 2012 |
| 2. Long-Term Care Home Annual Report | |
| Reporting Period | Estimated Due Dates¹ |
| 2010 - Jan 01-10 to Dec 31-10 | By September 30, 2011 |
| 2011 – Jan 01-11 to Dec 31-11 | By September 30, 2012 |
| 2012 – Jan 01-12 to Dec 31-12 | By September 30, 2013 |
| 3. Performance Report | |
| 2010-2011 | Due Dates |
| Q2 – Apr 01-10- to Sept 30-10 | October 29, 2010 |
| Q3 – Apr 01-10- to Dec 31-10 | January 31, 2011 |
| Q4 – Apr 01-10- to March 31-11 | April 29, 2011 |
| 2011-2-12 | Due Dates |
| Q2 – Apr 01-11- to Sept 30-11 | October 31, 2011 |
| Q3 – Apr 01-11- to Dec 31-11 | January 31, 2012 |
| Q4 – Apr 01-11- to March 31-12 | April 30, 2012 |
| 2012-2013 | Due Dates |
| Q2 – Apr 01-12- to Sept 30-12 | October 31, 2012 |
| Q3 – Apr 01-12- to Dec 31-12 | January 31, 2013 |
| Q4 – Apr 01-12- to March 31-13 | April 30, 2013 |
| 4. French Language Services Accountability Report | |
| Fiscal Year | Due Dates |
| 2010-11 – Apr 01-10 to March 31-11 | April 29, 2011 |
| 2011-12 – Apr 01-11 to March 31-12 | April 30, 2012 |
| 2012-13 – Apr 01-12 to March 31-13 | April 30, 2013 |

¹ These are estimated dates from the Ministry and can change based on any changes to Policy, Accountability Agreement or regulations.

Schedule E – Performance

1.0 Performance Indicators

1.1 Definitions.

In this Schedule E, the following terms have the following meanings:

Indicator means a measure of HSP performance for which a Target is set;

Performance Corridor means the acceptable range of results around a Target;

Performance Standard means the range of performance that results when a Performance Corridor is applied to a Target; and

Target means the level of performance expected of the HSP in respect of an Indicator.

1.2. Indicators.

The HSP’s delivery of the Services will be measured by the following Indicators, Targets and where applicable Performance Standards.

In the following table:

n/a means ‘not-applicable’, that there is no defined Performance Standard for the indicator for the applicable year.

tbd means a Target, and a Performance Corridor if applicable, will be determined during the applicable year.

| Indicators | 2010/11 Performance Target | 2010/11 Performance Standard | 2011/12 Performance Target | 2011/12 Performance Standard | 2012/13 Performance Target | 2012/13 Performance Standard |
|---|----------------------------------|------------------------------------|----------------------------------|------------------------------------|----------------------------------|------------------------------------|
| Current Ratio (Site or Consolidated) | tbd | tbd | tbd | tbd | tbd | tbd |
| Debt Service Coverage Ratio (Site or Consolidated) | tbd | tbd | tbd | tbd | tbd | tbd |
| Injury Frequency and Severity Rate | n/a | n/a | n/a | n/a | tbd | n/a |
| Refusal rates per 100 Beds | n/a | n/a | tbd | n/a | tbd | tbd |
| Compliance Status | Compliant | Compliant | Compliant | Compliant | Compliant | Compliant |
| Prevalence of worsening pressure ulcers (Stage 2 - 4) | n/a | n/a | tbd | tbd | tbd | tbd |
| Incidence of pressure ulcers (Stage 2 - 4) | n/a | n/a | tbd | n/a | tbd | tbd |
| Prevalence of daily physical restraint | n/a | n/a | tbd | tbd | tbd | tbd |
| Incidence of worsening bladder incontinence | n/a | n/a | tbd | n/a | tbd | tbd |
| Incidence of New Fractures | n/a | n/a | tbd | n/a | tbd | tbd |
| Incidence of Falls | n/a | n/a | tbd | n/a | tbd | tbd |
| Potentially avoidable ED Visits by facility | n/a | n/a | tbd | n/a | tbd | tbd |
| Immunization Rates | n/a | n/a | tbd | n/a | tbd | tbd |

