

# RED LAKE HEALTH CENTRE



## HEALTH CARE MODEL AND FUNCTIONAL PROGRAM

DECEMBER 2010

 **GOLDCORP**

  
HEALTH GROUP INC.





# Table of Contents

---

- Introduction 5
  - Executive Summary 7
  - Background 9
  - Current Health Service Delivery 11
  - Stakeholders 13
  - The Red Lake Situation 15
- Goldcorp Health Model Proposal 19
  - Sustainable Economic Approach to Health Care 21
  - Company-Based Health Model 23
  - Community-Based Health Care Model 25
  - Health Centre Construction Cost 31
  - Goldcorp Health Centre Utilization Level 33
  - Goldcorp Point of Contact Service 35
  - Community-Based Model Outcomes 40
- Functional Program 43
  - Facilities Planning 45
  - Required Program Areas 47
  - Schedule 58
- Health Centre Layouts 61
- Building Cost Estimate 75
- Summary 85
- Appendices 91
  - Appendix A: Red Lake Medical Associates Letter of Intent 93
  - Appendix B: Red Lake Family Health Team Letter of Intent 94
  - Appendix C: Red Lake Pharmacy Letter of Intent 95
  - Appendix D: Red Lake Margaret Cochenour Memorial Hospital Letter of Intent 96
  - Appendix E: Ministry of Health and Long-Term Care Support Letter 98
  - Appendix F: Bank of Nova Scotia Banking Proposal 100
  - Appendix G: Mortgage Alliance Letter of Engagement 102
  - Appendix H: Elemental Cost Summary - New Addition 108
  - Appendix J: Elemental Cost Summary - Site Development 115
  - Appendix K: Elemental Cost Summary - Full Second Floor Option 118









## Executive Summary

---

The purpose of this Functional Plan is to provide tangible information regarding the current health crisis impacting the local mine operation in Red Lake. With this information, Goldcorp management will be better prepared to make decisions regarding the direction and level of participation they would like to take, in this regard.

To minimize corporate liability and dependence on Goldcorp to subsidize the local health care system, the strategies contained within the Functional Plan, utilize the community's existing health services. Combining a one time partial investment by Goldcorp to consolidate the existing health services provides the measurers required to develop a sustainable, self supportive Health Centre. The consolidation process will enable health service providers to expand and increase access to medical care. This will resolve the current health crisis affecting mine employees, the company and will provide added benefits for the residents of the community.

GW Health Group has completed the situational analysis and identified the impact of the limiting factors affecting Goldcorp employees and families. The primary issue affecting the local health system is the lack of available physicians required to meet the service needs of the community. As a consequence, local residents and mine employees are forced to seek medical aid outside of the community traveling as far as Winnipeg for primary care services.

In many cases, families are burdened with the cost of travel and stress to secure medical appointments for family members who are ill or injured. The situation has a wide ranging impact on Goldcorp operations, as the company reports escalated levels of employee absenteeism due to the accessibility to health care problems experienced in the community.

As a consequence the existing community health program fails to provide occupational health service requirements for Goldcorp and other local employers to process employees with work related injuries. As indicated by mine management, employees are often stranded in the system with excessive delays for medical clearance to return to work. To address the current problems, two health models were developed to resolve the specific health issues affecting the company. Any incremental benefit to the community was considered secondary but was deemed an advantage to demonstrate the company's social responsibility as a concerned corporate citizen.

Much of the discussion is emphasized on the preferred model which is oriented towards the development of a Community-Based Health Centre. The model intends to consolidate the primary health services within a

centralized facility. The consolidation approach formulates the basis in developing a Community-Based health system among the key health providers.

The advantage of consolidating health care services will provide patients multiple access points for primary care. This will offset the reliance on the existing physicians as the sole providers for primary care. As an outcome, optimizing physician's time will increase access for patient / doctor encounters for higher acuity cases. Further, the process is intended to enable doctors to dedicate time and attention for other services such as the much needed occupational health clinic required by Goldcorp and local businesses.

The second model proposed is focused on the development of a Company-Based system, whereby Goldcorp provides corporately administered and directed health services for occupational health and primary care specific for its workforce. This would require contracting directly with physicians and providing space, infrastructure and administrative support to operate the Company-Based Health Centre. Although the benefits would address the immediate needs for Goldcorp's employees and their families, the potential for community criticism is a serious concern. In addition, the model as the company's fall back strategy will increase exposure to liability and incur significant annual costs.

Discussion sessions were held with the primary community health care stakeholders. Attendees included hospital executives, Chairperson of the Hospital Board, pharmacy operator, physicians, Family Health Services and the Mayor and council. During these sessions the concept of the Community-Based Health Centre were discussed. The focus was on the advantages and benefits of the Health Centre concept and the requirements needed to progress with the project. The project received strong support by stakeholders who proposed in kind contributions to ensure the financial viability in developing the Health Centre.

The financial structure and operations of the centralized Health Centre is designed to operate as a stand alone entity with a sustainable self-supporting framework to maintain financial longevity to the program without future Goldcorp involvement.

The Health Centre will provide the consolidation of primary health providers as tenants, leasing space to them for their respective operations. To date, letters of interest have been received from physicians and the Family Health Services team with their intention to locate to the new facility (See Appendices A and B). In addition, the owner of the Red Lake Pharmacy has submitted his interest to relocate to the new Centre (See Appendix





C). The long term leases will provide the revenue to support the Health Centre to meet operational expenses and obligations to service long term debt. Required from Goldcorp may be a one time cash contribution for a portion of the capital cost of the Health Centre based on a determined utilization rate by mine employees and families. In addition, the company is requested to consider providing the securitization for financing of the Centre's construction.

## Background

---

As the situational analysis was conducted, a focus was placed on the factors preventing employees, families and local resident's the inability to secure local primary health care appointments. Further, an in depth review of the occupational health process was conducted to understand the challenges impeding timely medical follow up and clearance for injured employees returning to work.

From the analysis, it was determined the lack of community based doctors and the impact attributed to the volume of Goldcorp employees / families and local residents seeking medical care, exceeded the limit of services the local physicians and the primary care clinic are able to provide.

Necessary to determine the magnitude of the problem, a GAP Analysis was conducted to assess the current availability of medical appointments compared to the required demand needed to service the Red Lake population of 5,000. A baseline was determined from research conducted by physicians and health care specialists in 2006, published by the Toronto Institute for Clinical Evaluative Sciences which indicated on average Ontario patients under 65 years of age scheduled four physician appointments annually.



The comparative was made to the Red Lake clinic where the three doctor roster in Red Lake enables one physician to be in the primary care clinic seeing an average of 30 patients per day. This information was provided by Ryan Gibson, Executive Director, Red Lake Family Health Services. The average roster rotation schedule for the three doctors limits the availability to one attending physician in the clinic daily.

### Rotation Schedule for Three Community Doctors

- 1 physician – Emergency room duty for the hospital
- 1 physician – off after Emergency room duty at the hospital
- 1 physician – available in the clinic

(Information provided by Red Lake Family Health Services)

(Locums are used when community physicians are absent from service)

Utilizing the average patient factor of four physician visitations annually and the daily average of thirty patients seen by a local doctor in the clinic, an analysis was conducted to determine the difference between the number appointments required to meet the community needs and the number of appointments currently available by the existing system.

The following table highlights the assessment:

Demand	Medical Appointments
Estimated required medical appointments for the Red Lake population of 5,000, based on the average Ontario patient (under age 65) scheduling 4 medical visits annually. *	20,000
<b>Add:</b> Goldcorp required employee physicals *	100
Undetermined follow up, assessments and medical clearance for injured employees *	Not included
Total medical appointments required for community	20,100
<b>Less:</b> Available appointments based on 286 days primary care operation 286 days x 30 patients per day per doctor	8,580
<b>Gap:</b> Estimated medical appointments not available to meet patient demand	(11,520)
<b>Conclusion:</b> Demand requires an additional 1.5 physicians in the clinic.	

\* Figures provided by Occupational Nurse, HR and Safety Manager

\* Guttman A, Schultz SE, Jaakkimainen L. Primary Care for Children, In: Jaakkimainen L, Upshur R, Klein-Geltlink JE, Leong A, Maaten, S, Schultz SE, Wang L, editors Primary Care in Ontario, Chapter 1, pg.2: ICES Atlas. Toronto Institute for Clinical Evaluative Sciences; 2006 [http://www.ices.on.ca/file/PC\\_atlas\\_chapter1.pdf](http://www.ices.on.ca/file/PC_atlas_chapter1.pdf)

Based on the GAP Analysis, the current health system requires an estimated 20,100 appointments to meet the community's patient load for scheduled primary care appointments. The existing capabilities of the physicians and clinic provide an estimated 8,580 appointments or approximately 42% of the medical appointments needed. To meet the community's demand for medical appointments, the local health system would have to generate an estimated additional 11,520 physician appointments for local patients. The magnitude and understanding of the problem becomes clearer and surfaces the rationalization of the negative impact on employees and families who are forced to seek medical care outside of Red Lake's health system.

Based on the understanding of the critical issue of the appointment gap, it was determined that the health model development needed to concentrate on improving accessibility for primary care. This is indicated by increasing (at a minimum) 11,520 medical appointments within the local health system. Parameters of the models were also established as specific goals to be achieved as part of the proposed strategies. These included:

- Address Goldcorp needs to increase access primary and occupational health care for employees and families
- Utilize the existing health services and align the solution to the Provincial Health System to increase the number of community doctors, health capacity and services
- Create a sustainable self supporting financial frame work to secure longevity of the community health program, limiting financial dependence and liability to Goldcorp

# Current Health Service Delivery

---

## Family Health Services

The Family Health Services program was launched by the Ministry of Health in 2005 as an approach to improve access to primary health care. The initiative brings together different health care providers to co-ordinate the highest level of care for patients. The program is designed to give doctors support from other complementary professionals. Family Health Services programs across Ontario consist of doctors, nurses, nurse practitioners and other health care professionals who work collaboratively to meet community health care needs. As of August 2010, the Ministry of Health has set up 200 Family Health Teams across Ontario.

The Red Lake Family Health Services team received funding approval in August 2009 from the Ontario Ministry of Health for space allocation to increase health capacity and programs to the community (see Appendix D). Funding eligibility was based on the criteria to secure the necessary space requirements to house the additional staff and clinic programs. Since 2009, the Family Health Services team has not been able to exercise its funding eligibility as they have been unable to secure suitable building space in Red Lake. The Community Health Centre opportunity is viewed as the ideal situation to meet the Ministry's space requirements for release of funding to expand the program's services.

## Red Lake Margaret Cochenour Memorial Hospital

The Red Lake Margaret Cochenour Memorial Hospital is a fully accredited facility with 18 beds; 14 for acute care and 4 for long-term care. The facility provides both in-patient and out-patient services as well as health programs. The Hospital provides the only source of lab services for out-patients which it absorbs into the hospital's operational budget as non recoverable expenses.

Approximately one hundred and twenty employees are employed here, identifying the hospital as one of the major employers in the region. Adjacent to the hospital is the Northwood Lodge, a long-term care facility for seniors.



Emergency room duties are provided by the community’s three physicians and visiting locums. At present, the Red Lake Margaret Cochenour Memorial Hospital provides the following services:

24-hour Emergency Care	Laboratory
Radiology, Ultrasound and other diagnostic services	Rehabilitation Services
Surgical Services	Endoscopy Services
Nutritional Services	Pastoral Care
Chemotherapy	Telehealth Consults

The Hospital also sponsors a variety of community programs including Red Lake Career & Employment Services, Community Counseling & Addiction Services and the Red Lake District Diabetes Program.

### Red Lake Pharmacy

Red Lake has one pharmacy servicing the community; business hours are Monday to Friday 10:00 AM to 5:30 PM, and Thursdays the pharmacy remains open until 7:00 PM. Saturday business hours are from 10:00 AM to 2:00 PM, and on Sundays the pharmacy is closed. The Red Lake pharmacy does not provide home delivery but is currently making arrangements to do so commencing in January 2011.

The pharmacy owner has expressed interest in becoming a tenant of the proposed Health Centre. The ability to relocate to a larger facility will enable the pharmacy to expand services to patients. The pharmacy owner would consider hiring additional pharmacists and provide point of care testing and spectral retinography equipment, in order to screen and trend patients for diabetes, hypertension and eye diseases.

### Physician Services

Doctors in Red Lake provide primary care, medical services for the walk-in clinic and duty as attending physician for the hospital’s emergency room. Currently, there are three full time physicians in the community, down from the original physician group of seven. The current physicians operate under the Rural-Northern Physician Group Agreement. This agreement was negotiated between the Ontario Ministry of Health and Ontario Medical Association. Within the agreement terms, physicians are compensated with salaries of approximately \$221,000 including other incentives and fee structures. In addition to the salary, physicians receive allowances of \$60,000 as part of their compensation package to cover costs for such as rent, administrative support and office supplies.

Initially, with the seven doctor roster, each community physician contributed to the overhead cost of the clinic. Due to the reduction of physicians, the three existing doctors are financially burdened with subsidizing the clinics overhead costs intended to support a practice of seven doctors. The current overhead cost for the physician’s clinic is approximately \$225,000..

Local physicians have outlined a number of challenges which have impeded the recruitment of doctors to the area. One of the key issues is the community’s inability to offer competitive financial incentives to attract physicians to Red Lake. The current trend for many Northern communities is to provide financial incentives and supplement doctors with minimal or no overhead costs for office space and administration staff. This is in addition to the compensation packages provided by the Ministry of Health. As added value, many remote

communities across Canada provide modern health care facilities to create a comfortable work environment with a full health care staff to reduce the physician’s workload.

## Stakeholders

Stakeholder meetings were held to understand the different perspectives and experiences with the existing health system in Red Lake. The stakeholder groups included representatives of the following:



- Goldcorp Employees
- Spouses of mine employees
- Goldcorp Management Team
- Physicians
- Family Health Services
- Community Hospital Executive
- Community Health Committee
- Pharmacy

Below is a summary of stakeholder comments. The purpose of disclosing stakeholder comments is to provide Goldcorp management an insight of the deeper affect of the situation to their employees, their families and community neighbors.

Goldcorp Employees	Employees must take time off or use vacation time to travel to seek timely medical care for families
	Employees feel they are spending too much time at work to secure physician appointments for their families, resulting in decreased productivity levels.
	Employees are forgoing personal health care appointments as they must prioritize their children’s health before theirs due to access issues
Spouses of Mine Employees	Group feels strongly that Goldcorp is a very good company which provides adequate health care coverage and is supportive and tolerant during periods of family crisis and when attempting to secure health care for family members. They appreciate company participation to resolve health care issues.
	Access to child health care is a major concern
	Employees are disconcerted by the extraordinary effort required to secure an appointment with a physician, which can take up to 3 weeks to schedule.
	Access to prescriptions is limited as current pharmacy business hours do not meet consumer requirements

Goldcorp Management Team	Managers are frustrated by the current process which delays the return of employees from illness or work related injury, caused by the inability to secure medical follow up and clearance
	Goldcorp objectives are focused to ensure timely and proper health care to its employees, especially those that have been victims of illness or work related injury
	The company is concerned about employee retention; the recruitment of new employees to replace the aging work force and meet their needs as operations expand is a major concern.
	Goldcorp is not in the health care business and does not have the expertise in the health field to develop a community solution
	The company is concerned and is willing to facilitate the development of a self-sustaining model rather than financially supporting the health care system of the community on an ongoing basis.
Physicians	Physicians believe that if they can discuss the levels of health care required and the types of physician services needed in the community with potential doctors, the securing of physician relocation to Red Lake would improve.
Family Health Services	The family clinic is currently applying for additional funding to expand the Family Health Services program. The program is funded by the provincial government but requires 3,162 sq. ft. of clinic space in order to be eligible
	The current facility is antiquated, poorly designed and require repairs. A new facility is needed to meet Family Health Services program funding criteria.
Community Hospital Executive	Hospital lab services for out-patients these are unrecoverable costs to the hospital. The hospital is searching for a solution to maintain fiscal budgets while providing adequate health care services to the community.
	Hospital staff overloaded for lab services
	The lack of available physicians is the primary issue; the hospital was close to ceasing operations due to the lack of doctors on site.
Community Health Committee	The Community Health Committee believes Goldcorp should provide ongoing financial support directed to improving the health care environment for Red Lake.
	The group believes that offering signing bonuses and perks to attract physicians is the primary means of securing doctors to the community.
	It was observed that the committee does not have a clear vision of how to resolve the accessibility problem for the long term.
Pharmacy	Legislation on prescriptions will reduce profitability to maintain pharmacy operations. Enhancing services to patients is one method to secure additional revenue from the government to offset lost revenues.
	Red Lake requires a more comprehensive and integrated approach to secure health care services and increase patient access to medical care.

The discussions lead to the critical issues most important to the stakeholders group. Seven areas were identified to improve access and levels of health care in Red Lake. It was determined that the development of the GW Health model would focus on these issues:

1. Attract more physicians to the community
2. Improve process for timely medical clearance for employees returning to work after injury
3. Build a communication forum for local doctors to speak directly to physicians to relocate to Red Lake
4. Consult the hospital with reducing non-recoverable expenses while maintaining community services
5. Implementation of multiple prescription access methodologies
6. Construction of a new facility conducive to patient / physician and medical professional encounters
7. Reduce employee travel and time in seeking primary health care and specialized medical services

## The Red Lake Situation

---

### Situational Analysis

The most prominent health care issue in Red Lake is the lack of physicians in the community. Currently, three community physicians carry the work load to service the demands for the primary care clinic and maintain coverage for the hospital's emergency room.

The Family Health Services and the physician group have been active in their recruitment program to attract doctors to the area. Community recruitment for additional physicians has been limited, although there is speculation a fourth doctor will be joining the group as of November 2010. Barriers contributing to the difficulty in recruiting doctors are the remote location of Red Lake, the anticipated heavy work load, a lack of available housing, a lack of financial incentives and the inadequacies of the existing medical facility.

Among the remote communities across Canada there is fierce competition to attract doctors; this is further compounded by the demands for physicians in larger urban centers. The Ontario Ministry of Health provides Northern communities with a standard offering for salaried physicians under the Rural-Northern Physician Group Agreement. Being all equal, communities are forced to provide additional incentives to attract new doctors to their respective regions.

Other physician services are available which are funded by the Ministry of Health; however the Ministry has agreed with the Ontario Medical Association that in Red Lake, any publicly funded physician group would be required to join and work under the existing physician's group. This prohibits other physician groups to provide services unless the doctor operates his practice under a fee for service model. This tends to be unsustainable in remote communities unless subsidized by the community or other interested parties.

The Family Health Services team is identified as the driver of health care in the community. Its universal approach for the community does not take into account specific programs that are important to employers of the community such as occupational health services. This is a service deemed necessary as the Red Lake economy is driven by mining and the industrial sector which is prone to higher levels of employee injuries.

The Family Health Services team is identified as the driver of health care in the community. Its universal approach for community health services does not offer an occupational health component, as a standard program for the community. The Red Lake economy is driven by the mining and industrial sector, which is prone to higher levels of employee injuries. As such, occupational health services are critical to the community health system and operational requirements of employers within the region.

### Advantages of Red Lake

Red Lake has a very active and progressive community hospital, with patient access to a wide range of services. Telemedicine is also available in the community hospital, making use of three studios for physician and specialist consultations. This technology is commonly utilized across southern Ontario and many First Nations in the Northern regions, where patient access to medical professionals are made available via the Ontario Telehealth Network.

The Family Health Services team has been approved for funding to expand its health care initiatives with specialized nurse, nurse practitioners and specialists in the field of primary health care, diabetes and other chronic illnesses. These initiatives are designed to increase the initial points of care for patients who require regular monitoring, primary care and observation. More acute cases are transferred under the care of a physician. These professionals are also capable of ordering x-rays, lab tests and treating some conditions with prescriptions. For the Family Health Services team to bring these initiatives to the community they will require 3,162 of square feet of space which is not currently available in Red Lake.

The community has a broad range of health care providers and agencies for resident use. In general, the community maintains the vital components for a robust health program. Community services include the following:

- Community Counseling and Addiction Services
- Dr. Steve Dayneka, Dds – Dental
- Massage Therapy Treatments
- Sunset Country Psychiatric Survivors
- Palliative Care Volunteer Program
- Red Lake District Diabetes Program
- Trout Forest Physical Therapy
- Northwood Lodge - Home For The Aged
- Dr. Carney Kilian, Chiropractor
- Northwestern Health Unit
- Optometrist Dr. Paul Chapman
- Patricia Centre For Children and Youth
- Red Lake Ambulance Services
- Red Lake Dental Associates
- Red Lake Margaret Cochenour Memorial Hospital
- Victoria Order Of Nurses

The issue remains that each health care group in Red Lake operates within its own agenda and operational limitations. There have been successes of cross integration among providers, especially with the leadership by executives of the Margaret Cochenour Memorial Hospital. Caution is advised as this level of participation may be limited as Ontario hospitals have been legislated to provide balanced budgets, which may restrict the hospital's ability to offers services beyond its current levels.







