

## Health Infrastructure Renewal Fund (HIRF) 2007-08 HIRF Sign-back Agreement

\_\_\_\_\_ [Insert legal name of hospital corporation] (the "Hospital") hereby acknowledges and agrees that the allocation provided to the Hospital by the Ministry of Health and Long-Term Care ("MOHLTC") as described in the attached letter will be used for a project or projects that meet the HIRF eligibility criteria. These criteria are in the *Health Infrastructure Renewal Fund Guidelines : 2007-08* available at [http://www.health.gov.on.ca/english/providers/program/capital/hirf/hirf\\_mn.html](http://www.health.gov.on.ca/english/providers/program/capital/hirf/hirf_mn.html).

The Hospital further agrees to submit a *HIRF Settlement Report* once the approved projects are completed, including an independent audit statement. The Hospital acknowledges and agrees that any portion of the HIRF grant that MOHLTC determines has been used for unapproved projects will be recovered through an adjustment in the HIRF grant the following year.

\_\_\_\_\_  
Hospital Name

\_\_\_\_\_  
Sign-back allocation amount

\_\_\_\_\_  
Hospital CEO Name  
"I have the authority to bind the Hospital"

\_\_\_\_\_  
Hospital CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair of the Board  
"I have the authority to bind the Hospital"

\_\_\_\_\_  
Chair of the Board Signature

\_\_\_\_\_  
Date

**To access this grant, please complete and return this form by email or mail by March 7, 2008 to the ministry. Return the signed form:**

**By mail:**

HIRF Program Advisor  
Capital Planning and Strategies Branch  
Ministry of Health and Long-Term Care  
9<sup>th</sup> Floor, 56 Wellesley Street West  
Toronto ON  
M7A 2J9

**By email (in PDF form):**

[capitalplanningandstrategiesbranch@ontario.ca](mailto:capitalplanningandstrategiesbranch@ontario.ca)