Schedule E – Performance – Cont'd

2.0 OHR/MIS

- (a) The HSP will sign up for one of the following five phases offered by the Long-Term Care Homes Ontario Healthcare Reporting Standards/Management Information Systems (LTCH OHR/MIS) project. Requests to sign up must be made to the project team by September 30, 2010.
- Phase 1: November 2009 - May 2010; first OHR submission by May 31, 2010
 - Phase 2: February 2010 - October 2010; first OHR submission by Oct 29, 2010
 - Phase 3: September 2010 - May 2011, first OHR submission by May 31, 2011
 - Phase 4: February 2011 - October 2011, first OHR submission by Oct 31, 2011
 - Phase 5: September 2011 - May 2012; first OHR submission by May 31, 2012
- Please note that the LTCH OHR/MIS project has the discretion to move the HSP to another phase if the phase of the HSP's choice has reached capacity. Requests will be accommodated on a first come, first serve basis. Submission deadline dates are subject to the MOHLTC Health Data Branch's formal OHR submission deadline communication.
- (b) The HSP will implement OHR in accordance to the *Ontario Healthcare Reporting Standards (OHR)*, Chapter 9.
- (c) The HSP will submit its first OHR trial balance to the Ontario Healthcare Financial and Statistical System website <https://www.healthinfo.moh.gov.on.ca> as set out above in (a) .
- (d) After making its first submission, the HSP will continue reporting on a semi-annual basis in accordance with the requirements listed in *OHR Chapter 9*.

3.0 LHIN- Specific Performance Obligations

Resident Transfers to Emergency Department and Hospital Inpatient Admissions

- (a) The HSP will complete and provide to the LHIN, or to such other entity on behalf of the LHIN as the LHIN may direct, in the form and within the time specified by the LHIN, information (report) pertaining to resident transfers to Hospital Emergency Departments and/or resident transfers to inpatient Hospital admissions (refer to Article 8).
- (b) This submission to the LHIN should be complete, accurate and timely in a form satisfactory to the LHIN.
- (c) The HSP will provide a monthly Resident Transfer submission (report) once the Agreement is in effect (to be submitted at the end of each month).

Schedule F - List of Policies, Guidelines, Directives, Standards and Tools Applicable to the HSP, the Home and the Services

| | Title | HSP Accountable to: |
|-----|--|---------------------------------------|
| 1 | Affordability Profile LTC Facility Operators | n/a - tool |
| 2 | FEC/FSD Completion Guidelines | n/a – tool |
| 3 | Fill Rate Guidelines for New and Redeveloped/Retrofitted "D" LTC Facilities | Ministry |
| 4* | Eligible Expenditures for Long-Term Care | LHIN |
| 5 | LTC "D" Facility Retrofit Design Manual | Ministry |
| 6 | LTC Facility Design Manual (1999) | Ministry |
| 7 | LTC Facility Design Manual : Clarifications, Safety and Security Issues and Good Design Practices | Ministry |
| 8 | LTCH Design Manual, 2009 | Ministry |
| 9 | LTCH Renewal Strategy Application Package 2009 | n/a – application document |
| 10 | LTCH Bad Debt Reimbursement Policy | LHIN |
| 11 | LTCH Cash Flow Policy | LHIN |
| 12* | LTCH Fill Rate Guidelines for New Interim Long Term Care Beds | LHIN |
| 13 | LTCH Funding Policy for Suspension of Admissions Due to Outbreaks | LHIN |
| 14 | LTCH Furnishing and Equipment Management Policy | LHIN |
| 15 | LTCH Level of Care Per Diem Funding Policy | LHIN |
| 16 | LTCH Level of Care Per Diem Funding Summary | LHIN |
| 17* | LTCH Occupancy Reduction Protection Guidelines | LHIN |
| 18 | LTCH Occupancy Targets Policy | LHIN |
| 19 | LTCH Reconciliation and Recovery Policy | LHIN; Ministry reconciles and settles |
| 20 | LTCH Required Goods, Equipment, Supplies and Services | Both—mainly compliance. |
| 21 | Manual for Awardees/Operators in the Preparation for Occupancy | n/a – manual |
| 22 | Ontario Healthcare Reporting Standards (OHRS/MIS)-not publically reported | Both |
| 23* | Compliance Status Description | LHIN |
| 24 | Phased Construction Guidelines | Ministry |
| 25 | Policy for Funding Construction Costs of LTC Facilities (1999) | Ministry |
| 26 | Policy for Funding Construction Costs of LTC Homes, 2009 | Ministry |
| 27 | Policy for Funding Construction Costs of Retrofitting "D" LTC Facilities – Retrofit Per Diem Calculator | Ministry |
| 28 | Policy for the Operation of Short Stay Beds (as defined in the LTCHA) | Both |
| 29 | RAI/MDS 2.0 LTC Homes - Practice Requirements | Ministry |
| 30 | RPN Funding Policy | LHIN |
| 31 | Transition Support Program Guidelines for "D" LTC Facilities – Appendix A: Transition Support Business Case Template | Ministry |
| 32 | Upgrade Option Guidelines for "D" LTC Facilities | Ministry |