## Sustainable Economic Approach to Health Care

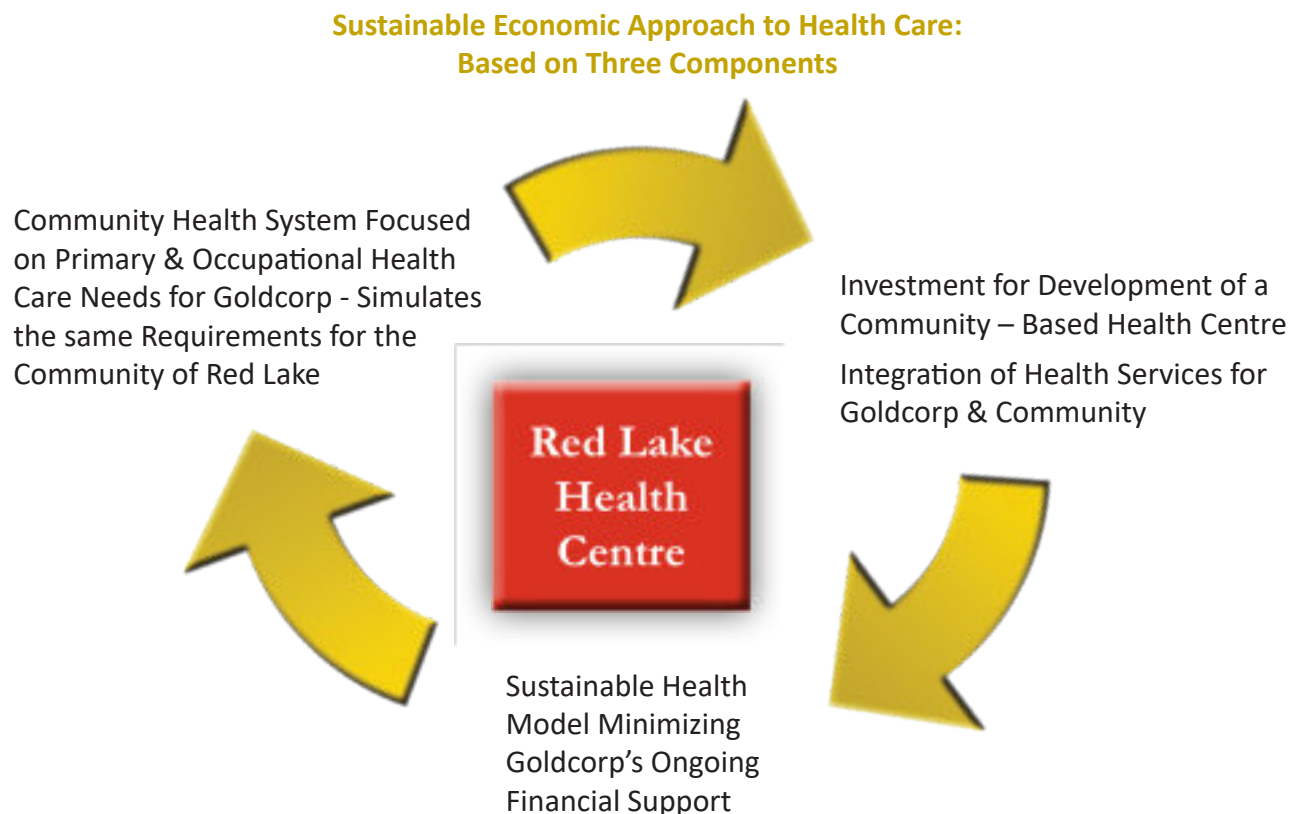
---

The current health care system in Ontario is stressed to its limits. Demand for services is high and financial resources are spread thin. Provincial funding to attract more physicians is a major concern, especially in regions of Northern Ontario.

Government spending continues to grow in urban areas with high density populations. The economics of government health spending provides little consideration for the impact on patients who are forced to travel outside of their communities in order to obtain primary medical care. The only practical and sustainable solution for the community to undertake is to become self-reliant and take the initiative to develop its own health system.

To create a sustainable Community-Based health care model three components are required:

1. Initial Investment
2. Longevity of operation that is generated from secured revenue streams
3. A health care program with a variety of delivery methodologies, medical disciplines and availability of appointments to meet the needs of the community



## Community Stakeholder Contribution

Part of the initial investment to the Community-Based system is to make sure the community and health care providers have a stake and a financial obligation to ensure the success of a Community-Based Health Centre. In the case of Red Lake, financial resources are scarce, especially from stakeholders that are publicly funded. The support of in kind contributions offered by the municipality, hospital and Family Health Services demonstrates a high level of commitment by the community to ensure the financial sustainability of the proposed Community Health Centre.

As an example, the Community Hospital Board recently submitted a letter outlining its commitment to donate or provide use of hospital land for the Centre (see Appendix E). Mayor and council have offered to review the possibility to donate back the property and education tax that may be levied to the facility. Further considerations by the council is to provide snow removal and landscaping services at no cost.

The following is a summary of the in kind contributions offered to offset costs and ongoing services for the Community Health Centre..

Participant	Contribution
Family Health Services	Ensure the locum apartments are utilized first to accommodate visiting physicians Rental revenues are anticipated to generate approximately \$91,000 annually. Ministry of Health pays \$140.00 per day
Community Hospital	The Hospital Board has provided a letter of confirmation to donate or provide land usage of adjacent land to the hospital to construct the Health Centre Provide light maintenance work and house-keeping services for the locum apartments
Mayor and Council of Red Lake	Proposed to donate back the property and education taxes that will be charged to the Health Centre Provide snow removal and landscaping services at no cost for the Health Centre

## Company-Based Health Model

---

As previously mentioned, two models were developed both designed to improve access to health care for company employees / families and implement a methodology to expedite injured employees through a modified occupational health service program indirectly controlled by the company.

The approach of a Company-Based Health Centre enables the company to direct and designate health services specifically for employees and family members. This clinic will require full time physician(s) and administration staff to be housed in a facility to ensure occupational health programs and primary care services are readily available.

Discussions with physician recruiters indicated the physician's model for this application may be based on a fee for service practice. It was noted these physicians will expect a subsidy to their income and limited overheads will be required for them to operate under the fee for service model. Based on discussions with Lison Breton from the Ministry of Health, fee for service models are permissible in Red Lake.

While the Company-Based program is expensive, it will address Goldcorp's immediate problems in providing health care to its employees. The risk concern is the potential backlash of criticism that may occur from the community straining the relationship between the community and Goldcorp. It also raises the issues of creating a two tiered medical system utilizing public funds to service a specific patient segment of the community's population.



The following is a summary of the advantages and disadvantages to implementing the Company-Based model.

Advantages	Disadvantages
Assessments and medical clearance are assured under a company physician	Goldcorp will be required to guarantee minimum compensation and bonus structure should the fee for service model not generate enough income for the physician
Provides a higher degree of occupational health care continuity for employees	Overhead costs would be burdened by Goldcorp.
Dedicated family physician for employee families would be a benefit; during physician absence a locum would be provided	Implementing a fee for service clinic specific for Goldcorp employees may cause conflict between the community and the company
Designated scheduled primary care clinic with minimum daily patient appointments	Site would have to be located dedicated for the centre
Medical clinic administration dedicated to assist with Goldcorp employees	Liability may still be linked to Goldcorp
Fee for service model eliminates escalated fees for visiting physicians to Goldcorp	Ultimately this model places Goldcorp in the health care business
	Clinic may be viewed as a two tier health system utilizing public funds

## Community-Based Health Care Model

The Community-Based approaches the problem to consolidate health care providers to a centralized facility. The facility will enhance patient convenience with the convergence of the main health providers of the community to increase access for primary care with a diverse range of delivery methodologies. The Community-Based model is designed to have multi-disciplined health providers and services co-exist and become interdependent on each other to maintain health care continuity and increase service levels.

The following is a summary of the advantages and disadvantages to implementing the Community-Based model.

Advantages	Disadvantages
<p>Removes liability for health care services from Goldcorp as a Not For Profit, corporation will own the Health Centre</p> <p>Occupational health program becomes part of the health system in Red Lake</p> <p>Company employees and families have access to a designated point of contact to assist with health care needs</p> <p>Local health care providers and stakeholders more supportive of Community-Based approach</p> <p>Sustainable health model deters ongoing dependence on Goldcorp to subsidize community health care</p> <p>The company utilizes provincially funded services to secure internal requirements for employees and families</p> <p>Demonstrates to the community Goldcorp's corporate citizenship and concern for the community's welfare</p> <p>Construction of the health center will provide a modern medical facility to expand services offered by the Family Health Team</p> <p>Health care providers have indicated a new center may help in the recruitment of physicians to the community</p>	<p>Company may be required to provide a financial contribution to the construction of the health center</p> <p>Goldcorp may be required to be the guarantor of the construction loan</p> <p>Goldcorp may be required to nominate representatives to the Not for Profit corporation Board of Directors</p>

As a precursor to the development of the Community-Based model, a Health Centre is proposed to be constructed. The facility will centralize the exiting health care providers in the community and provide additional space to introduce new programs. These groups will lease space to operate and integrate as a single-point health care unit. Tenant leases and other sources of revenues generated will provide the ongoing funding to cover long term debt and operating expenses.

Tenant selection was based on the most commonly utilized services by patients in the community. Interviews were held with each potential tenant on space requirements and their ability to pay for leased space. All potential tenants pay leases and operating expenses in the facilities they currently occupy. The following is the selection of tenants who have indicated interest and are willing to explore the re-location once the decision is made to proceed with the project.

Tenant	Benefit to the Community
Physician Clinic	Primary care Occupational Health Clinic
Pharmacy	Prescriptions Med reviews Med adjustments Point of Care lab testing procedures Diagnostics
Locum Residences	Physicians on site
Health Centre Manager and Point of contact for Goldcorp employees and families	Point of Contact for Goldcorp employees and families for Primary, Occupational health clinic
Family Health Services	Variety of community health programs Nurse practitioners





## Health Centre Management Structure

As suggested by Goldcorp management, the construction and management of the Health Centre should be overseen by a Not-for-Profit corporation who will own the facility asset. The intent is to remove Goldcorp from any direct involvement of the Centre and prevent any potential liability issues. The corporation will have a Board of Directors made up of three directors from Goldcorp and two from the community. These may include a director from the hospital and a director from the municipality. The day to day operation of the Health Centre will be overseen by a hired manager who will report to the Board of Directors and whose primary responsibilities will include:

- Facility and financial management of the Health Centre
- Tenant relations
- Point of Contact for Goldcorp employees and families
- Reporting outstanding patient issues due to service failure
- Meeting Goldcorp management to discuss employee / family satisfaction levels
- Ensuring all occupational issues are managed and addressed for the company

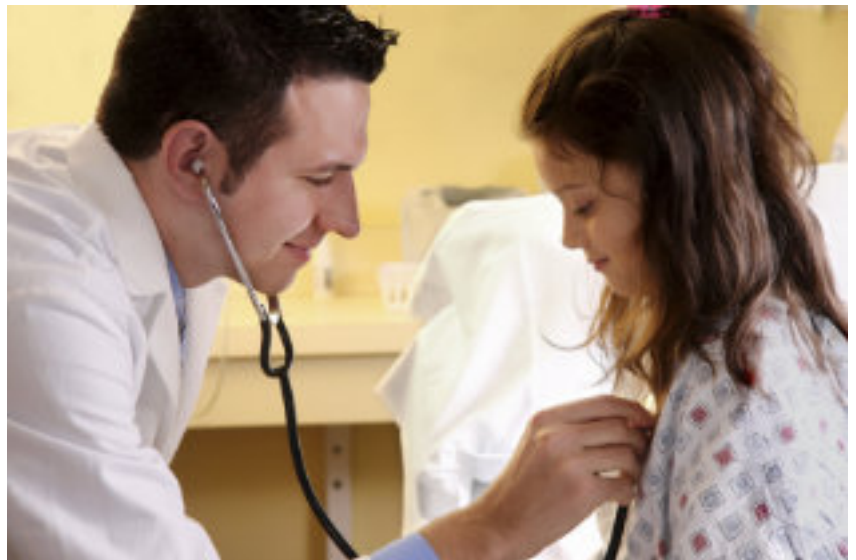
As an added value to the mine site, the Community-Based Health Centre will incorporate a Point of Contact (POC) office dedicated to assist employees and families to secure the medical care required. Furthermore, the POC will host an occupational health clinic on a weekly basis to manage employees with work related injuries, physicals or other required medical services for the Goldcorp.

## Health Centre Advantages to Patients

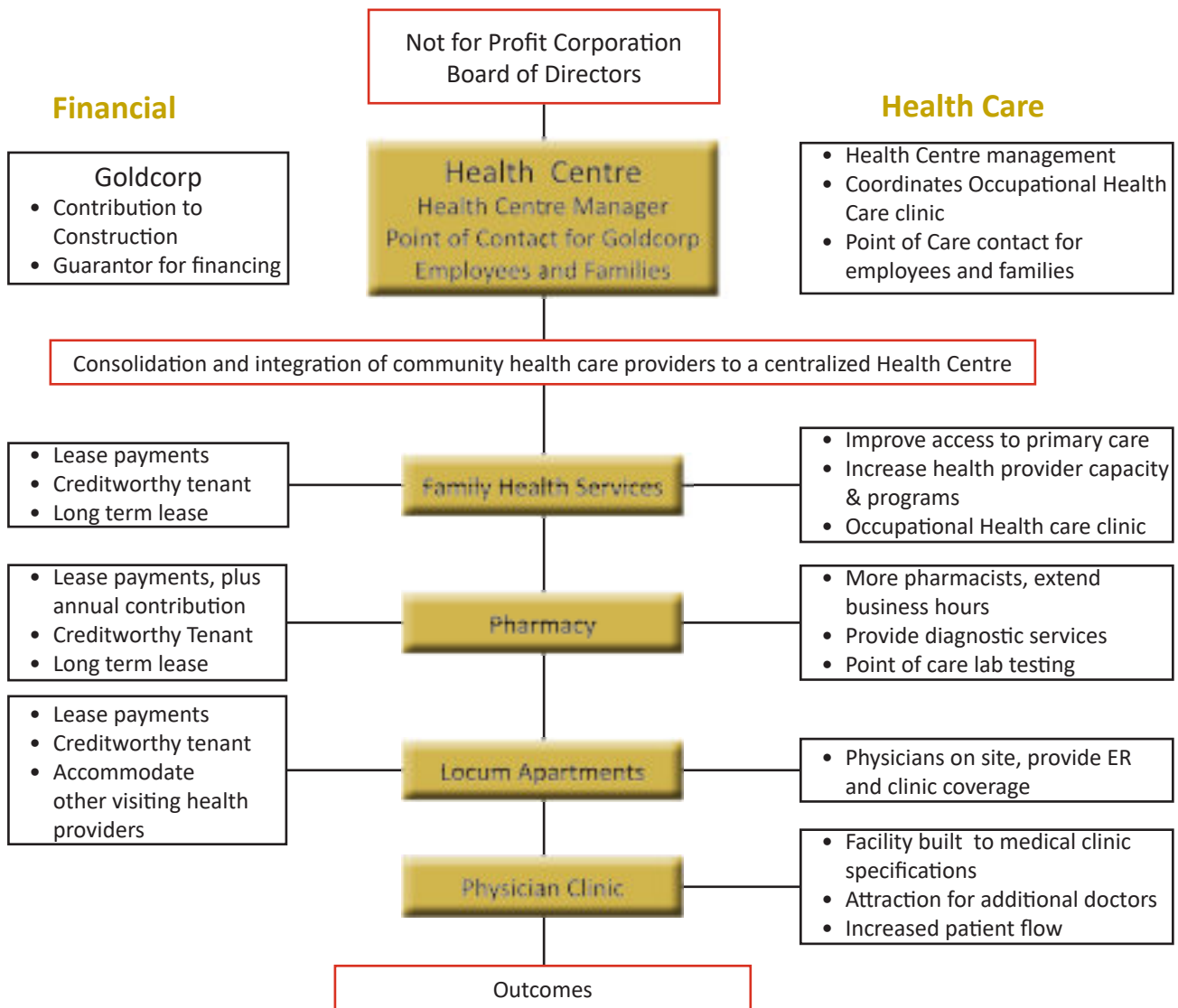
- Co-locating the primary health care providers in the community will enhance convenience for patients
- Co-existence of the providers increases ability to provide delivery of continuous health care utilizing multiple delivery methods
- Improvements for patient to secure diagnosis, treatment and consultation within one location

## Advantages to Health Care Providers

- Increased ability to jointly process patients in a timely manner
- Triage patients to required levels of health care
- Improvements to cost effectiveness and process efficiencies
- Accessibility to more diagnostic applications and health processes for patients
- Modern facility designed for health care and a drawing factor to attract more physicians
- Family Health Services eligibility for provincial funding to expand programs



Below is an organization outline illustrating the management structure and functions of clinic tenants. Each tenant is identified with the roles and expectations to ensure the Health Centre provides the necessary services and financial obligations to maintain operation.



**Sustainable, self-funding financial model**

**Support for physicians utilizing added capacity for low acuity patients, increases estimated availability of 11, 440 appointments**

## Sustainable Financial Model

Developing a sustainable financial model requires assurances that volatility of expenses is minimized. The only controllable component of the expenses was the financing component. Frank Suraci and Mr. Frank Crema, VP, Treasurer, Goldcorp sourced financial institutions to provide proposals for the construction loan. Respondents included Scotiabank and Mortgage Alliance. Both companies provided letters of engagement outlining their respective financing proposals, these were submitted to Mr. Crema for review.

Mortgage Alliance offered a proposal for a 20 year term, 20 year amortization at a current 20 year fixed rate of 4.90% (see Appendix F)

Scotiabank offered a proposal for a 5 year term, 20 year amortization at 4.46% (see Appendix G)

Mr. Crema interviewed Mr. Mike Shamber VP, Mortgage Alliance on the details and terms of the proposal. Based on Mr. Crema's advice and recommendation the Mortgage Alliance proposal was to be used for the business case financials as the financing rate would remain constant for the life of the long term debt..

Mr. Fred Watkin CA of Watkin and Associates Chartered Accountants will develop the business case financial statements for the project. Mr. Watkin will submit the business case statements directly to the following Goldcorp representatives:

- Ms. Amber Wood
- Mr. Frank Crema
- Mr. Michael McClelland
- Mr. Mike Lalonde
- Mr. John Whitton

Revenues from leases and other sources provide the required funds to sustain operations, create cost efficiencies and extend the longevity of health care services to the community.

The financial model will enable the community to be self-reliant and less dependent on the private sector to subsidize local health care. The financial structure will also prepare the community's self reliance for any potential government cut backs that may reduce future health care budgets for services in Red Lake.

Identified tenants have indicated their interest to occupy space within the Health Centre. Each party is prepared to pay a lease based on square footage, and operational expenses. Critical to the progression of the project is to secure lease contracts. This should be undertaken by the Board of Directors. Space allocation reviews have been conducted with the potential tenants, and in some cases where practical and the economics prove feasible, spaces have been reduced or expanded.

The following table outlines tenant spatial requirements and descriptions of existing and anticipated expanded services based on the co-location in the new facility.

Tenant	Area (sf)	Lease Payments	Existing Services	Expanded Services
Physicians Clinic	2,600	\$20,000	Primary care Medical Consultation	Modern facility as a draw for more doctors with no rent Closer proximity to pharmacist and others to provide patient care Internal access to the hospital
Family Health Services	3,162	\$30.00 per square foot	Administration Nurse Practitioner	Specialty treatment rooms Secure occupational clinic for Goldcorp Space for specialist Expanded use for telehealth Additional mental illness capacity Diabetes specialist(s) Additional space for physicians Public rest rooms Board rooms
Pharmacy	2,400	\$35.00 per square foot	Basic dispensing pharmacy	Spectral retinography for screening and trending for diabetic patients and patients with eye diseases Access to ophthalmologists for interpretation of images within 2-3 hours Med reviews for patients Will donate a minimum of \$30,000 per annum based on annual sales volumes Possible lab testing based on the approval of physicians for quicker results and more timely diagnosis and treatment Closer interaction with Goldcorp for employee education on medication use Assist with benefits for prescriptions with potential to reduce insurance costs and provide better service to employees Deliver methodology of prescriptions to mine site for shift workers Medication adjustments

Tenant	Area (sf)	Lease Payments	Existing Services	Expanded Services
Locums (2) apartments	1,300	\$140.00 per day	Locums require appropriate accommodations in the town	Close to the hospital and Health Centre Confirmed Health Centre apartments would be the first to be rented Consistent source of revenue for the Health Centre
POC / Health Centre Manager office	200	0	Point of contact for Goldcorp employees	Manage the Health Centre Integrate services Tenant relations POC for Goldcorp employee and families
Total Area	9,662			
Grossed up area	14,200			

The proposed complex will be approximately 14,200 square feet located adjacent to the hospital with access directly to the hospital. Final space allocations are covered in the functional plan. Construction budgets are included in this report.

## Health Centre Construction Cost

In determining a construction budget for the Health Centre, GW Health Group commissioned the services of Hanscomb Limited a recognized cost planning firm of health care related construction projects.. Hanscomb estimates (see Appendices H,J,K) were based on preliminary drawings provided by GW Health Group outlining the spatial requirements of the potential tenants. Hanscomb’s cost estimates were based on regional market conditions in and around Red Lake.

Included in the construction budget for the Centre are the soft cost which include:

- Legal cost
- Brokerage fees for financing
- Incurred interest during the construction phase
- Consulting fees and estimated additional costs that may be incurred as the project is developed

Construction and soft costs will be refined once direction is provided by Goldcorp to progress with the project. Once final building specifications are determined a turnkey lump sum contract will be issued.

The cost of the facility is based on the construction of the building only. All furniture (including specialized), computers, phone systems are not included in the costs and should remain the responsibility of the tenant to supply.

The following chart itemizes the budget estimate for the construction of the Health Centre:

Space Requirements	Area in Square Feet	Budgetary Cost Estimate
Pharmacy	2,400	
Physicians	2,600	
Office for Clinic manager	200	
Family Health services	3,162	
Locum Apartments	1,300	
Sub Total	9,662	
Addition for Common area	4,541	
Total space requirements based on clinic specifications	14,203	
Budgetary Construction Cost Estimate		\$6,229,720
Budgetary cost allowance to relocate oxygen tank at hospital site		\$100,000
<b>Soft Costs</b>		
Current GW Health Group contract		\$400,000
Allowance for additional consulting work		\$50,000
Furnishing for Residential Apartments		\$15,000
Estimated brokerage fees .5% for financing		\$15,000
Estimated Legal Costs for Not for Profit Corporation		\$5,000
Estimated Interest accrued during construction to be capitalized		\$100,000
Sub Total		\$585,000
Building permits and site development fees		
Estimated Geo Technical testing and report		
Estimated Phase 1 environmental report		
Allowance: Escalation fee 1%		
Architect and Engineering Cost		
Sub Total		\$500,000
<b>Estimated Total Budget Cost</b>		<b>\$7,414,720</b>

## Goldcorp Health Centre Utilization Level

To assist management with the decision process to progress with the development of the Community-Based health model, an analysis was conducted to identify the benefit to the company. The benefit analysis is based in determining the estimated utilization rate by mine employees and families of the proposed Health Centre. The utilization rate may also be applied to determine Goldcorp's level of contribution in terms of investment value to justify its decision to proceed with the project.

### Utilization Factor Rate

The utilization factor rate is determined on the projected usage by employees and family members for primary care and occupational health services. The analysis was based on information received from mine personnel and a baseline factor of the required medical appointments needed to meet the needs the of the community.

Patient User	Appointments Required
Estimated 3,200 patients, mine employees and family members, average 4 annual physician visits (under the age of 65) <i>3,200 patients x average 4 annual physician appointments</i>	12,800
<b>Occupational Health Service requirements *</b>	
Estimated annual injured employees with less than 6 weeks off 36 employees estimated requiring 5 annual physician visits <i>36 employees x 5 physician visits</i>	180
Estimated annual injured employees with more than 6 weeks off 9 employees estimated requiring 8 annual physician visits <i>9 employees x 8 physician visits</i>	72
Allowance for minor injuries	200
Annual employee physicals	100
<b>Future Allowances</b>	
Allowance for future 30 employee hires and families <i>30 x 3.5 family members x 4 physician visits per year</i>	420
<b>Estimated total primary care and occupational health service visits</b>	13,772
Patient appointments required to service Red Lake community of 5,000	20,000
<b>Mine operations utilization rate for community health services</b>	68.86%

\* Figures provided by Occupational Nurse, HR and Safety Manager

Based on the analysis, it is estimated mine employees / families will potentially utilize approximately 69% of the available appointments required to meet the needs of the community. This includes medical appointments for primary care and occupational health purposes.

The utilization rate may also be used to determine the value of the company's financial contribution to the construction of the Health Centre budgeted at \$7,414,720.

The value to the company should also include the savings from incurred cost by the following:

- Occupational health services requiring patients to be sent to other centers or importing of physicians for services to be provided specifically for injured company employees
- Cost due to employee absenteeism attributed to the inability to secure access to local health care
- Delay costs for employees returning to work unable to secure medical clearance or medical follow up appointments
- Cost due to decreased productivity levels associated with employee concerns and effort to secure medical appointments for family members
- Inability to recruit and retain employees to the community due to accessibility issues for health care

Other factors such as the market price of gold and forecasted production levels should be considered as part of the decision making process to determine the value to the company of its investment to ensure capacity levels are maintained to achieve corporate objectives.

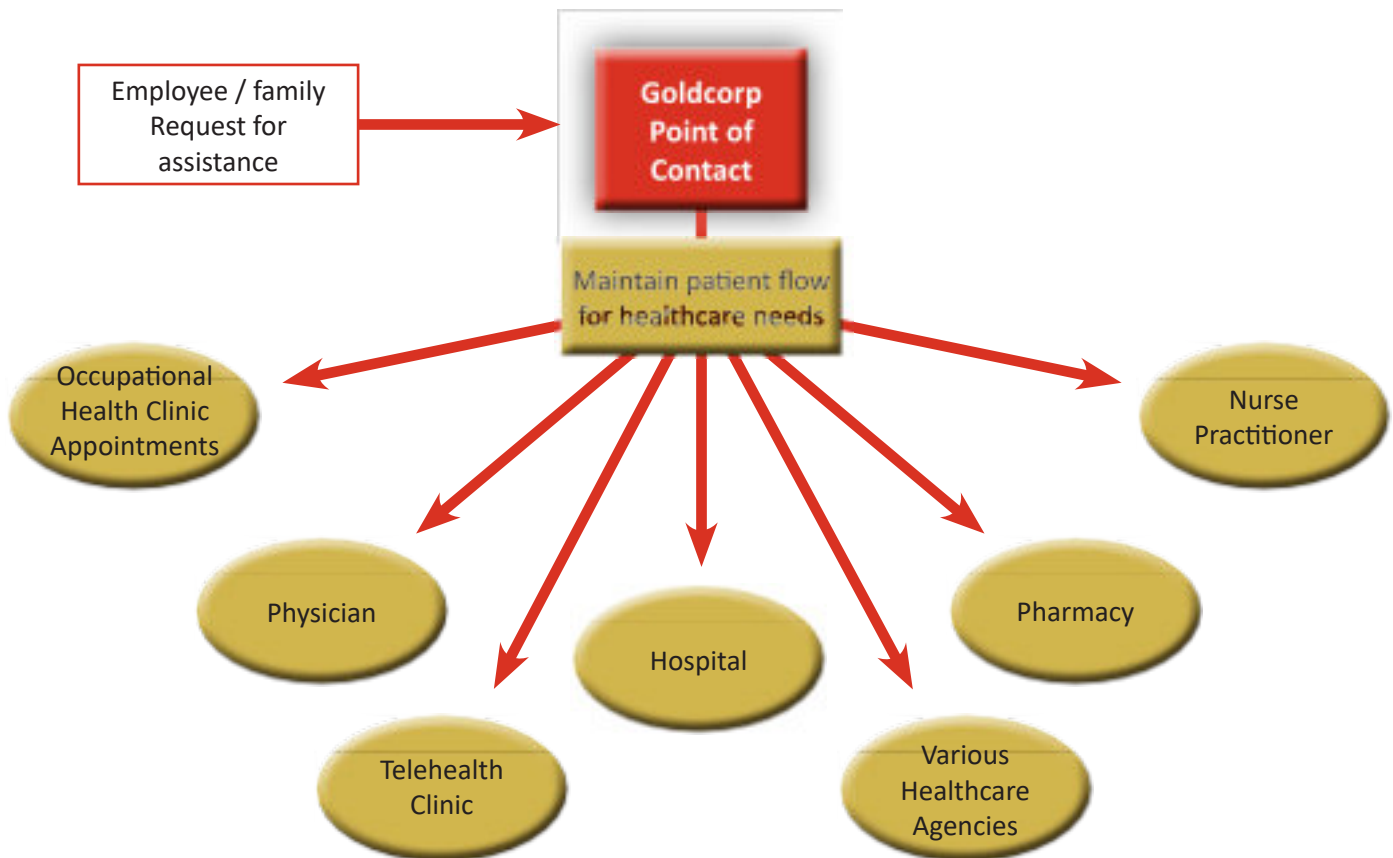




## Goldcorp Point of Contact Service

The Health Centre Manager will also assume the role as the Point of Contact (POC) for Goldcorp employees and families. The primary function is to facilitate and streamline health care services in order to process patients through the system in the most efficient and timely manner. The manager's duties include:

- Assuming the role to liaison with the company's occupational health group, scheduling physicals, assessments and necessary documentation to confirm medical clearance needed for employees returning to work
- Expedite employees and their families through their health care needs in the most timely and efficient manner



## Goldcorp Community-Based Healthcare Model

The Community-Based health care model is intended to integrate these separate operating units as a community health system.

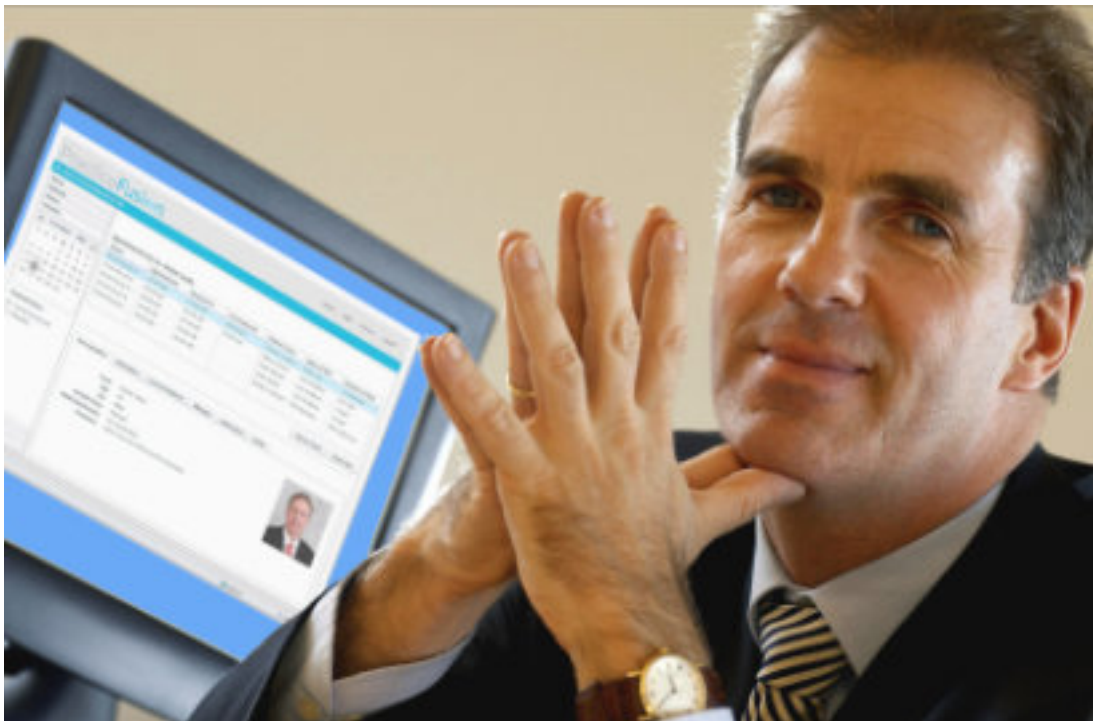
A vital component to the model is to implement the occupational health clinic where injured employees are processed in a timely period. The POC will coordinate the scheduled clinic between the physicians and the company.

### Primary Responsibilities

- Address medical requirements for Goldcorp employees and families
- Secure primary care appointments for physicians, telemedicine, or other appropriate primary methodologies
- Schedule specialist referrals
- Directs patients to appropriate health care providers

### Occupational Health Care Clinic

- Scheduling of clinic time for employee physicals, medical assessments and documentation for medical clearance for injured workers
- Ensure all insurance and medical documentation is completed and distributed to the appropriate parties
- Monitor patient progression through the health system to avoid delays



## Occupational Health Care Needs Assessment

Discussions were held with the company's Occupational Health Nurse, Safety Manager and Human Resources representatives to identify problematic situations regarding the company's ability to manage injured or sick employees. From these discussions it was determined that the internal processes meet the company's requirements and those of the Occupational Health & Safety and WSIB criteria.

A review of the estimated loss time due to injuries was also reviewed. It was determined the company experiences approximately forty-five (45) injury cases annually where loss time is required. An estimated eighty percent (80%) of the injury cases required less than six (6) weeks of loss time. The balance of the injuries represents time off ranging from six (6) weeks to a year. The chart below illustrates the estimated injury claims that are less and greater than six weeks.

### Estimated Break Down of Employee Time Off Due to Injury Related Claims \*

Average Employee Base		900
Average annual injury claims		45
Average claim requiring less than six weeks loss time	80%	36
Average claims requiring more than six weeks loss time	20%	9

*\*Estimates provided by Goldcorp HR, Occupational Health Nurse and Safety Manager*

The analysis of the company's occupational program was reviewed from a business and operational perspective. The deployment of fully staffed shift crews is critical to the mine's operation and to achieve production targets. Each crew is made up of workers who have specialized skill sets to operate equipment or perform functions required for underground mining. The uncertainty of injured workers returning to work creates significant scheduling problems for shift supervisors. Beyond being short staffed unbudgeted costs for employee replacements are incurred.

Input from shift supervisors and mine management identified the following information as being critical when scheduling shift crew rosters with injured employees off work:

- The general condition and status of the injured employee
- Capability to undertake work duties
- Projected return date of the employee
- Indication if the employee can be scheduled for regular work shifts

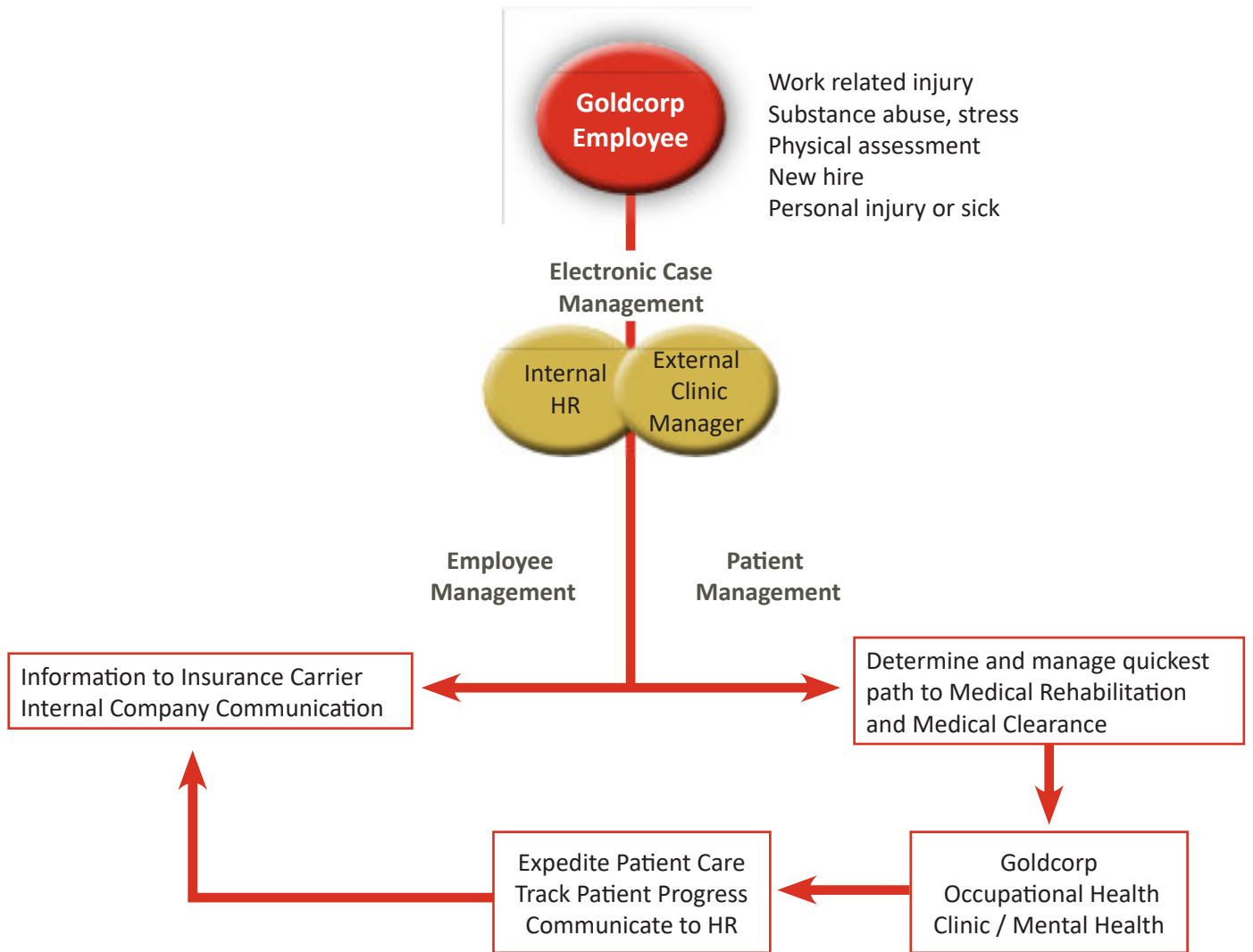
While internal processes are intact, the occupational health process appears to falter when the company is dependent on information required from external third parties. These include:

- Scheduled diagnostic appointments
- Scheduled medical assessments and follow up appointments by physicians
- Timely completion of medical clearance forms and distribution to appropriate parties i.e. WSIB, Great West Life, Goldcorp, and Employee

Based on the current situation, four functions have been identified as recommendations to resolve the information gap in tracking and monitoring injured employees.

1. The first is to secure an occupational health clinic in the proposed Red Lake Health Centre where the Point of Contact (POC) / Health Centre Manager assume the responsibility to coordinate and manage the injured employee between the health care providers and the company.
2. Implementation of an electronic case management program where documented information and status of employees are gathered from various sources within a centralized, digital repository
  - The case management system is intended to track and monitor the follow up required to manage the employee through the health care process. Further, the system should provide the communication capability to inform internal stakeholders of the status and ongoing events leading to the employee's anticipated return to work.
  - Primary contributors of the information will be the POC on behalf of the health care providers and Goldcorp HR, Occupational Health Nurse, Safety Manager and Operational departments
  - Distribution of information to mine management will be the responsibility of HR
3. With each employee case, a critical path file is recommended to be developed by the POC. This will enable the company, insurers and POC to identify the events and steps to process the employee through the health care system. Time delays affecting employee progress can be readily identified with alternative plans to continue the processing of the employee
4. Enable HR to communicate with the POC on a regular basis to determine:
  - Projected Employee return to work dates
  - Physician appointments are scheduled
  - Required forms are available and completed by physicians and distributed to appropriate parties without delay
  - Scheduled follow up and updates with the employee occur

The following is a flow chart which illustrates how the occupational health clinic secures the injured employee process through the system, to minimize delays of their scheduled return to work. The process will provide a better sense to the employees department of their absence time and return to work date.



## Community-Based Model Outcomes

As indicated by Family Health Services, the ability to expand their mandate in Red Lake within a centralized Health Centre will improve access to health care for an estimated forty patients a day. Physician support provided by the staff will reduce the demands on physicians and enhance access for medical care in the primary care clinic.

The dedicated POC will coordinate the occupational health clinic. Their responsibilities will include the scheduling and assembly of medical documentation, in order to expedite the return of the injured workers.

Integrating the health services will enhance the number of patients able to access primary care and other related services, within a single point of care. To determine the outcome of improvements, an analysis was conducted based on the required medical appointments needed to meet community requirements and the anticipated increase of appointments generated with the Community Based model. The following chart outlines the anticipated improvements to the local health care system.

Estimated required medical appointments for the Red Lake population of 5,000, based on the average Ontario patient (under age 65) scheduling 4 medical visits annually. *	20,000
<b>Add:</b> Goldcorp required employee physicals	100
Underdetermined follow up, assessments and medical clearance for injured employees *	Not included
<b>Total medical appointments required for community</b>	<b>20,100</b>
Available appointments based on 286 days primary care operation 286 days x 30 patients per day per doctor **	8,580
Appointments made available by Family Health Services utilizing expanded services with nurse practitioners, specialized nurses and health professionals; able to process 40 patients per day Available 286 day operation for primary care clinic 286 days x 40 patients per day	11,440
<b>Estimated medical appointments available</b>	<b>20,020</b>

\* Figures provided by Occupational Nurse, HR and Safety Manager

\*\* Information provided by Red Lake Family Health Services

The implementation of the Community-Based Health model increases the primary care appointment availability to an estimated annual 20,020 or 99.6% of the required 20,100 appointments needed to service Red Lake. This increase represents a 57.6% improvement of appointment availability over the existing health system.

To the benefit of Goldcorp, its employees and family members, the development of the Health Centre will improve the ability to secure timely access for medical care locally.



FUNCTIONAL PROGRAM







## Facilities Planning

---

The functional planning for an ambulatory care centre requires consideration of several factors:

- Organizational model
- Locations and key adjacencies
- Room requirements
- Design considerations

The Red Lake Family Health Services Team and the Capital Branch of the Ontario Ministry of Health completed a needs assessment for the expansion of services which determined both room requirements and spatial requirements as mandated by Ministry of Health guidelines.

Given a point-of-contact / health centre manager to oversee a patient's needs and liaison with the various health care methodologies that will be available in the clinic, a centralized organization model is the preferred option. A centralized model consists of a single, central waiting and reception area, and other program areas being grouped according to their function and/or convenience. The model allows for facility usage by schedule, which allows for multiuse spaces, including generic examination and treatments rooms that can be utilized by various groups depending on demand.

In order for services provided for patients to be convenient and efficient, consideration must be given to the locations and adjacencies of key rooms and amenities such as public washrooms. For the Red Lake Community Health Centre, rooms will be grouped by their function and their demand for visiting patients. Examination rooms, treatment rooms, as well as amenities such as health records for administration and reception, and public washroom will all be easily accessed from the reception / waiting area. Physician's offices and other specialist's areas that are under less public demand will be grouped together, and apart from the reception / waiting area. Consideration is also given to the patients that are infirm or physically disabled, grouping the usually visited rooms closer to entrances and washrooms.

Design considerations in the planning of the new facility include traffic of staff and patients, the location of the pharmacy to be easily reached from the main waiting area and yet separated from the clinical usage areas, and the adjacencies of the main entrance to the parking area. Spaces must be designed to support the most current medical standards and methodologies.

Finally, the overall planning of the facility will be flexible in order to accommodate multiuser areas, for a variety of services that may change over time. This translates into more generic rooms, less specialized spaces, and the use of portable and/or adaptable equipment.