* New Policy

Schedule G – Project Agreement Template

Note to L-SAA Schedule G: This project template is intended to be used to fund one-off projects or for the provision of services not ordinarily provided by the HSP. In both instances the HSP remains accountable for the funding that is provided by the LHIN – whether or not the HSP provides the services directly or subcontracts the provision of the services to another provider.

THIS PROJECT FUNDING AGREEMENT (the “PFA”) is effective as of [insert date] (the “Effective Date”) between:

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)

- and -

THE CORPORATION OF THE CITY OF KAWARTHA LAKES (the “HSP”)

WHEREAS the LHIN and the HSP entered into a service accountability agreement dated [insert date] (the “SAA”) for the provision of Services and now wish to set out the terms of pursuant to which the LHIN will fund the HSP for [insert brief description of project] (the “Project”);

NOW THEREFORE in consideration of their respective agreements set out below and subject to the terms of the SAA, the parties covenant and agree as follows:

1.0 Definitions. Unless otherwise specified in the PFA, capitalized words and phrases shall have the meaning set out in the SAA. When used in the SAA, the following words and phrases have the following meanings:

“**Deliverable**” means one of, and “**Deliverables**” mean more than one of, the services and deliverables provided by the HSP pursuant to the terms of this SAA and set out in Appendix A to this SAA;

“**Project Funding**” means the applicable price or funding for the Deliverables and set out in Appendix A to this SAA; and

“**Term**” means the period of time from the Effective Date up to and including [insert project end date].

2.0 Relationship between the SAA and the PFA. This PFA is made subject to and hereby incorporates the terms of the SAA. On execution the PFA will be appended to the SAA as a Schedule.

3.0 The Deliverables. The HSP agrees to provide the Deliverables on the terms and conditions of this PFA including all Appendices and schedules thereto.

4.0 Rates and Payment Process. Subject to the SAA, the Project Funding for the provision of the Deliverables shall be as specified in Appendix A to this PFA.

5.0 Representatives for PFA.

- (a) The HSP's Representative for purposes of this PFA shall be [insert name, telephone number, fax number and e-mail address.] The HSP agrees that the HSP's Representative has authority to legally bind the HSP.
- (b) The LHIN's Representative for purposes of this PFA shall be: [insert name, telephone number, fax number and e-mail address.]

6.0 Additional Terms and Conditions. The following additional terms and conditions are applicable to this PFA.

- (a) Notwithstanding any other provision in the SAA or this PFA, in the event the SAA is terminated or expires prior to the expiration or termination of the PFA, the PFA shall continue until it expires or is terminated in accordance with its terms.
- (b) [insert any additional terms and conditions that are applicable to the Project]

IN WITNESS WHEREOF the parties hereto have executed this PFA as of the date first above written.

Corporation of the City of Kawartha Lakes

By:

Rick McGee, Mayor

Central East Local Health Integration Network

By:

Deborah Hammons, CEO

APPENDIX A: DELIVERABLES

- 1. DESCRIPTION OF PROJECT**
- 2. DESCRIPTION OF DELIVERABLES**
- 3. OUT OF SCOPE**
- 4. DUE DATES**
- 5. PERFORMANCE STANDARDS**
- 6. REPORTING**
- 7. PROJECT ASSUMPTIONS**
- 8. PROJECT FUNDING**

8.1 The Project Funding for completion of this PFA is as follows:

8.2 Regardless of any other provision of this PFA, the Project Funding payable for the completion of the Deliverables under this PFA are not to exceed [X].