The following pages detail required room sizes and furnishings and equipment needed.

Room areas in this report are given in net square feet (SF), measured to the interior finished surface of all walls and partitions. This does not take into account duct shafts, columns and circulation spaces such as corridors. To adjust for these, the net square feet are multiplied by a planning factor (1.4 as recommended by the Ministry of Health) to arrive at a gross square foot figure for preliminary planning purposes.



## Required Program Areas

Care Provider	Recommended # of Rooms	Type of Room	Recommended Sq. Ft. *
<b>Health Professionals</b>			
Physician	7.00	Offices for providers - private	770.00
Physician	14.00	General purpose exam room	1,260.00
Physician	1.00	Treatment room	125.00
1.0 FTE Nurse Practitioner	1.00	Offices for providers - private	110.00
1.0 FTE Registered Nurse	1.00	Nurse station	110.00
1.0 FTE Registered Dietitian	1.00	Dietitian's room	125.00
1.0 FTE Social / Mental Health Worker	1.00	Social worker's room	110.00
Visiting Specialist	1.00	Offices for providers - private	110.00
Multi-purpose counseling room	1.00	Counseling room	125.00
<b>Administration</b>			
Executive Director	1.00	Director's office	125.00
Reception and Administration	1.00	Reception / Admin area	700.00
<b>Common Area for Staff</b>			
Med room/clean utility	1.00	Medical room/clean utility	100.00
Janitors closet	1.00	Janitor's closet	50.00
Meeting room	1.00	Meeting room - Large	400.00
Medical records	1.00	Medical records room	200.00
Staff room	1.00	Staff lunch room	184.00
Archives	1.00	Medical records room	125.00
Mechanical room	1.00	Computer server room	80.00
Clinical washroom	1.00	Clinical washroom	45.00
Staff washroom	1.00	Staff washrooms	45.00
<b>Common Area for Patients</b>			
Children's area	1.00	Children's area	60.00
Waiting area	1.00	Waiting room	418.00
Waiting area			207.00
Public washroom (male)	1.00	Public washrooms male	100.00
Public washroom (female)	1.00	Public washrooms female	125.00

Total Target Area for Physician's Spaces: 2,600 sq.ft.

Total Target Area for Family Health Team: 3,162 sq.ft.

\* Recommended Square Footage Areas have been provided by Ryan Gibson of the Red Lake Family Health Team as per Ministry of Health Guidelines.

The following are the total areas required for the proposed facility:

## Health Professionals

### *Physician Offices*

#### **7 physician offices are needed.**

These rooms are for use by physicians for consulting and counseling and general examinations and treatments of patients.

#### **Size of Each Room**

110 sq.ft.

#### **Quality of Space**

Acoustical and visual privacy are necessary. Natural light and views to the exterior are desirable.

#### **Required Equipment and Furniture**

Desk with shelf over

Shelving Unit

3 Chairs

### *General purpose exam room*

#### **14 general purpose examination rooms are needed.**

The examination room can be accessed without disturbing physician and/or can be used by other practitioners when not required by physicians.

#### **Size of Each Room**

80 sq.ft.

#### **Quality of Space**

Acoustical and visual privacy are necessary.

#### **Required Equipment and Furniture**

Examination table

Privacy screen/curtain

Cabinet with sink and a cupboard over

2 Waste containers (one for sharps etc.)

Disposable glove dispenser

Paper towel dispenser

Examining lamp

Ophthalmoscopic and Otosopic – wall mount

Stool

Equipment table

Scale

Paper cup dispenser

Blood pressure gauge

Soap dispenser

Electronic wall clock

## Treatment room

### **1 treatment room is needed.**

This is for use by physicians or nurse practitioners for general examinations and treatments of patients and families, including in-office procedures such as wound care or suturing, when a larger space is required or for use when more than one care provider is required in the room at the same time. It would be used by staff and visiting care professionals on a shared basis.

### **Size of Room**

125 sq.ft.

### **Quality of Space**

Acoustical and visual privacy are necessary. Natural light is desirable.

### **Required Equipment and Furniture**

Examination table

Privacy screen/curtain

Cabinet with sink and a cabinet over

Disposable glove dispenser

Paper cup dispenser

Blood pressure gauge -- wall mount

Ophthalmoscope and Otosopic – wall mount

Stool

Equipment table

Scale

3 Waste containers (one for regular garbage, one for medical waste and on the counter near the sink one for sharps)

## *1.0 FTE Nurse Practitioner's Office / Visiting Practitioner's Office*

### **2 nurse practitioner offices are needed.**

This room would be a private office, used by nurse practitioners for administrative work and for consulting and counseling with clients and their families. Office to be used also by visiting health care staff.

### **Size of Room**

110 sq.ft.

### **Quality of Space**

Acoustical and visual privacy are necessary. Natural light and views to the exterior are required.

### **Required Equipment and Furniture**

Desk with shelf over

Shelving Unit

3 Chairs



*Nurse station*

**1 nurse station is needed.**

**Size of Room**

110 sq.ft.

**Required Equipment and Furniture**

Countertop work area with sink

Under counter storage drawers

Shelving Unit

*Registered Dietitian's room*

**1 Dietitian's room is needed.**

**Size of Room**

125 sq.ft.

**Quality of Space**

Acoustical and visual privacy are necessary. Natural light and views to the exterior are desirable.

**Required Equipment and Furniture**

2 Chairs

Typical workstation/desk

*Social Worker / Mental Health room*

**1 Social Worker / Mental Health room is needed.**

**Size of Room**

110 sq.ft.

**Quality of Space**

Acoustical and visual privacy. Natural light and view to exterior.

**Required Equipment and Furniture**

2 Chairs

Typical workstation/desk

*Multi-Purpose Counseling Room*

**1 Multi-Purpose Counseling Room is needed.**

**Size of Room**

125 sq.ft.

**Quality of Space**

Acoustical and visual privacy. Natural light and view to exterior.

**Required Equipment and Furniture**

6 Chairs

Meeting Table

Typical workstation/desk



## Administration

### *Executive Director's Office*

1 Executive Director's office is required. This room would be used by the Director for administrative work and for meeting with staff and visitors.

#### **Size of Room**

125 sq.ft.

#### **Quality of Space**

Acoustical and visual privacy are necessary. Natural light and views to the exterior are required.

#### **Required Equipment and Furniture**

Desk with shelf over

Shelving Unit

Small meeting table and 4 additional chairs

### *Reception / Admin Area*

1 main reception area is required.

Here the reception staff handle the flow of visitors, give out information, do clerical work (switchboard, telephoning, scheduling) and act as a security check.

#### **Size of Area**

700 sq.ft.

#### **Quality of Space**

Durable and easy-to-maintain surfaces are required. The counter must have a wheelchair accessible area. Good lighting is required. Good sightlines to the main entry are important. Natural light is required and exterior views are desirable.

#### **Required Equipment and Furniture**

Two workstations with a countertop work area and a raised counter area for visitors to stand to fill out forms etc.

Sufficient room on counter work surface for reference books, appointment book, telephone and intercom equipment and computer.

Under counter storage drawers.

Desk chairs

Waste baskets

#### **Location Within Centre**

Near the main entry.



## Common Area for Staff

### *Medical room/clean utility*

1 Medical room/clean utility room is needed.

#### **Size of Room**

100 sq.ft.

### *Janitor's closet*

1 Janitor's closet is needed. This room would be used by the maintenance staff to store cleaning and housekeeping supplies and equipment.

#### **Size of Room**

50 sq.ft.

#### **Quality of Space**

Easy to clean and durable

Required Equipment and Furniture

Mop sink

Shelving

### *Meeting Room - Large*

1 Large Meeting room is needed. This is a room for staff and board meetings as well as training sessions. This room can also be used as a classroom. The location should facilitate use by community groups.

#### **Size of Room**

400 sq.ft.

#### **Quality of Space**

Natural light and exterior views are desirable. Comfortable.

Required Equipment and Furniture

Table and chairs for seating 30

Side Table

White board

Bulletin board

### *Medical Records Room - Large*

1 large medical records room is needed.

#### **Size of Room**

200 sq.ft.

#### **Quality of Space**

Lockable room

Required Equipment and Furniture

File cabinets and shelving

### *Archive Room*

1 archive room is needed.

#### **Size of Room**

125 sq.ft.

#### **Quality of Space**

Lockable room

Required Equipment and Furniture

File cabinets and shelving

### *Staff lunch room*

1 staff lunch room is needed. This is a room for all staff to have lunch, meet informally, and have a break away from program areas.

#### **Size of Room**

184 sq.ft.

#### **Quality of Space**

Natural light and exterior views are required. Access to exterior is desirable.

#### **Required Equipment and Furniture**

Kitchenette (counter with sink, small refrigerator, microwave)

Table and chairs

Notice board

#### **Location Within Centre**

Ideally situated centrally, but somewhat removed from the main client areas.

### *Computer server room*

1 computer server room is needed.

#### **Size of Room**

80 sq.ft.

#### **Quality of Space**

Central location is highly desirable.

Proper ventilation and cooling required for sensitive computer server equipment.

Natural light and views to exterior are not necessary.

### *Clinical washroom*

1 clinical washroom is needed for patients providing samples.

#### **Size of Room**

45 sq.ft.

#### **Quality of Space**

Location adjacent to exam rooms is necessary for privacy.

#### **Required Equipment and Furniture**

1 sink

1 toilet

### *Staff washrooms*

1 staff washroom is needed.

#### **Size of Room**

45 sq.ft.

#### **Quality of Space**

Barrier-free access is required.

#### **Required Equipment and Furniture**

1 toilet

Handicapped grab bar

1 sink

## Common Area for Patients

### *Children's area*

1 children's play area is needed. This area will be supervised by volunteers. This area is available to clients of the centre, those visiting practitioners or participating in cultural/community events.

#### **Size of Area**

60 sq.ft.

#### **Quality of Space**

Natural light and exterior views are desirable. The space should be welcoming. Surfaces should be durable and very easily maintained. Sound dampening is essential.

#### **Required Equipment and Furniture**

Assorted-play equipment which can be easily cleaned and maintained  
Four child-size tables and 16 child-size chairs

### *Waiting room*

1 waiting room is needed. Patients are referred to this area from the main reception area.

#### **Size of Room**

418 sq.ft.

#### **Quality of Space**

Acoustical and visual privacy. Natural light and view to exterior are desirable.

Circular Space

Comfortable furniture



### *Public washrooms male*

1 male washroom is required for use by patients and clients.

#### **Size of Room**

100 sq.ft.

#### **Quality of Space**

Acoustical and visual privacy

#### **Required Equipment and Furniture**

Baby change table

2 Urinals

1 Barrier-free toilet stall

2 Sinks

#### **Location Within Centre**

Near waiting area

### *Public washrooms female*

1 female washroom is required for use by patients and clients.

#### **Size of Room**

125 sq.ft.

#### **Quality of Space**

Acoustical and visual privacy

#### **Required Equipment and Furniture**

Baby change table

2 Standard toilet stalls

1 Barrier-free toilet stall

2 Sinks

#### **Location Within Centre**

Near waiting area

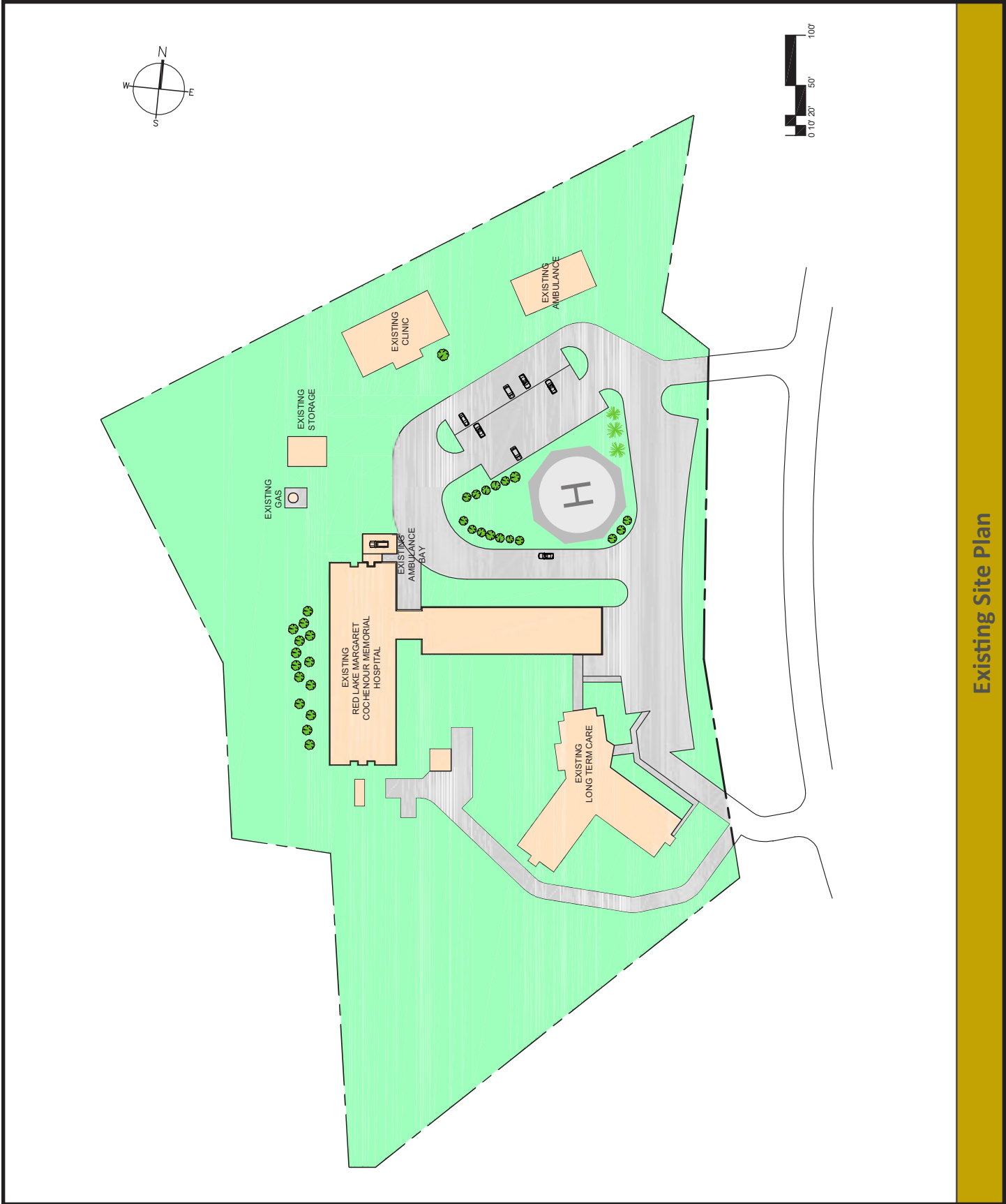
# Schedule

Activity / Date	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
Needs Assessment / Functional Program	-----															
Review by Goldcorp and Ministry of Health				-----												
Detailed design, construction documents, finalizing financing, building permit applications					-----											
Construction								-----								
Commissioning, moving-in															-----	
Health Centre opens																◆









Existing Site Plan



**Red Lake Margaret Cochenour Memorial Hospital**



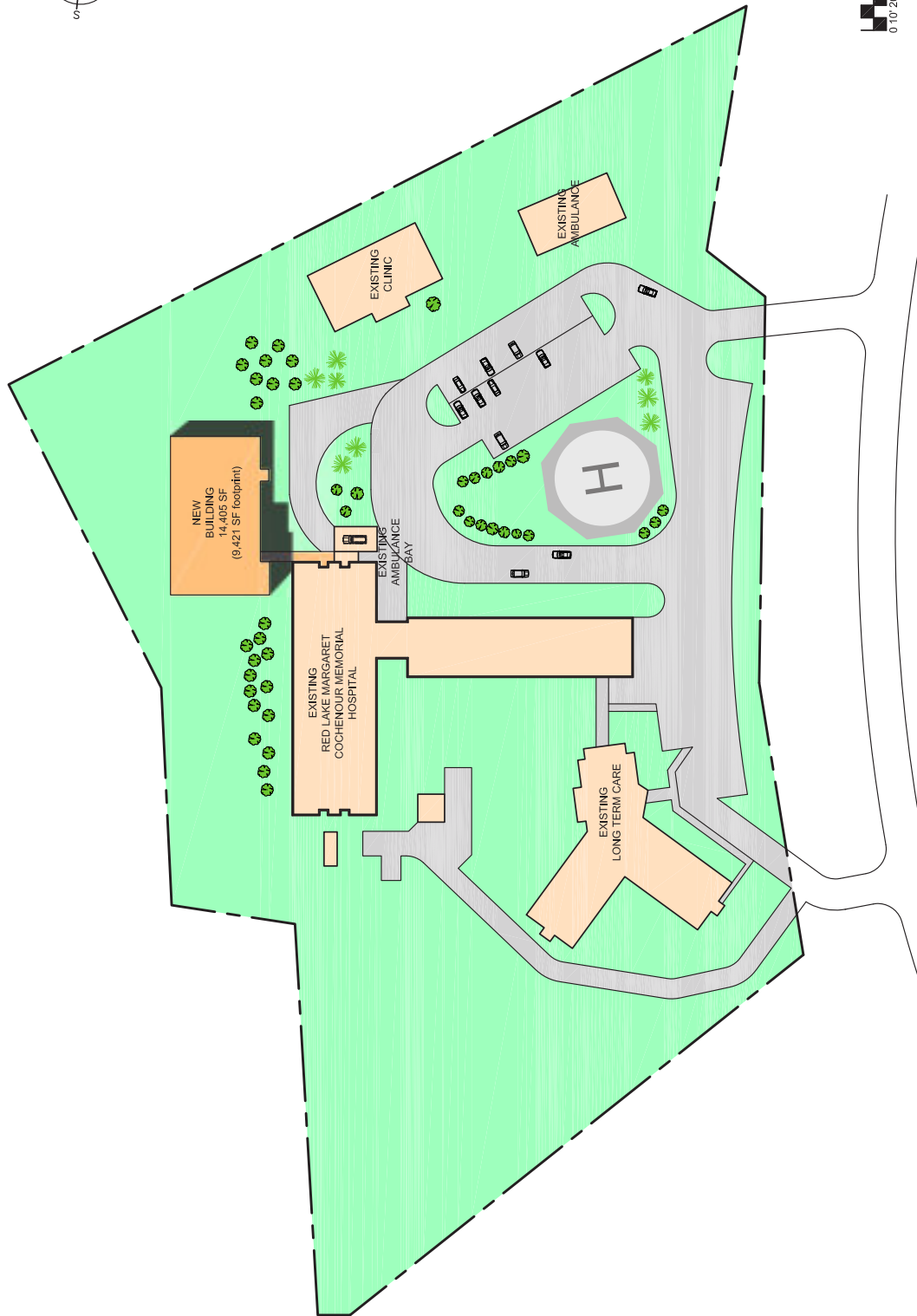
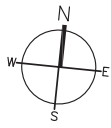
**Existing Medical Clinic**



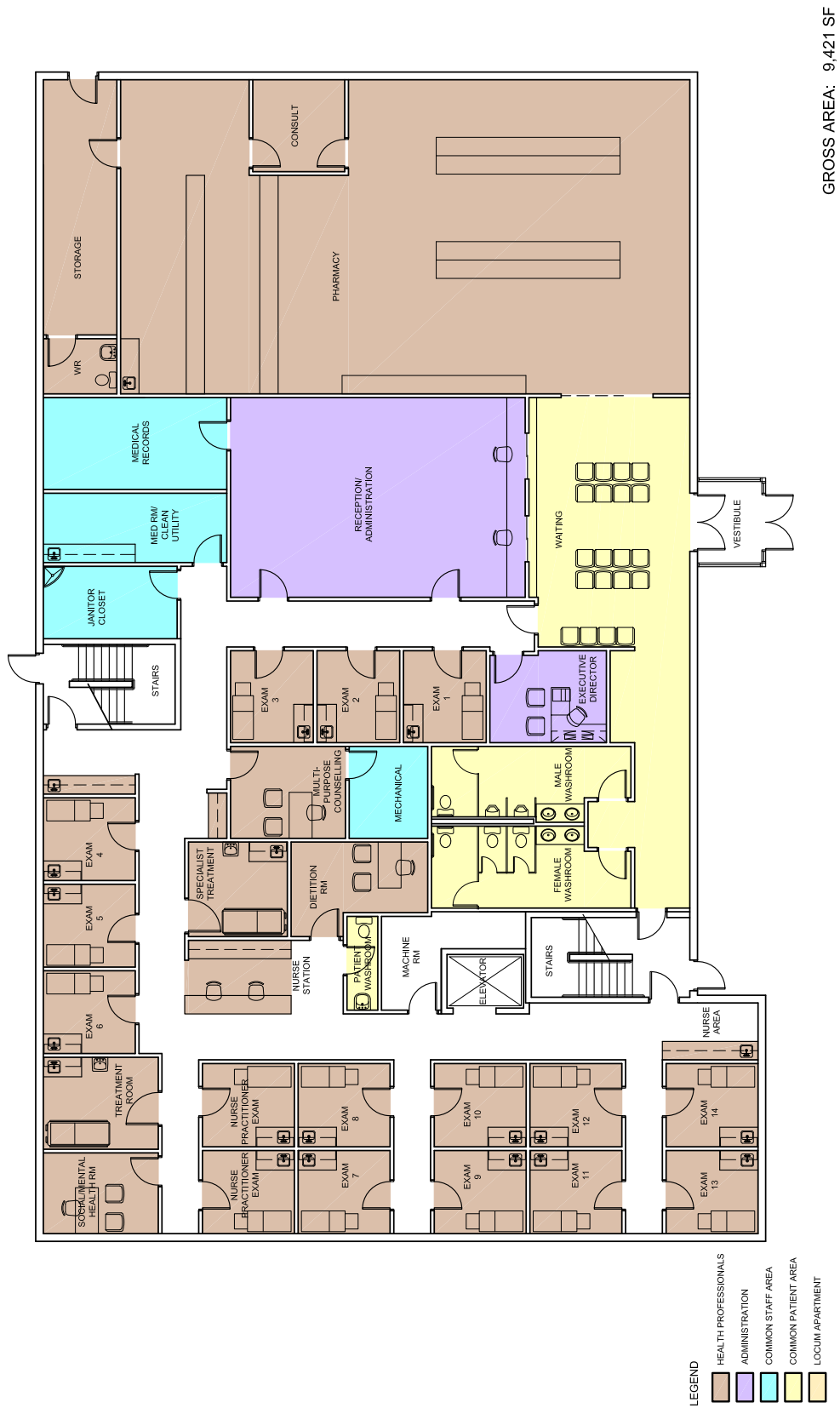
**Existing Long-Term Care**



**Proposed Site for New Red Lake Health Centre**



Proposed Site Plan



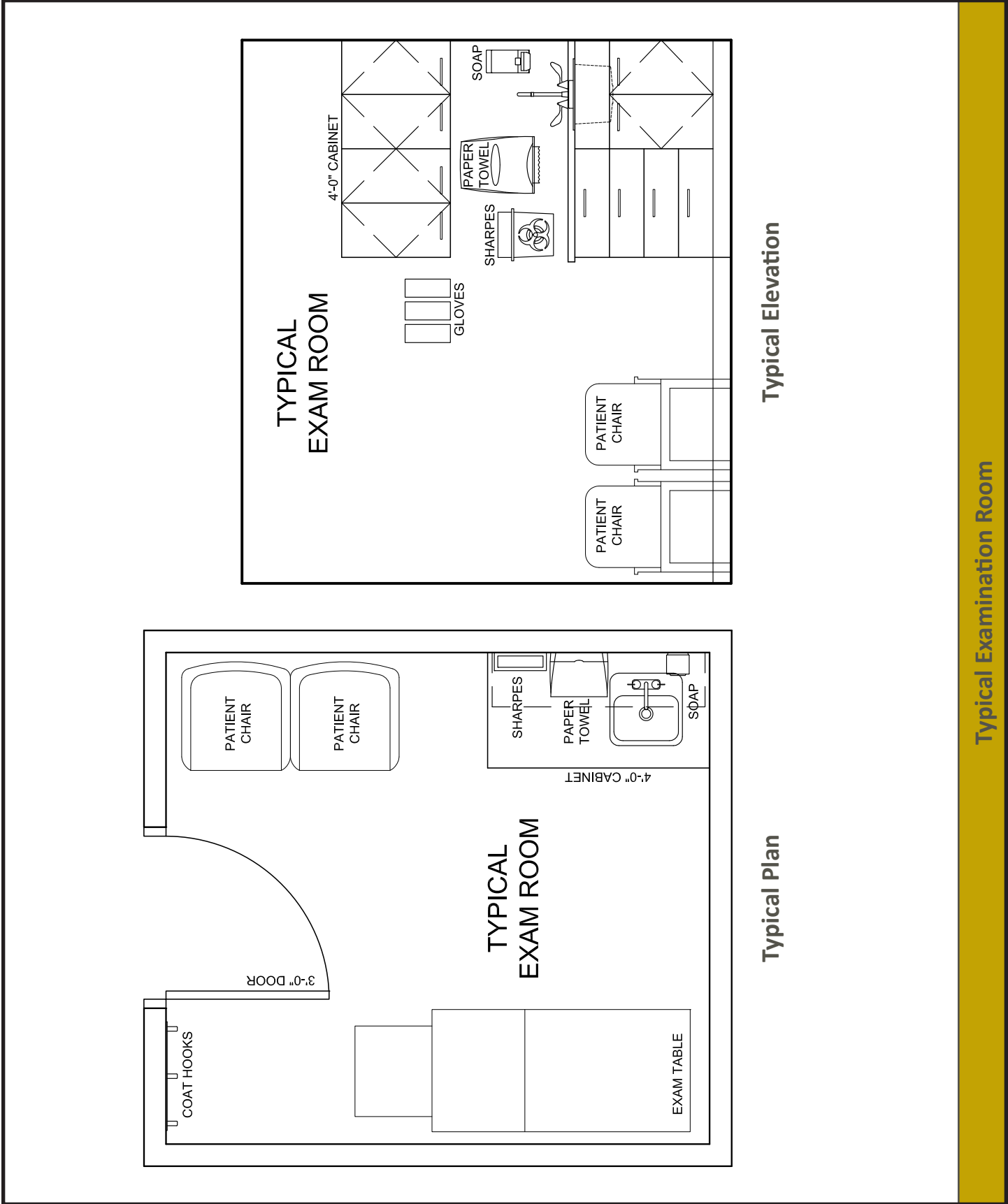
Proposed First Floor Plan

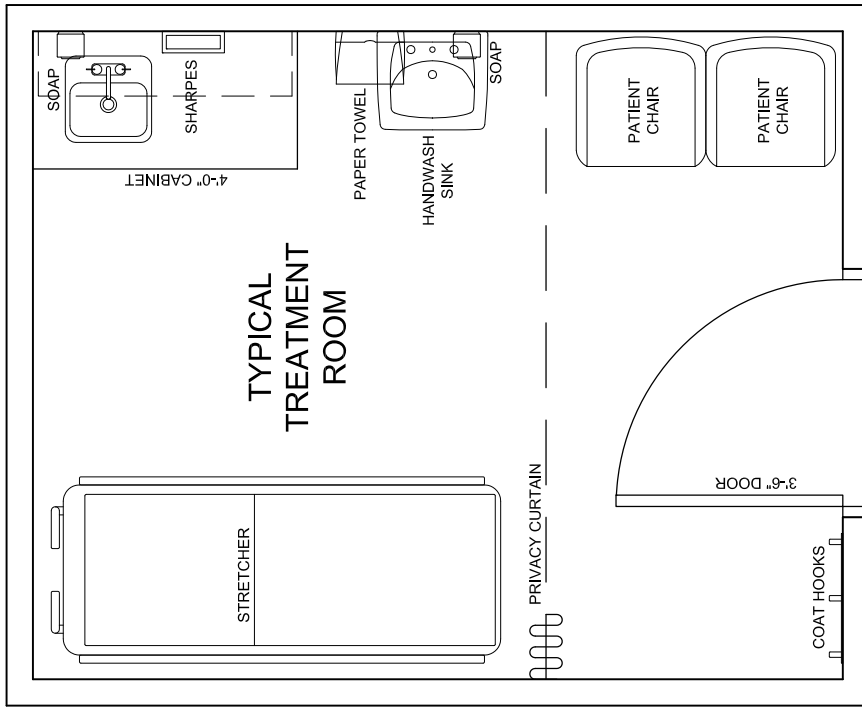


GROSS AREA: 4,984 SF

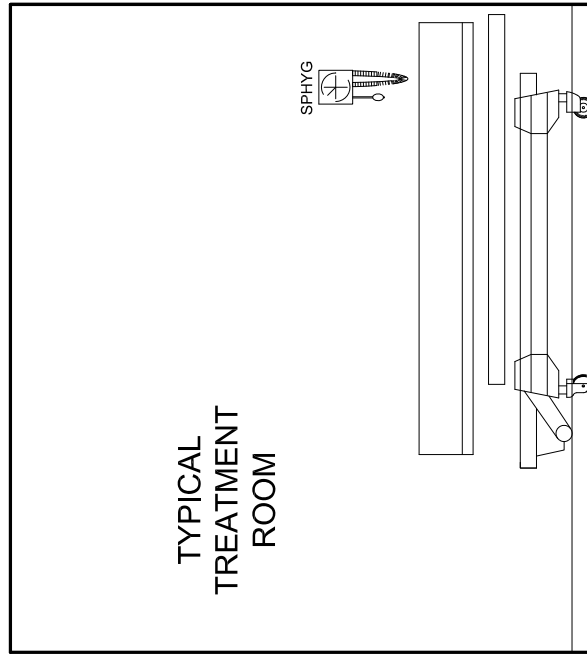
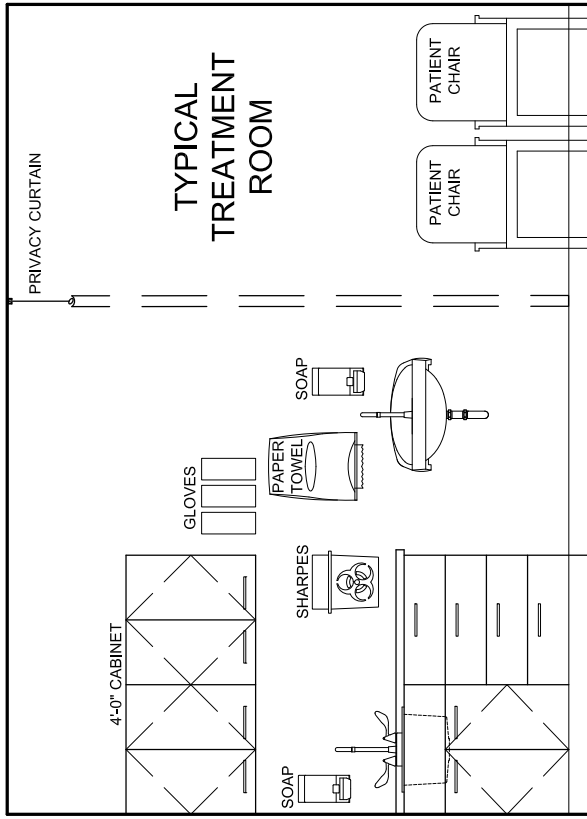
- LEGEND
- HEALTH PROFESSIONALS
  - ADMINISTRATION
  - COMMON STAFF AREA
  - COMMON PATIENT AREA
  - LOCUM APARTMENT

Proposed Second Floor Plan





Typical Plan

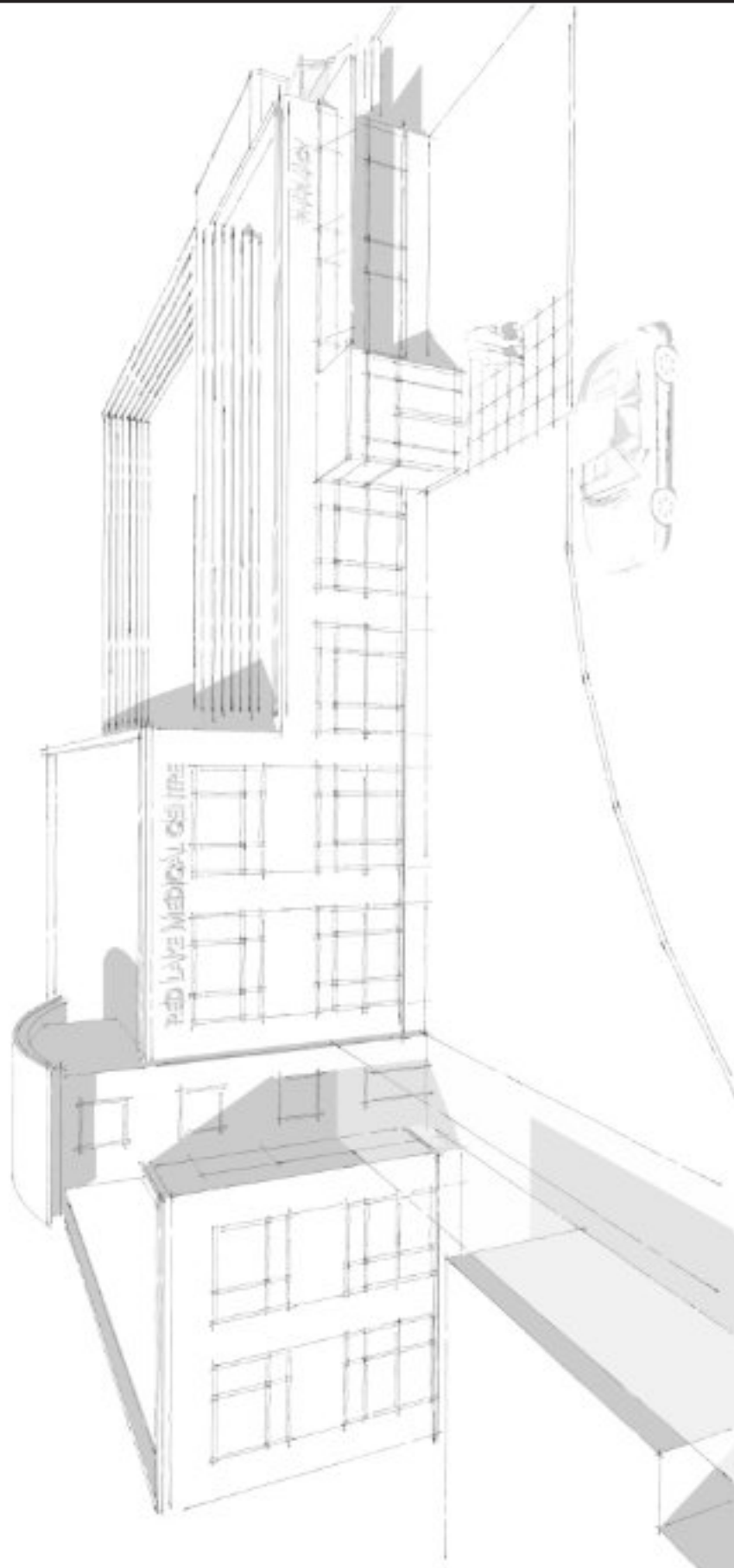


Typical Elevations

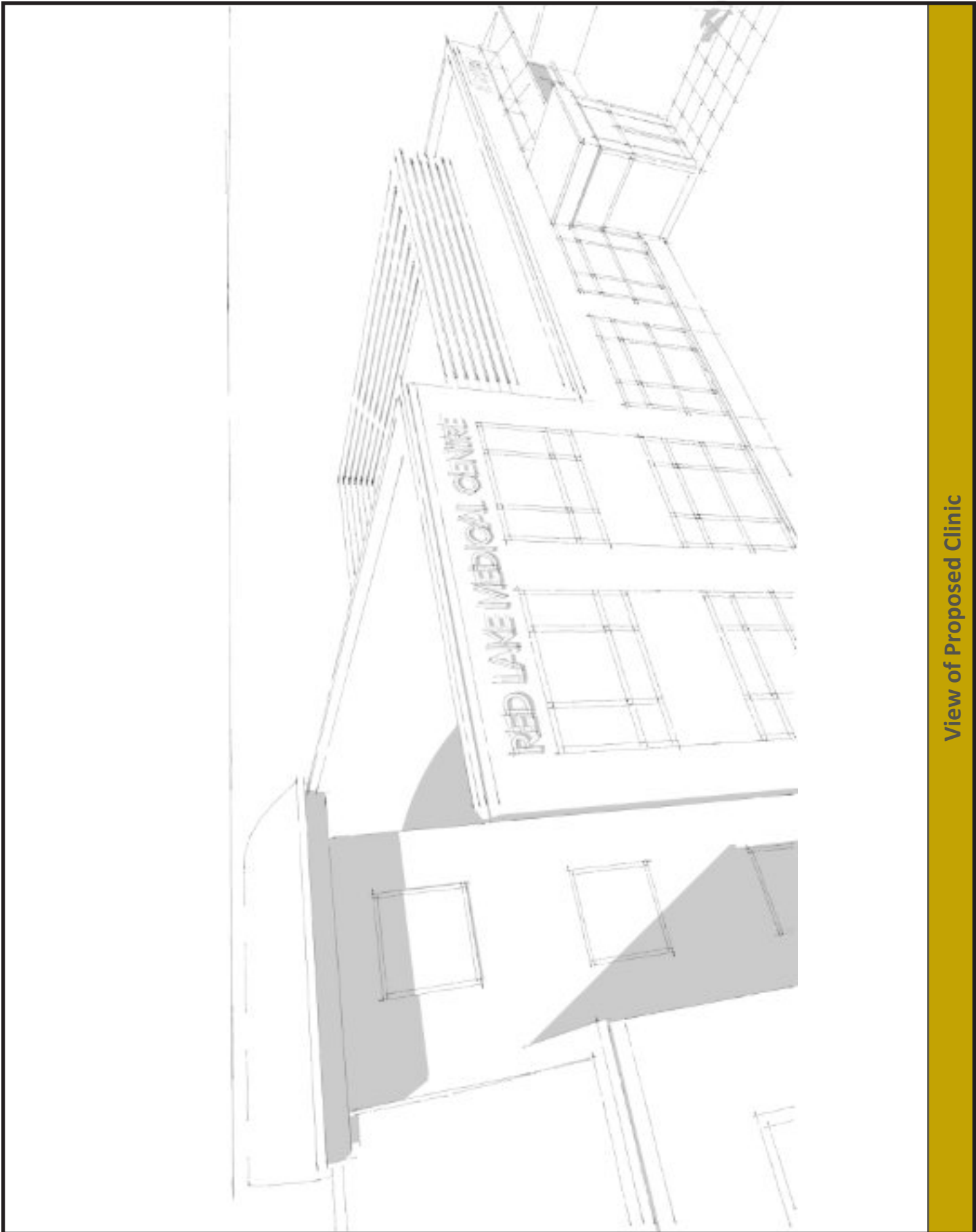


View of Proposed Clinic

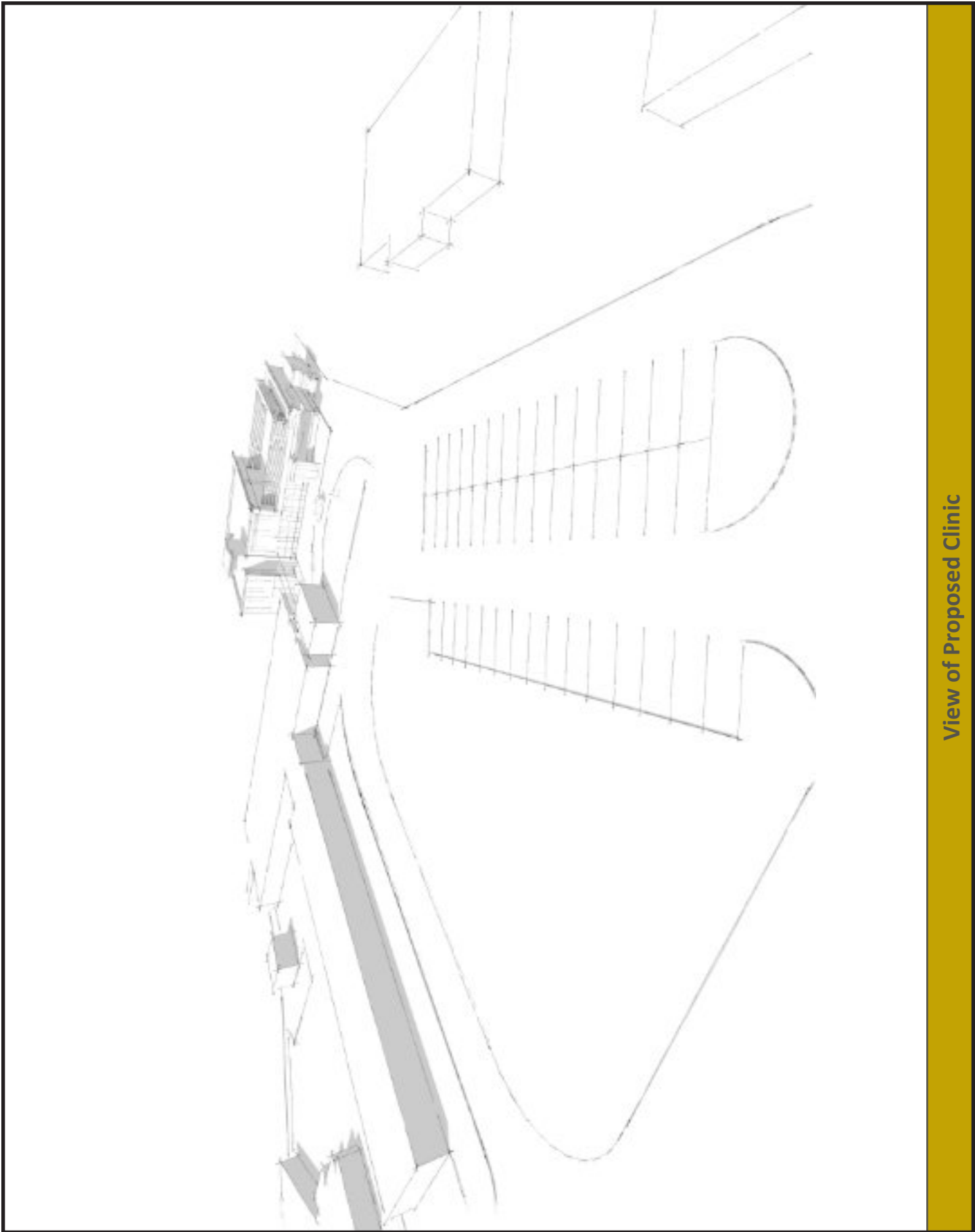




View of Proposed Clinic



View of Proposed Clinic



View of Proposed Clinic









## Cost Analysis

**RED LAKE HEALTH CENTRE  
NEW ADDITION  
SCHEMATIC DESIGN ESTIMATE**

**Hanscomb**  
NOVEMBER 12, 2010

### TABLE OF CONTENTS

	Page No.
1. Introduction	
1.1 Purpose	1
1.2 Methodology	1
1.3 Specifications	1
1.4 Exclusions	1
2. Documentation	2
3. Cost Considerations	
3.1 Cost Base	3
3.2 Escalation	3
3.3 Contingencies	3
3.4 Unit Rates	3
3.5 Taxes	3
3.6 Statement of Probable Costs	3
3.7 Ongoing Cost Control	4
4. Gross Floor and Site Developed Areas	5
5. Construction Cost Summary	6
Appendices:	
A New Addition	A1 - 6
B Site Development	B1 - 2
C Full Second Floor Option	C1 - 6

---

## 1.0 INTRODUCTION

Page 1

### 1.1 General

This Schematic Design Estimate Report is intended to provide a high level realistic allocation of direct and indirect construction costs for the New Addition to the Red Lake Health Centre in Red Lake, Ontario, with exceptions of items listed in 1.4 below.

Accordingly, this Schematic Design Estimate report should only be considered in conjunction within the full context and recommendations of documents provided for this estimate.

### 1.2 Methodology

From the documentation and information provided, quantities of all major elements were assessed or measured where possible and priced at rates considered competitive for a project of this type under a stipulated sum form of contract in Red Lake, Ontario.

Pricing shown reflects probable construction costs obtainable in the Red Lake, Ontario area on the effective date of this report. This estimate is a determination of fair market value for the construction of this project. It is not a prediction of low bid. Pricing assumes competitive bidding for every portion of the work.

Costs reported in this estimate provide for all building construction but exclude any related site development work, allowances for Furnishings & Equipment and Professional Fees & Expenses. Separate provision has also been made where appropriate for such things as building demolition, etc.

### 1.3 Specifications

For building components and systems where specifications and design details are not available, quality standards have been established based on discussions with the design team.

### 1.4 Exclusions

This Schematic Design Estimate does not provide for the following, if required:

- owner's staff and management expenses
- all costs associated with hazardous or contaminated materials abatement
- land acquisition costs and expenses
- financing and/or fund raising expenses
- professional fees and other soft costs
- furniture, furnishings and equipment



---

**2.0 DOCUMENTATION**

**Page 2**

This Class C Estimate Report has been prepared from the documentation included in Appendix Z of this report. Accordingly, this Class C Estimate report should only be considered in conjunction within the full context and recommendations of documents provided for this estimate.

All of the above documentaton was received from Dipesh Patel and was supplemented with information gathered in meeting(s) and telephone conversations, as applicable.

Design changes and/or additions made subsequent to this issuance of the documentation noted above have not been incorporated in this report.

---

### 3.0 COST CONSIDERATIONS

Page 3

#### 3.1 Cost Base

All costs are estimated on the basis of competitive bids (a minimum of 6 general contractor bids and at least 3 subcontractor bids for each trade) being received in November 2010 from general contractors and all major subcontractors and suppliers based on a stipulated sum form of contract.

Escalation during the construction period is included in the unit rates used in this estimate.

#### 3.2 Escalation

No allowance has been made for construction cost escalation that may occur between November 2010 and the anticipated bid date for the project. Escalation during the construction period is included in the unit rates used in this estimate.

#### 3.3 Contingencies

An allowance of 5% has been included to cover design and pricing unknowns. This allowance is not intended to cover any program space or quality modifications but rather to provide some flexibility for the designers and cost planners during the remaining design stages.

An allowance of 5% has been made to cover construction (post contract) unknowns.

#### 3.4 Unit Rates

The unit rates in the preparation of this Schematic Design Estimate include labour and material, equipment, subcontractor's overheads and profit.

#### 3.5 Taxes

No provision has been made for the Harmonized Sales Tax (HST). It is recommended that the owner make separate provision for the HST in the project budget.

#### 3.6 Statement of Probable Costs

Hanscomb has no control over the cost of labour and materials, the general contractor's or any subcontractor's method of determining prices, or competitive bidding and market conditions. This opinion of probable cost of construction is made on the basis of experience, qualifications and best judgment of the professional consultant familiar with the construction industry. Hanscomb cannot and does not guarantee that proposals, or actual construction costs will not vary from this or subsequent estimates.

---

**3.0 COST CONSIDERATIONS**

Page 4

**3.7 Ongoing Cost Control**

Hanscomb recommends that the Owner and the design team carefully review this Schematic Design Estimate document, including line item description, unit price clarifications, exclusions, inclusions and assumptions, contingencies, escalation and mark-ups. If the project is over budget, or if there are unresolved budgeting issues, alternative systems/schemes should be evaluated before proceeding into the next design phase.

Requests for modifications of any apparent errors or omissions to this document must be made to Hanscomb within ten (10) days of receipt of this estimate. Otherwise, it will be understood that the contents have been concurred with and accepted.

It is recommended that a final updated estimate be produced by Hanscomb using Bid Documents to determine overall cost changes which may have occurred since the preparation of this estimate. The final updated estimate will address changes and additions to the documents, as well as addenda issued during the bidding process. Hanscomb cannot reconcile bid results to any estimate not produced from bid documents including all addenda.

---

4.0 GROSS FLOOR AND SITE DEVELOPED AREAS

**GROSS FLOOR AREA:**

	(SF)
Ground Floor	9,421
Second Floor	4,984
<b>Total Gross Floor Area (GFA)</b>	<b>14,405</b>
Full Second Floor Option	4,437

**SITE DEVELOPED AREA:**

	(SF)
Area of site development	20,000
<b>Site Developed Area</b>	<b>20,000</b>

Site Developed Area is the area of the site less the foot-print area of the building for new construction. For renovations, the Site Developed Area is the actual area of work.

The above areas have been measure in accordance with the Canadian Institute of Quantity Surveyor's Method of Measurement of Buildings by Area and Volume.

---

5.0 CONSTRUCTION COST ESTIMATE SUMMARY

**COST SUMMARY:**

A New Addition	14,405 SF	428.71	\$6,175,600
B Site Development	20,000 SF	7.14	\$142,700
<hr/>			
<b>Total Construction Cost</b>	<b>14,405 SF</b>	<b>438.62</b>	<b>\$6,318,300</b>
<hr/>			
C Full Second Floor Option	4,437 SF	360.72	\$1,600,500











## Summary

---

The primary focus of this project has been to develop a solution to resolve and improve the accessibility to primary health care and reduce medical delays to injured workers who are ready to return to work. Both incidents impact the company from a financial perspective caused by employee absenteeism.

The primary problem has been the lack of physicians available in the community. Three full time doctors reside in the community. Locums are brought in for emergency room duties for the hospital and provide coverage for the community doctors during periods of absence from the community.

Progress has been made with the addition of a third resident doctor joining the Red Lake Medical Associates physician group. Although the additional physician will ease the demand, capacity requirements are below the seven doctor level needed to meet the health care demand in the community.

Two health care models were introduced; the first centered on the development of a Company-Based model implementing a self administered health program to provide physician services to employees and families for occupational health and primary care. To provide a doctor with a viable practice, Goldcorp will be required to maintain a guaranteed minimum compensation package for the physicians. These physicians will also expect to have overhead costs for office operations paid by the company.

Although the Company-Based program secures the health services for its employees, the major drawback to the model places Goldcorp in the health care business with exposure to potential liabilities and annual expenses for the clinic's operational costs.

The second strategy involves the development of a Community-Based health system focused on integrating the existing community health services within a proposed Health Centre. The centre will house a pharmacy operation, physician's clinic and the Family Health Services group. This will improve resident convenience and increase the flow of patients utilizing a variety of primary care methodologies.

Service integration will benefit the company as employees and families will have access to a dedicated Point of Contact (POC) located in the Health Centre to direct patients to the most appropriate point of care. Further, the POC will coordinate an Occupational Health Clinic on behalf of the company to manage and advance the process with minimal delays for injured employees.

The Community-Based Health Centre will be owned by a Not-for-Profit corporation. Overseeing the operation of the Health Centre will be a five member Board of Directors made up of Goldcorp and community representatives. Reporting to the Board will be a Health Centre manager who will oversee the day to day operation of the facility and provide the point of contact for company employees and families.

To maintain longevity of the operation and minimize future dependency on Goldcorp to subsidize the health care system in Red Lake, the company may be required to provide a one-time cash contribution to the project. Further, Goldcorp may be required to be the guarantor of the construction loan for the facility. The company will be kept at arms length from the health centre to avoid potential liability issues.

The underlining need to resolve the health care issues for Goldcorp employees is best suited to the Community-Based model. The model provides the improvements for health care for both the community and the company. The incremental benefit to the community is an ideal situation to demonstrate the company's social license as a concerned corporate citizen for the welfare of the Red Lake region.







## Appendix A: Red Lake Medical Associates Letter of Intent

### *Red Lake Medical Associates*

Box 311, Red Lake, ON. P0V 2M0 Phone 807 727-2617 Fax 807 727-3122

Dr. V. Aniol, Dr. M. Polle, Dr. D. Zielke

November 5, 2010

Frank Suraci  
Vice President  
GW Health Group Inc.  
5602 Tenth Line West,  
P.O. Box 57030  
Mississauga, ON L5M 0M5

Dear Mr. Suraci:

This letter is to confirm our interest in collocating in the new medical facility being proposed by GW Health Group. The tenancy of Red Lake Medical Associates will depend on rent and utility free office space in the new facility. We will require additional information from your group prior to making a final decision.

Sincerely,



Ryan S. Gibson, *B.Admin (Hons), C.S.M.*  
Executive Director  
Red Lake Medical Centre

Red Lake Medical Associates

c: Dr. Vic Aniol, Partner, RLMA  
Dr. Diane Zielke, Partner, RLMA  
Dr. Mark Polle, Partner, RLMA

## Appendix B: Red Lake Family Health Team Letter of Intent



51G Hwy 105  
PO Box 311  
Red Lake, ON  
POV 2M0

Tel: 807-727-2751  
Fax: 807-727-3122

**R. Gibson**  
*B.Admin (Hons), C.S.M.*  
**Director**

**V. Aniol**  
*M.D. Basc.*  
**Board Chair**

**D. Zielke**  
*M.D.*  
**Physician**

**M. Polle**  
*M.D.*  
**Physician**

**L. Morrissey**  
*RN(EC) B.ScN*  
**Nurse Practitioner**

**A. Goldman Smith**  
*RN B.ScN*  
**Registered Nurse**

**C. Trull**  
*RN B.ScN*  
**Registered Nurse**

**C. Kostynuk**  
*M.S.W., R.S.W.*  
**Sr. Social Worker**

**F. Campusano**  
*B.S. Pharm*  
**Clinical Pharmacist**

November 5, 2010

Frank Suraci  
Vice President  
GW Health Group Inc.  
5602 Tenth Line West,  
P.O. Box 57030  
Mississauga, ON L5M 0M5

Dear Mr. Suraci:

This letter is to confirm our interest in collocating in the new medical facility being proposed by GW Health Group. The tenancy of the Red Lake Family Health Team will depend on funding approval from the Ministry of Health & Long-Term Care. We will require additional information from your group to prepare a proposal for the Ministry to review.

Sincerely,

A handwritten signature in purple ink, appearing to read "Ryan S. Gibson".

Ryan S. Gibson, *B.Admin (Hons), C.S.M.*  
Executive Director  
Red Lake Family Health Team

.....

## Red Lake Pharmacy

November 10, 2010

Frank Suraci  
Vice President  
GW Health Group Inc.  
5602 Tenth Line West,  
PO Box 57030,  
Mississauga, Ontario, L5M 0M5  
Cell: 905 301 3714  
Fax: 905 824 2826  
Toll Free 1-877-524-2824

Dear Frank,

Red Lake Pharmacy is interested in renting 2400 SF for 20 years at 35\$ per SF total and we would donate \$30,000 to the clinic yearly.

I will be sending you a detailed letter by Monday discussing the increase in services that have already started to be implemented. (blister packing, home visits, medication reviews.)

Felipe Campusano  
Owner  
Red Lake Pharmacy

.....



*Red Lake Margaret Cochenour  
Memorial Hospital*

Board Chair  
Elsbeth Vachon

Chief Executive Officer  
Janice Mullin

November 2, 2010

Mr. Frank Suraci  
GW Health Group Inc.  
5602 Tenth Line West  
P.O. Box 57030  
Mississauga, Ontario  
L5M 0M5

Dear Mr. Suraci:

The Board of Governors is in receipt of your letter dated October 19, 2010, in which you provided your formal request of the Board to provide an area of land adjacent to the hospital for the construction of a health center.

In principle, the Board of Governors is very willing to transfer a portion of its lands to an appropriate transferee for the purposes of the health center project.

However Red Lake Margaret Cochenour Memorial Hospital is a public hospital, and as such is governed by the provisions of the Public Hospital Act. Pursuant to the provisions of section 4 of the Act, the Board of Governors requires the approval of the Minister before any such transfer can be made. The Board will work diligently with you and the Ministry, with a view to obtaining such approval.

In addition the Board of Governors will require a formal agreement with you in order to reflect, among other issues, the following core requirements to the transfer of the lands:

(a) the Board is to have input into the design of the Health Center. To the extent that the proposed structure will integrate with our current facility, or to the extent that existing structures may require demolition or relocation, Board consent will be required. The Board will also have to be satisfied that the interests of adjacent properties are considered,

(b) to the extent that the proposed structure will integrate with our current facility, or to the extent that existing structures may require demolition or relocation, we anticipate that there may be demolition, architectural, engineering, legal and other costs incurred by the Board. These costs would have to be borne by the Health Center on an ongoing basis.

P.O. BOX 5005 / HWY 105, RED LAKE, ONTARIO P0V 2M0  
TELEPHONE: (807) 727-2231 FAX (807) 727-2923  
[www.redlakehospital.ca](http://www.redlakehospital.ca)



Page 2  
Letter to Mr. Suraci  
November 2, 2010

(c) any and all expenses incurred in the transfer of land would have to be borne by GW Health Group on an ongoing basis during planning and construction. Such transfer of land may include such items as the cost of obtaining severance consent, reference plans, legal, appraisal and accounting expenses, as well as the cost of preparation of proposals to the LHIN and to MOHLTC;

(d) a right of first refusal in the event there is any proposed disposition of the health center property in the future;

(e) a restriction on the use of the lands, to limit them to the purposes of a health center.

The Board of Governors thanks you for the opportunity to work with you on this significant and worthwhile project, to improve the health care of our community.

Sincerely;



Eleanor Vachon  
Chairperson Board of Governors

## Appendix E: Ministry of Health and Long-Term Care Support Letter

Ministry of Health  
and Long-Term Care

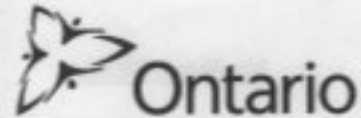
Primary Health Care  
Health System Accountability  
and Performance Division

1075 Bay Street, 9<sup>th</sup> Floor  
Toronto ON M5S 2B1  
Tel: 416 325-3575  
Toll free: 1 866 766-0266  
Fax: 416 326-4684

Ministère de la Santé  
et des Soins de longue durée

Soins primaires  
Division de la responsabilisation et de  
la performance du système de santé

1075, rue Bay, 9<sup>e</sup> étage  
Toronto ON M5S 2B1  
Tél.: 416 325-3575  
Sans frais : 1 866 766-0266  
Télééc. : 416 326-4684



AUG 24 2009

Mr. Ryan Gibson, Executive Director  
Red Lake Family Health Team  
51 G Highway 105, PO Box 311  
Red Lake ON P0V 2M0

Dear Mr. Gibson:

I am pleased to inform you that in support of the continued development of the Red Lake Family Health Team (FHT), the Ministry is approving space allocation for your FHT, subject to the terms and conditions set out in this letter.

Based upon a review of the FHT's total current staffing of 3 physicians, 4.2 approved IHPs and 2 management and administrative staff, a rotating specialist, and the Diabetes Program which has 2 FTEs, an area of 6,323 square feet is being supported. The recommended space allows for modest future growth and includes shared common area spaces such as the waiting room, storage, and washroom. The calculated space for the ministry share of the FHT space is 3,162 square feet. The percentage breakdown of space is as follows: 50% ministry funded FHT staff, 39% physician, and 11% Diabetes Program. Should the physician count be increased to 7, the appropriate adjustments will be made to the FHT IHPs and administrative staff together with appropriate space adjustments.

In order to receive any capital improvement funding, and before proceeding with any work, the Ministry will require:

- a proposed facility layout (floor plans) showing space and room allocation and their dimensions;
- an updated preliminary cost estimate that includes ancillary costs and a breakdown of costs for each element of construction;
- a description of financial and/or in-kind support such as contributions physicians, municipality, hospital, community partners or other organizations that will be used to offset one-time expenditures and any conditions attached to each contribution;
- scope of construction, including all building systems -mechanical, electrical, architectural;
- confirmation by a qualified professional that all proposed construction is technically feasible and complies with applicable codes, statutes and ordinances;

.../2

Mr. Ryan Gibson

- details of plans to share the proposed facility space with other providers or organizations that are not part of the proposed FHT while also identifying the affected facility space area, cost sharing arrangements and rationale; and
- signing, by all applicable parties, of the Ministry's form of Capital Funding Agreement.

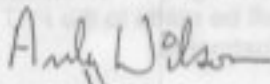
Once the Ministry has received and reviewed this information, specific funding support, if any, will be approved by the Ministry. The Ministry will also outline the next steps in the process for your Family Health Team. Please refer to the *Guide to Transitional Funding and Designing Channels for Health* for additional information on the Ministry's process for the provision of transitional funding. These guides can be accessed via the Ministry's website at: [http://www.health.gov.on.ca/transformation/fht/fht\\_guides.html](http://www.health.gov.on.ca/transformation/fht/fht_guides.html)

Site development and construction must not commence until the Ministry is satisfied that all supporting documentation and all funding agreements in Ministry form are executed by all parties. All authorizations pertaining to this project must be in writing.

The Ministry reserves the right to require registration of a notice on title at the expense of the Family Health Team, of the Ministry funding terms and conditions for this project, said terms and conditions to include a graduated repayment schedule in the event that your Family Health Team ceases to exist.

If you have any questions or require further assistance in this regard, please contact Michael Walker, Senior Program Consultant at 705-564-7492 or via e-mail at [michael.walker@ontario.ca](mailto:michael.walker@ontario.ca)

Sincerely,



Andy Wilson  
(A) Manager, Family Health Teams

c: Michael Walker, Senior Program Consultant  
Deborah Limoges, Program Analyst

## Appendix F: Bank of Nova Scotia Banking Proposal



October 14, 2010

Private and Confidential

Attention: Mr. Frank Crema  
Goldcorp Inc.  
Park Place, Suite 3400-666 Burrard Street  
Vancouver, B.C. V6C 2X8

CC:  
Amber Wood, Goldcorp Canada Limited, Red Lake Mine, Red Lake, ON  
Frank Suraci, GW Health Group Inc.

RE: BANKING PROPOSAL FOR RED LAKE ONTARIO HEALTH SERVICES

The Bank of Nova Scotia thanks you for the opportunity to review the financing requirements for the planned new health facility in Red Lake, Ontario, and to present the following banking proposal for your consideration as included in the attached Discussion Paper.

In order for us to best understand the planned project and formulate a suitable solution to address your needs, we ask for the following information to proceed to the next steps:

- Business Plan
- 5 Year Projections
- Construction Budget

Please feel free to contact the undersigned as the Bank would be very happy to discuss the proposed financing package at your convenience. Thank you for your consideration.

Yours Truly,

Debra Karasewich  
Sr. Credit Solutions Manager

Chad Haidey  
Client Relationship Manager

**FOR DISCUSSION PURPOSES ONLY**

*This paper is confidential and is intended for discussion purposes only. It does not represent a commitment/offer to lend funds or have legal effect and is subject to credit approvals. Specific terms, conditions, pricing and security in addition to such standard and other covenants that the Bank may incorporate, will be determined if a formal offer is made.*

**Borrower: RED LAKE ONTARIO HEALTH SERVICES**

<b>FACILITY</b>	<b>AMOUNT</b>	<b>PURPOSE</b>	<b>PRICING</b>	<b>REPAYMENT</b>
1. Non-Revolving Term Facility	\$8,000,000 (up to 100% project financing)	To finance the construction of a Health Services facility located in Red Lake, ON.	-Prime -BA's + 150 bps  -Fixed Rates to be determined at draw-down, (current: 4.46% - 5 yr. term)  -Long term fixed rates (6 to 25 years) available subject to "Puts" each 5 years	Monthly Interest payments  Upon full draw down, monthly Principal payments  -5 year term, -20 to 25 year amortization,  Blended Payment Option

Terms and conditions of the proposed financing are to be mutually determined and are anticipated to include but are not limited to the following:

- |  |  |
|--|--|
| <b>CONDITIONS PRECEDENT TO FUNDING</b> | <ul style="list-style-type: none"> <li>• Conditions precedent customary for a transaction of this nature, including;</li> <li>• Copy of Land purchase/Lease Agreement</li> <li>• Environmental Assessment Report -Phase II</li> <li>• Copy of Construction Contract</li> <li>• Copy of Tenant Lease Agreements</li> <li>• Standard Construction Draw Requirements</li> </ul> |
| <b>SECURITY</b>                        | <ul style="list-style-type: none"> <li>• 1<sup>st</sup> charge security over Fixed Assets</li> <li>• Guarantee of Goldcorp Inc</li> </ul>  |
| <b>COVENANTS</b>                       | <ul style="list-style-type: none"> <li>• Debt Service Ratio: &gt;1.25:1</li> <li>• Cross Default to Goldcorp Inc.'s Credit Facilities</li> </ul>   |
| <b>REPORTING</b>                       | <ul style="list-style-type: none"> <li>• Annual Financial Statements of Borrower &amp; Guarantor</li> <li>• Quarterly Financial Statements of Borrower</li> <li>• Quarterly Compliance Certificate</li> </ul>  |
| <b>FEES</b>                            | <ul style="list-style-type: none"> <li>• Commitment Fee of 50 bps.</li> </ul>  |

# Appendix G: Mortgage Alliance Letter of Engagement



License # 12020

200 – 2005 Sheppard Ave East  
Toronto, ON M2J 5B4  
Tel: (416) 499-5454 prompt-6 ext 3  
Toll free 1-866-705-4447 prompt-6 ext 3  
Fax: 1-888-346-4238  
E-MAIL: mshamber@mortgagealliance.com

Michael Shamber  
Vice President

October 12, 2010

Mr. Frank Crema  
Goldcorp Inc.  
Park Place  
Suite 3400-666 Burrard Street  
Vancouver, B.C.  
V6C 2X8

Dear Sir,

Re: Community Health Centre, Red Lake, ON

We are writing this Letter of Engagement to confirm our interest in facilitating the financing for the above captioned project and to receive your formal acknowledgment that you wish to engage the services of Mortgage Alliance Commercial Canada for that purpose, based on the terms and conditions as outlined herein. This letter serves to indicate our interest and **SHOULD NOT BE CONSTRUED AS A COMMITMENT.**

## PROJECT

The subject property to be built is a 13,000 square foot full service medical centre located in Red Lake Ontario

## PURPOSE

- A. Procurement of a Cost to Complete Construction Mortgage for the Project
- B. Procurement of a formal First Mortgage Commitment.

**BORROWER**

Goldcorp Canada Limited a company to be named later

**GUARANTOR**

Goldcorp Canada Limited  
To be Satisfactory to the sole discretion of the lender

**LENDER**

To be Determined

**LOAN AMOUNT**

A.	First Mortgage	\$6,000,000 (100% Cost)
B.	First Mortgage	\$6,000,000 (100% Cost)

**INTEREST RATE**

**A & B)** The interest rate shall be the sum of the yield on the wholesale bid side of the current benchmark Canada Mortgage Bond 20 year cash bond, plus 170 basis points for a 20 year term, calculated semi-annually, not in advance. *(Interest Rate today for reference purposes only approximately 4.90% for a 20-year term)*. Subject to approval from the Lender's Loan Review Committee, acceptance and execution of a Commitment Letter outlining the Lender's terms and conditions for the mortgage loan and payment of a refundable Commitment Fee, the rate will be fixed no more than 30 calendar days prior to the Scheduled Closing Date.

**TERM**

**A & B)** 20 Years

**AMORTIZATION**

**A & B)** 20 Years

## **ADVANCES**

**A & B)** One advance of the full amount will be advanced into an escrow account on completion of necessary legal work. Construction advances financing will be released on a cost-to-complete formula, based on certification by the Lender's independent project inspector. The project inspector shall be responsible for the review of the plans, as well as confirming that the budget is sufficient to complete the project and that the construction schedule is reasonable. Release of these funds from the escrow account will be subject to all terms and conditions identified in the First Mortgage Commitment.

## **REPAYMENT**

A. Interest only payments will be made during construction advances with interest paid from subsequent advances for funds previously advanced.

B. Regular payments of principal and interest will be required

## **MORTGAGE LOAN SECURITY**

1. A first mortgage charge on the land outlined in this transaction and generally described as the Project.
2. General assignment of all rents/income and proceeds from the land and improvements thereon. Such leases shall be in a form satisfactory to the Lender.
3. Fire Insurance Policy for the property with loss payable to the Lender.
4. Such other pledged alternative security to the sole satisfaction of the Lender
5. Assignment of Insurance proceeds as required by the Lender.
6. Corporate guarantee of the Borrower as required by the lender.
7. Such other security documents as are currently in place for the existing first mortgagee.
8. Such other security documents as may be required by the lender as a result of the underwriting of this application.



## OUTSTANDING DOCUMENTATION

We have attached an **updated checklist** of information required. Please be aware of the specific requirements as outlined below.

1. Phase I Environmental Site Assessment will be required to be approved by the Lender.
  2. Cost to Complete Construction Budget and timeline
  3. An up to date AACI appraisal (such loan not to exceed 75% LTV and not below a minimum DSR of 1.15)
  4. Copies of all Leases
  5. Copies of Financials Statements for last three years for all Guarantors and Covenants. To Include a 12 Month projected Proforma for all Borrowers and Guarantors properties and operations.
  6. Net Worth statements of all Leasees Borrowers and Guarantors
  7. A copy of all guaranteed funding requirements from all municipal, provincial and federal agencies. Such contracts shall be irrevocable and shall exceed the loan term for a minimum of 5 years. Such contracts shall be to the sole satisfaction of the Lender.
  8. An outline of the structure of the borrower, indicating the other assets of the company.
  9. An up-to-date survey showing the location of land and buildings.
  10. A copy of the authorized legal rents.
  11. Copy of most recent annual fire inspection report.
  12. Business Plan/Needs Analysis Study for the proposed project.
  13. An appraisal report giving description of site and building.
  14. A new building condition study report to be approved by the Lender.
- Any other such documentation as the Lender may reasonably require.

## **FEES**

### **Application Fee**

With acceptance of this Letter of Engagement, the applicant has enclosed an application fee in the amount of \$5,000. This application fee will be deemed earned by **Mortgage Alliance Commercial Canada** upon receipt of the signed Engagement.

### **Success Fee**

For the procurement of the Facility, Mortgage Alliance Commercial Canada shall receive a fee equal to 0.5% of the final loan amount. This fee shall be deemed earned and payable upon the issuance of the first mortgage commitment.

With the acceptance of this Letter of Engagement, the applicant acknowledges that a fee may be paid to Mortgage Alliance Commercial Canada by the lender with respect to this transaction. Details of this fee will be made available upon request.

### **Lender Fees**

For the account of the Borrower.

### **Appraisal Report**

For the account of the Borrower.

### **Legal/Other Fees**

For the account of the Borrower.

## **DISCLOSURE**

Mortgage Alliance Commercial Canada is licensed by the Financial Services Commission of Ontario and as such, has established certain disclosure policies (See Appendix "A").

All information and statements which have been, or will be delivered to Mortgage Alliance Commercial Canada, whether financial or otherwise, are true and accurate in every material respect and omit no material fact necessary to making statements therein not misleading.

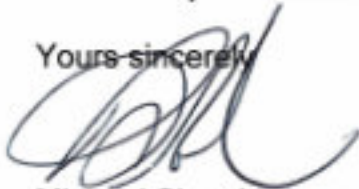
With acceptance of this Letter of Engagement, the applicant has enclosed the required application fee in the amount of \$5,000, payable to Mortgage Alliance Commercial Canada and the required PIPEDA form signed by all personal guarantors and formally engages the services of Mortgage Alliance Commercial Canada to act on behalf of the Borrower. The applicant has signed the attached Acknowledgement of Engagement form in this regard.

All Borrowers and Guarantors hereby consent to Mortgage Alliance Commercial Canada, or its nominees, conducting any necessary credit inquiries in connection with this financing.

This Letter of Engagement is subject to cancellation, at the option of Mortgage Alliance Commercial Canada, if a signed copy, along with the application fee, has not been received in our offices by 5:00 p.m., Friday October 22nd, 2010.

We trust that the above terms and conditions are satisfactory to you and look forward to your formal authorization to proceed on your behalf.

Yours sincerely,



Michael Shamber  
Vice President - Agent  
License #M08002189

Enclosure

cc. Amber Wood, Goldcorp Canada Limited, Red Lake Mine, Red Lake, ON

Frank Suraci, GW Health Group Inc.

**Appendix H: Elemental Cost Summary - New Addition**

---

**New Addition** **A - 1**

ELEMENT	Ratio to GFA	Element Cost		Element Amount		Rate per SF of GFA		%
		Quantity	Unit Rate	Sub-total	Total	Sub-total	Total	
<b>A SHELL</b>		14,405 SF			\$ 1,650,200		\$ 114.56	34.0
A1 SUBSTRUCTURE					122,500		\$ 850	2.5
A11 Foundations	0.654	9,421 SF	13.00	122,500	-	8.50	-	-
A12 Basement Excavation	0.000	- CY	0.00	-	-	0.00	-	-
A13 Special Conditions	0.000	- SF	0.00	-	-	0.00	-	-
A2 STRUCTURE					524,100		\$ 36.38	10.8
A21 Lowest Floor Construction	0.654	9,421 SF	7.00	65,900	-	4.57	-	-
A22 Upper Floor Construction	0.346	4,984 SF	39.00	194,400	-	13.50	-	-
A23 Roof Construction	0.654	9,421 SF	28.00	263,800	-	18.31	-	-
A3 EXTERIOR ENCLOSURE					1,003,600		\$ 69.67	20.7
A31 Walls Below Grade	0.000	- SF	0.00	-	-	0.00	-	-
A32 Walls Above Grade	1.032	14,866 SF	50.72	754,000	-	52.34	-	-
A33 Windows & Entrances	0.000	7 No.	3,928.57	27,500	-	1.91	-	-
A34 Roof Covering	0.654	9,421 SF	17.00	160,200	-	11.12	-	-
A35 Projections	0.000	1 SF	61,900.00	61,900	-	4.30	-	-
<b>B INTERIORS</b>		14,405 SF			\$ 1,050,200		\$ 72.91	21.7
B1 PARTITIONS & DOORS					403,500		\$ 28.01	8.3
B11 Partitions	1.648	23,733 SF	12.19	289,400	-	20.09	-	-
B12 Doors	0.004	56 No.	2,037.50	114,100	-	7.92	-	-
B2 FINISHES					295,200		\$ 20.49	6.1
B21 Floor Finishes	1.000	14,405 SF	8.10	116,700	-	8.10	-	-
B22 Ceiling Finishes	1.000	14,405 SF	7.04	101,400	-	7.04	-	-
B23 Wall Finishes	2.605	37,521 SF	2.05	77,100	-	5.35	-	-
B3 FITTINGS & EQUIPMENT					351,500		\$ 24.40	7.2
B31 Fittings & Fixtures	1.000	14,405 SF	18.67	269,000	-	18.67	-	-
B32 Equipment	1.000	14,405 SF	0.00	-	-	0.00	-	-
B33 Elevators	0.000	1 No.	82,500.00	82,500	-	5.73	-	-
B34 Escalators	0.000	- No.	0.00	-	-	0.00	-	-
<b>C SERVICES</b>		14,405 SF			\$ 1,619,300		\$ 112.41	33.4
C1 MECHANICAL					1,077,700		\$ 74.81	22.2
C11 Plumbing & Drainage	1.000	14,405 SF	22.53	324,600	-	22.53	-	-
C12 Fire Protection	1.000	14,405 SF	5.60	80,700	-	5.60	-	-
C13 HVAC	1.000	14,405 SF	42.48	611,900	-	42.48	-	-
C14 Controls	1.000	14,405 SF	4.20	60,500	-	4.20	-	-
C2 ELECTRICAL					541,600		\$ 37.60	11.2
C21 Service & Distribution	1.000	14,405 SF	10.40	149,800	-	10.40	-	-
C22 Lighting, Devices & Heating	1.000	14,405 SF	15.60	224,700	-	15.60	-	-
C23 Systems & Ancillaries	1.000	14,405 SF	11.60	167,100	-	11.60	-	-
<b>NET BUILDING COST - EXCLUDING SITE</b>					<b>\$ 4,319,700</b>		<b>\$ 299.88</b>	<b>89.1</b>
D SITE & ANCILLARY WORK					\$ -		\$ -	0.00
D1 SITE WORK					-		\$ -	0.0
D11 Site Development	0.000	- SF	0.00	-	-	0.00	-	-
D12 Mechanical Site Services	0.000	- SF	0.00	-	-	0.00	-	-
D13 Electrical Site Services	0.000	- SF	0.00	-	-	0.00	-	-
D2 ANCILLARY WORK					-		\$ -	0.0
D21 Demolition	1.000	14,405 SF	0.00	-	-	0.00	-	-
D22 Alterations	1.000	14,405 SF	0.00	-	-	0.00	-	-
<b>NET BUILDING COST - INCLUDING SITE</b>					<b>\$ 4,319,700</b>		<b>\$ 299.88</b>	<b>89.1</b>
Z GENERAL REQ'S & ALLOWANCES					1,855,900		\$ 128.84	10.9
Z1 GENERAL REQUIREMENTS & FEE					530,100		\$ 36.80	10.9
Z11 General Requirements	9.0%			388,800	-	26.99	-	-
Z12 Fee	3.0%			141,300	-	9.81	-	-
<b>TOTAL CONSTRUCTION ESTIMATE - EXCLUDING CONTINGENCIES</b>					<b>\$ 4,849,800</b>		<b>\$ 336.67</b>	<b>100.0</b>
Z2 ALLOWANCES					1,325,800		\$ 92.04	
Z21 Design Allowance	5.0%			242,500	-	16.83	-	-
Z22 Escalation Allowance	0.0%	Excluded		-	-	0.00	-	-
Z23 Construction Allowance	5.0%			254,600	-	17.67	-	-
Z24 Freight	5.0%			267,300	-	18.56	-	-
Z25 Accommodations	10.0%			561,400	-	38.97	-	-
<b>TOTAL CONSTRUCTION ESTIMATE - INCLUDING CONTINGENCIES</b>					<b>\$ 6,175,600</b>		<b>\$ 428.71</b>	
Harmonized Sales Tax (HST)	0.00%				-		\$ -	
<b>TOTAL CONSTRUCTION ESTIMATE</b>					<b>\$ 6,175,600</b>		<b>\$ 428.71</b>	



New Addition		A - 2	
<b>A11 Foundations</b>	<b>9,421 SF</b>	<b>13.00</b>	<b>\$122,500</b>
1 Allowance for foundations including footings, foundation walls, column footings and piers (assumes normal soils conditions)	9,421 SF	13.00	\$122,500
<b>A12 Basement Excavation</b>	<b>0 CY</b>	<b>0.00</b>	<b>\$0</b>
1 No work required	0 CY	0.00	\$0
<b>A13 Special Conditions</b>	<b>0 SF</b>	<b>0.00</b>	<b>\$0</b>
1 No work required	0 SF	0.00	\$0
<b>A21 Lowest Floor Construction</b>	<b>1 Sum</b>	<b>65,900.00</b>	<b>\$65,900</b>
1 Concrete slab on grade	9,421 SF	7.00	\$65,900
<b>A22 Upper Floor Construction</b>	<b>4,984 SF</b>	<b>39.00</b>	<b>\$194,400</b>
1 Allowance for structural steel upper floor construction including columns, beams, etc.	4,984 SF	39.00	\$194,400
<b>A23 Roof Construction</b>	<b>9,421 SF</b>	<b>28.00</b>	<b>\$263,800</b>
1 Allowance for some reinforcing for AHUs (more info to follow)	9,421 SF	28.00	\$263,800
<b>A31 Walls Below Grade</b>	<b>0 SF</b>	<b>0.00</b>	<b>\$0</b>
1 No work required	0 SF	0.00	\$0
<b>A32 Walls Above Grade</b>	<b>14,866 SF</b>	<b>50.72</b>	<b>\$754,000</b>
1 Brick exterior wall assembly	9,901 SF	39.00	\$386,100
2 Stone exterior wall assembly	1,080 SF	44.00	\$47,500
3 Curtain wall	1,140 SF	83.00	\$94,600
4 Windows	2,745 SF	66.00	\$181,200
5 Allowance for architectural features	14,866 SF	3.00	\$44,600
<b>A33 Windows &amp; Entrances</b>	<b>7 No.</b>	<b>3,928.57</b>	<b>\$27,500</b>
1 Aluminum glazed, double leaf	1 Pair	11,000.00	\$11,000
2 Hollow metal door, single leaf	5 Lvs	3,300.00	\$16,500
3 Windows (see walls above grade)	0 SF	0.00	\$0
<b>A34 Roof Covering</b>	<b>9,421 SF</b>	<b>17.00</b>	<b>\$160,200</b>
1 Allowance for roofing	9,421 SF	17.00	\$160,200
<b>A35 Projections</b>	<b>1 Sum</b>	<b>61,900.00</b>	<b>\$61,900</b>
1 Allowance for parapet	626 LF	55.00	\$34,400
2 Allowance for entrance canopy	1 Sum	27,500.00	\$27,500

New Addition

A - 3

<b>B11 Partitions</b>	<b>1.648</b>	<b>23,733 SF</b>	<b>12.19</b>	<b>\$289,400</b>
1 Drywall partitions		20,141 SF	11.00	\$221,600
2 Concrete block partitions		3,415 SF	17.00	\$58,100
3 Allowance for glazed partitions		177 SF	55.00	\$9,700
<b>B12 Doors</b>		<b>56 No.</b>	<b>2,037.50</b>	<b>\$114,100</b>
1 Allowance for new doors, single leaf		54 Lvs	1,980.00	\$106,900
2 Allowance for new doors, double leaf		1 Pair	7,150.00	\$7,200
<b>B21 Floor Finishes</b>		<b>14,405 SF</b>	<b>8.10</b>	<b>\$116,700</b>
1 Resilient flooring		13,042 SF	8.00	\$104,300
2 Ceramic tile		970 SF	12.00	\$11,600
3 Unfinished / Sealed only		393 SF	2.00	\$800
<b>B22 Ceiling Finishes</b>		<b>14,405 SF</b>	<b>7.04</b>	<b>\$101,400</b>
1 Allowance for acoustic ceiling tile		10,804 SF	5.00	\$54,000
2 Allowance for suspended GWB ceiling, painted		3,601 SF	11.00	\$39,600
3 Allowance for bulkheads		1 Sum	3,850.00	\$3,900
4 Allowance for architectural features		1 Sum	3,850.00	\$3,900
<b>B23 Wall Finishes</b>		<b>37,521 SF</b>	<b>2.05</b>	<b>\$77,100</b>
1 Paint		34,377 SF	1.00	\$34,400
2 Ceramic tile		3,144 SF	12.00	\$37,700
3 Allowance for special finishes		1 Sum	4,950.00	\$5,000

New Addition

A - 4

<b>B31 Fittings &amp; Fixtures</b>	<b>14,405 SF</b>	<b>18.67</b>	<b>\$269,000</b>
1 Allowance for washroom accessories	10 No.	1,100.00	\$11,000
2 Allowance for accessories to clinical sinks	20 No.	660.00	\$13,200
3 Allowance for millwork	14,405 SF	9.00	\$129,600
4 Allowance for rough carpentry	14,405 SF	1.00	\$14,400
5 Allowance for miscellaneous specialties	14,405 SF	4.00	\$57,600
6 Allowance for miscellaneous metals	14,405 SF	2.00	\$28,800
7 Allowance for signage	14,405 SF	1.00	\$14,400
8 Allowance for window coverings (excluded)	0 SF	0.00	\$0
<b>B32 Equipment</b>	<b>14,405 SF</b>	<b>0.00</b>	<b>\$0</b>
1 Assume none required	1 Sum	0.00	\$0
<b>B33 Elevators</b>	<b>1 No.</b>	<b>82,500.00</b>	<b>\$82,500</b>
1 Allowance for new elevator (2 stops)	1 No.	82,500.00	\$82,500
<b>B34 Escalators</b>	<b>0 No.</b>	<b>0.00</b>	<b>\$0</b>
1 No work required	0 No.	0.00	\$0



New Addition

A - 5

<b>C11 Plumbing &amp; Drainage</b>	<b>52 SF</b>	<b>6,242.31</b>	<b>\$324,600</b>
1 Plumbing fixtures & fittings	52 No.	1,950.00	\$101,400
2 Domestic water (allowance)	14,405 SF	6.50	\$93,600
3 Sanitary drainage and vent (allowance)	14,405 SF	5.20	\$74,900
4 Storm drainage	14,405 SF	1.60	\$23,000
5 Medical gases (not required)	14,405 SF	0.00	\$0
6 Natural gases (allowance)	14,405 SF	1.30	\$18,700
7 Miscellaneous	14,405 SF	0.90	\$13,000
<b>C12 Fire Protection</b>	<b>14,405 SF</b>	<b>5.60</b>	<b>\$80,700</b>
1 Stand pipe (not required)	14,405 SF	0.00	\$0
2 Sprinkler system, if required	14,405 SF	3.60	\$51,900
3 Fire pump (not required)	14,405 SF	0.00	\$0
4 Fire extinguishers	14,405 SF	1.30	\$18,700
5 Miscellaneous systems	14,405 SF	0.70	\$10,100
<b>C13 HVAC</b>	<b>14,405 SF</b>	<b>42.48</b>	<b>\$611,900</b>
1 Heat generation (allowance)	1 Sum	26,000.00	\$26,000
2 Liquid heat transfer (allowance)	14,405 SF	10.40	\$149,800
3 Air distribution equipment	14,405 SF	9.80	\$141,200
4 Air distribution ductwork	14,405 SF	16.90	\$243,400
5 Exhaust & ventilation	14,405 SF	1.30	\$18,700
6 24/ 7 cooling	1 Sum	9,750.00	\$9,800
7 Balancing and commissioning	14,405 SF	1.30	\$18,700
8 Miscellaneous works	14,405 SF	0.30	\$4,300
<b>C14 Controls</b>	<b>14,405 SF</b>	<b>4.20</b>	<b>\$60,500</b>
1 DCC controls	14,405 SF	4.20	\$60,500
<b>C21 Service &amp; Distribution</b>	<b>14,405 SF</b>	<b>10.40</b>	<b>\$149,800</b>
1 Allowance for service and distribution including panels, feeders, etc. feed from existing infrastructure	14,405 SF	10.40	\$149,800
<b>C22 Lighting, Devices &amp; Heating</b>	<b>14,405 SF</b>	<b>15.60</b>	<b>\$224,700</b>
1 Lighting supply and install	14,405 SF	7.80	\$112,400
2 Lighting control	14,405 SF	1.60	\$23,000
3 Exit and emergency lighting	14,405 SF	0.70	\$10,100
4 Power devices and connections	14,405 SF	3.90	\$56,200
5 Mechanical motor connections	14,405 SF	1.60	\$23,000
<b>C23 Systems &amp; Ancillaries</b>	<b>14,405 SF</b>	<b>11.60</b>	<b>\$167,100</b>
1 Fire alarm system (connect to existing)	14,405 SF	2.90	\$41,800
2 Communications empty conduit system	14,405 SF	1.30	\$18,700
3 Communication cabling	14,405 SF	3.30	\$47,500
4 Nurse Call system (simple buzzer system)	14,405 SF	2.90	\$41,800
5 Security / CCTV system (minimal)	14,405 SF	0.70	\$10,100
6 Miscellaneous systems	14,405 SF	0.50	\$7,200

---

New Addition

A - 6

---

<b>D21 Demolition</b>	<b>14,405 SF</b>	<b>0.00</b>	<b>\$0</b>
1 Carried with Alterations	14,405 SF	0.00	\$0
<b>D22 Alterations</b>	<b>14,405 SF</b>	<b>0.00</b>	<b>\$0</b>
1 Allowance for modifications and alterations to connect to existing building	14,405 SF	0.00	\$0

# Appendix J: Elemental Cost Summary - Site Development

---

**ELEMENTAL COST SUMMARY**

**Site Development** **B - 1**

ELEMENT	Ratio to GFA	Element Cost		Element Amount		Rate per SF of GFA		%
		Quantity	Unit Rate	Sub-total	Total	Sub-total	Total	
<b>A SHELL</b>		20,000 SF			\$ -		\$ -	0.0
A1 SUBSTRUCTURE							\$ -	0.0
A11 Foundations	0.000	- SF	0.00	-	-	0.00	-	-
A12 Basement Excavation	0.000	- CY	0.00	-	-	0.00	-	-
A13 Special Conditions	0.000	- SF	0.00	-	-	0.00	-	-
A2 STRUCTURE							\$ -	0.0
A21 Lowest Floor Construction	0.000	- SF	0.00	-	-	0.00	-	-
A22 Upper Floor Construction	0.000	- SF	0.00	-	-	0.00	-	-
A23 Roof Construction	0.000	- SF	0.00	-	-	0.00	-	-
A3 EXTERIOR ENCLOSURE							\$ -	0.0
A31 Walls Below Grade	0.000	- SF	0.00	-	-	0.00	-	-
A32 Walls Above Grade	0.000	- SF	0.00	-	-	0.00	-	-
A33 Windows & Entrances	0.000	- No.	0.00	-	-	0.00	-	-
A34 Roof Covering	0.000	- SF	0.00	-	-	0.00	-	-
A35 Projections	0.000	1 SF	0.00	-	-	0.00	-	-
<b>B INTERIORS</b>		- SF			\$ -		\$ -	0.0
B1 PARTITIONS & DOORS							\$ -	0.0
B11 Partitions	0.000	- SF	0.00	-	-	0.00	-	-
B12 Doors	0.000	- No.	0.00	-	-	0.00	-	-
B2 FINISHES							\$ -	0.0
B21 Floor Finishes	0.000	- SF	0.00	-	-	0.00	-	-
B22 Ceiling Finishes	0.000	- SF	0.00	-	-	0.00	-	-
B23 Wall Finishes	0.000	- SF	0.00	-	-	0.00	-	-
B3 FITTINGS & EQUIPMENT							\$ -	0.0
B31 Fittings & Fixtures	0.000	- SF	0.00	-	-	0.00	-	-
B32 Equipment	0.000	- SF	0.00	-	-	0.00	-	-
B33 Elevators	0.000	- No.	0.00	-	-	0.00	-	-
B34 Escalators	0.000	- No.	0.00	-	-	0.00	-	-
<b>C SERVICES</b>		- SF			\$ -		\$ -	0.0
C1 MECHANICAL							\$ -	0.0
C11 Plumbing & Drainage	0.000	- SF	0.00	-	-	0.00	-	-
C12 Fire Protection	0.000	- SF	0.00	-	-	0.00	-	-
C13 HVAC	0.000	- SF	0.00	-	-	0.00	-	-
C14 Controls	0.000	- SF	0.00	-	-	0.00	-	-
C2 ELECTRICAL							\$ -	0.0
C21 Service & Distribution	0.000	- SF	0.00	-	-	0.00	-	-
C22 Lighting, Devices & Heating	0.000	- SF	0.00	-	-	0.00	-	-
C23 Systems & Ancillaries	0.000	- SF	0.00	-	-	0.00	-	-
<b>NET BUILDING COST - EXCLUDING SITE</b>					\$ -		\$ -	-
D SITE & ANCILLARY WORK					\$ 104,800		\$ 524	89.12
D1 SITE WORK					104,800		524	89.1
D11 Site Development	1.000	20,000 SF	1.80	36,000	-	1.80	-	-
D12 Mechanical Site Services	1.000	20,000 SF	2.75	55,000	-	2.75	-	-
D13 Electrical Site Services	1.000	20,000 SF	0.69	13,800	-	0.69	-	-
D2 ANCILLARY WORK							\$ -	0.0
D21 Demolition	0.000	- SF	0.00	-	-	0.00	-	-
D22 Alterations	0.000	- SF	0.00	-	-	0.00	-	-
<b>NET BUILDING COST - INCLUDING SITE</b>					\$ 104,800		\$ 524	89.1
Z GENERAL REQ'S & ALLOWANCES					37,900		190	10.9
Z1 GENERAL REQUIREMENTS & FEE					12,800		064	10.9
Z11 General Requirements	9.0%			9,400	-	0.47	-	-
Z12 Fee	3.0%			3,400	-	0.17	-	-
<b>TOTAL CONSTRUCTION ESTIMATE - EXCLUDING CONTINGENCIES</b>					\$ 117,600		\$ 588	100.0
Z2 ALLOWANCES					25,100		126	
Z21 Design Allowance	5.0%			5,900	-	0.30	-	-
Z22 Escalation Allowance	0.0%	Excluded		-	-	0.00	-	-
Z23 Construction Allowance	5.0%			6,200	-	0.31	-	-
Z24 Freight	0.0%			-	-	0.00	-	-
Z25 Accommodations	10.0%			13,000	-	0.65	-	-
<b>TOTAL CONSTRUCTION ESTIMATE - INCLUDING CONTINGENCIES</b>					\$ 142,700		\$ 714	
Harmonized Sales Tax (HST)	0.00%				-		\$ -	
<b>TOTAL CONSTRUCTION ESTIMATE</b>					\$ 142,700		\$ 714	



Site Development

B - 2

<b>D11 Site Development</b>	<b>20,000 SF</b>	<b>1.80</b>	<b>\$36,000</b>
1 Allowance for site grading	20,000 SF	0.70	\$14,000
2 Allowance for asphalt paving	4,400 SF	5.00	\$22,000
3 Allowance for landscaping, planting and ammenities	15,600 SF	0.00	\$0
<b>D12 Mechanical Site Services</b>	<b>20,000 SF</b>	<b>2.75</b>	<b>\$55,000</b>
1 Allowance for mechanical site services	1 Sum	55,000.00	\$55,000
<b>D13 Electrical Site Services</b>	<b>20,000 SF</b>	<b>0.69</b>	<b>\$13,800</b>
1 Allowance for some modifications to site lighting	1 Sum	13,750.00	\$13,800

**Appendix K: Elemental Cost Summary - Full Second Floor Option**

**ELEMENTAL COST SUMMARY**

**Bldg Type** : 410  
**Reno.** : Medium  
**Area** : 4,437 SF

<b>Full Second Floor Option</b>	<b>C - 1</b>
---------------------------------	--------------

ELEMENT	Ratio to GFA	Element Cost		Element Amount		Rate per SF of GFA		%
		Quantity	Unit Rate	Sub-total	Total	Sub-total	Total	
<b>A SHELL</b>		4,437 SF			\$ 325,100		\$ 73.27	25.9
A1 SUBSTRUCTURE					26,600		\$ 600	2.1
A11 Foundations	1.000	4,437 SF	6.00	26,600	-	6.00	-	-
A12 Basement Excavation	0.000	- CY	0.00	-	-	0.00	-	-
A13 Special Conditions	0.000	- SF	0.00	-	-	0.00	-	-
A2 STRUCTURE					173,000		\$ 38.99	13.8
A21 Lowest Floor Construction	0.000	- SF	0.00	-	-	0.00	-	-
A22 Upper Floor Construction	1.000	4,437 SF	38.99	173,000	-	38.99	-	-
A23 Roof Construction	0.000	- SF	0.00	-	-	0.00	-	-
A3 EXTERIOR ENCLOSURE					125,500		\$ 28.28	10.0
A31 Walls Below Grade	0.000	- SF	0.00	-	-	0.00	-	-
A32 Walls Above Grade	0.577	2,562 SF	42.70	109,400	-	24.66	-	-
A33 Windows & Entrances	0.000	1 No.	5,500.00	5,500	-	1.24	-	-
A34 Roof Covering	0.000	- SF	0.00	-	-	0.00	-	-
A35 Projections	1.000	4,437 SF	2.39	10,600	-	2.39	-	-
<b>B INTERIORS</b>		4,437 SF			\$ 294,200		\$ 66.31	23.4
B1 PARTITIONS & DOORS					115,900		\$ 26.12	9.2
B11 Partitions	1.426	6,328 SF	11.85	75,000	-	16.90	-	-
B12 Doors	0.004	19 No.	2,152.63	40,900	-	9.22	-	-
B2 FINISHES					96,400		\$ 21.73	7.7
B21 Floor Finishes	1.000	4,437 SF	8.14	36,100	-	8.14	-	-
B22 Ceiling Finishes	1.000	4,437 SF	6.99	31,000	-	6.99	-	-
B23 Wall Finishes	2.605	11,557 SF	2.54	29,300	-	6.60	-	-
B3 FITTINGS & EQUIPMENT					81,900		\$ 18.46	6.5
B31 Fittings & Fixtures	1.000	4,437 SF	18.46	81,900	-	18.46	-	-
B32 Equipment	1.000	4,437 SF	0.00	-	-	0.00	-	-
B33 Elevators	0.000	- No.	0.00	-	-	0.00	-	-
B34 Escalators	0.000	- No.	0.00	-	-	0.00	-	-
<b>C SERVICES</b>		4,437 SF			\$ 500,200		\$ 112.73	39.8
C1 MECHANICAL					333,400		\$ 75.14	26.5
C11 Plumbing & Drainage	1.000	4,437 SF	21.66	96,100	-	21.66	-	-
C12 Fire Protection	1.000	4,437 SF	5.61	24,900	-	5.61	-	-
C13 HVAC	1.000	4,437 SF	43.68	193,800	-	43.68	-	-
C14 Controls	1.000	4,437 SF	4.19	18,600	-	4.19	-	-
C2 ELECTRICAL					166,800		\$ 37.59	13.3
C21 Service & Distribution	1.000	4,437 SF	10.39	46,100	-	10.39	-	-
C22 Lighting, Devices & Heating	1.000	4,437 SF	15.60	69,200	-	15.60	-	-
C23 Systems & Ancillaries	1.000	4,437 SF	11.61	51,500	-	11.61	-	-
<b>NET BUILDING COST - EXCLUDING SITE</b>					<b>\$ 1,119,500</b>		<b>\$ 252.31</b>	<b>89.1</b>
D SITE & ANCILLARY WORK					\$ -		\$ -	0.00
D1 SITE WORK					-		\$ -	0.0
D11 Site Development	0.000	- SF	0.00	-	-	0.00	-	-
D12 Mechanical Site Services	0.000	- SF	0.00	-	-	0.00	-	-
D13 Electrical Site Services	0.000	- SF	0.00	-	-	0.00	-	-
D2 ANCILLARY WORK					-		\$ -	0.0
D21 Demolition	1.000	4,437 SF	0.00	-	-	0.00	-	-
D22 Alterations	1.000	4,437 SF	0.00	-	-	0.00	-	-
<b>NET BUILDING COST - INCLUDING SITE</b>					<b>\$ 1,119,500</b>		<b>\$ 252.31</b>	<b>89.1</b>
Z GENERAL REQ'S & ALLOWANCES					481,000		\$ 108.41	10.9
Z1 GENERAL REQUIREMENTS & FEE					137,400		\$ 30.97	10.9
Z11 General Requirements	9.0%			100,800	-	22.72	-	-
Z12 Fee	3.0%			36,600	-	8.25	-	-
<b>TOTAL CONSTRUCTION ESTIMATE - EXCLUDING CONTINGENCIES</b>					<b>\$ 1,256,900</b>		<b>\$ 283.28</b>	<b>100.0</b>
Z2 ALLOWANCES					343,600		\$ 77.44	
Z21 Design Allowance	5.0%			62,800	-	14.15	-	-
Z22 Escalation Allowance	0.0%	Excluded		-	-	0.00	-	-
Z23 Construction Allowance	5.0%			66,000	-	14.87	-	-
Z24 Freight	5.0%			69,300	-	15.62	-	-
Z25 Accommodations	10.0%			145,500	-	32.79	-	-
<b>TOTAL CONSTRUCTION ESTIMATE - INCLUDING CONTINGENCIES</b>					<b>\$ 1,600,500</b>		<b>\$ 360.72</b>	
Harmonized Sales Tax (HST)	0.00%				-		\$ -	
<b>TOTAL CONSTRUCTION ESTIMATE</b>					<b>\$ 1,600,500</b>		<b>\$ 360.72</b>	



Full Second Floor Option

C - 2

<b>A11 Foundations</b>	<b>4,437 SF</b>	<b>6.00</b>	<b>\$26,600</b>
1 Allowance for foundations including footings, foundation walls, column footings and piers (assumes normal soils conditions)	4,437 SF	6.00	\$26,600
<b>A12 Basement Excavation</b>	<b>0 CY</b>	<b>0.00</b>	<b>\$0</b>
1 No work required	0 CY	0.00	\$0
<b>A13 Special Conditions</b>	<b>0 SF</b>	<b>0.00</b>	<b>\$0</b>
1 No work required	0 SF	0.00	\$0
<b>A21 Lowest Floor Construction</b>	<b>1 Sum</b>	<b>0.00</b>	<b>\$0</b>
1 Concrete slab on grade	0 SF	0.00	\$0
<b>A22 Upper Floor Construction</b>	<b>4,437 SF</b>	<b>38.99</b>	<b>\$173,000</b>
1 Allowance for structural steel upper floor construction including columns, beams, etc.	4,437 SF	39.00	\$173,000
<b>A23 Roof Construction</b>	<b>0 SF</b>	<b>0.00</b>	<b>\$0</b>
1 Allowance for some reinforcing for AHUs (more info to follow)	0 SF	0.00	\$0
<b>A31 Walls Below Grade</b>	<b>0 SF</b>	<b>0.00</b>	<b>\$0</b>
1 No work required	0 SF	0.00	\$0
<b>A32 Walls Above Grade</b>	<b>2,562 SF</b>	<b>42.70</b>	<b>\$109,400</b>
1 Brick exterior wall assembly	2,496 SF	39.00	\$97,300
2 Stone exterior wall assembly	0 SF	0.00	\$0
3 Curtain wall	0 SF	0.00	\$0
4 Windows	66 SF	66.00	\$4,400
5 Allowance for architectural features	2,562 SF	3.00	\$7,700
<b>A33 Windows &amp; Entrances</b>	<b>1 No.</b>	<b>5,500.00</b>	<b>\$5,500</b>
1 Aluminum glazed, double leaf	0 Pair	0.00	\$0
2 Allowance for roof access hatch c/w ladder	1 No.	5,500.00	\$5,500
3 Windows (see walls above grade)	0 SF	0.00	\$0
<b>A34 Roof Covering</b>	<b>0 SF</b>	<b>0.00</b>	<b>\$0</b>
1 Allowance for roofing	0 SF	0.00	\$0
<b>A35 Projections</b>	<b>1 Sum</b>	<b>10,600.00</b>	<b>\$10,600</b>
1 Allowance for parapet	192 LF	55.00	\$10,600
2 Allowance for entrance canopy	1 Sum	0.00	\$0



Full Second Floor Option

C - 3

<b>B11 Partitions</b>	<b>1.426</b>	<b>6,328 SF</b>	<b>11.85</b>	<b>\$75,000</b>
1 Drywall partitions		6,204 SF	11.00	\$68,200
2 Concrete block partitions		0 SF	17.00	\$0
3 Allowance for glazed partitions		124 SF	55.00	\$6,800
<b>B12 Doors</b>		<b>19 No.</b>	<b>2,152.63</b>	<b>\$40,900</b>
1 Allowance for new doors, single leaf		17 Lvs	1,980.00	\$33,700
2 Allowance for new doors, double leaf		1 Pair	7,150.00	\$7,200
<b>B21 Floor Finishes</b>		<b>4,437 SF</b>	<b>8.14</b>	<b>\$36,100</b>
1 Resilient flooring		4,038 SF	8.00	\$32,300
2 Ceramic tile		299 SF	12.00	\$3,600
3 Unfinished / Sealed only		100 SF	2.00	\$200
<b>B22 Ceiling Finishes</b>		<b>4,437 SF</b>	<b>6.99</b>	<b>\$31,000</b>
1 Allowance for acoustic ceiling tile		3,328 SF	5.00	\$16,600
2 Allowance for suspended GWB ceiling, painted		1,109 SF	11.00	\$12,200
3 Allowance for bulkheads		1 Sum	1,100.00	\$1,100
4 Allowance for architectural features		1 Sum	1,100.00	\$1,100
<b>B23 Wall Finishes</b>		<b>11,557 SF</b>	<b>2.54</b>	<b>\$29,300</b>
1 Paint		9,997 SF	1.00	\$10,000
2 Ceramic tile		1,560 SF	12.00	\$18,700
3 Allowance for special finishes		1 Sum	550.00	\$600

Full Second Floor Option

C - 4

<b>B31 Fittings &amp; Fixtures</b>	<b>4,437 SF</b>	<b>18.46</b>	<b>\$81,900</b>
1 Allowance for washroom accessories	3 No.	1,100.00	\$3,300
2 Allowance for accessories to clinical sinks	5 No.	660.00	\$3,300
3 Allowance for millwork	4,437 SF	9.00	\$39,900
4 Allowance for rough carpentry	4,437 SF	1.00	\$4,400
5 Allowance for miscellaneous specialties	4,437 SF	4.00	\$17,700
6 Allowance for miscellaneous metals	4,437 SF	2.00	\$8,900
7 Allowance for signage	4,437 SF	1.00	\$4,400
8 Allowance for window coverings (excluded)	0 SF	0.00	\$0
<b>B32 Equipment</b>	<b>4,437 SF</b>	<b>0.00</b>	<b>\$0</b>
1 Assume none required	1 Sum	0.00	\$0
<b>B33 Elevators</b>	<b>0 No.</b>	<b>0.00</b>	<b>\$0</b>
1 Allowance for new elevator (2 stops)	0 No.	0.00	\$0
<b>B34 Escalators</b>	<b>0 No.</b>	<b>0.00</b>	<b>\$0</b>
1 No work required	0 No.	0.00	\$0

Full Second Floor Option

C - 5

<b>C11 Plumbing &amp; Drainage</b>	<b>14 SF</b>	<b>6,864.29</b>	<b>\$96,100</b>
1 Plumbing fixtures & fittings	14 No.	1,950.00	\$27,300
2 Domestic water (allowance)	4,437 SF	6.50	\$28,800
3 Sanitary drainage and vent (allowance)	4,437 SF	5.20	\$23,100
4 Storm drainage	4,437 SF	1.60	\$7,100
5 Medical gases (not required)	4,437 SF	0.00	\$0
6 Natural gases (allowance)	4,437 SF	1.30	\$5,800
7 Miscellaneous	4,437 SF	0.90	\$4,000
<b>C12 Fire Protection</b>	<b>4,437 SF</b>	<b>5.61</b>	<b>\$24,900</b>
1 Stand pipe (not required)	4,437 SF	0.00	\$0
2 Sprinkler system, if required	4,437 SF	3.60	\$16,000
3 Fire pump (not required)	4,437 SF	0.00	\$0
4 Fire extinguishers	4,437 SF	1.30	\$5,800
5 Miscellaneous systems	4,437 SF	0.70	\$3,100
<b>C13 HVAC</b>	<b>4,437 SF</b>	<b>43.68</b>	<b>\$193,800</b>
1 Heat generation (allowance)	1 Sum	13,000.00	\$13,000
2 Liquid heat transfer (allowance)	4,437 SF	10.40	\$46,100
3 Air distribution equipment	4,437 SF	9.80	\$43,500
4 Air distribution ductwork	4,437 SF	16.90	\$75,000
5 Exhaust & ventilation	4,437 SF	1.30	\$5,800
6 24/ 7 cooling	1 Sum	3,250.00	\$3,300
7 Balancing and commisioning	4,437 SF	1.30	\$5,800
8 Miscellaneous works	4,437 SF	0.30	\$1,300
<b>C14 Controls</b>	<b>4,437 SF</b>	<b>4.19</b>	<b>\$18,600</b>
1 DCC controls	4,437 SF	4.20	\$18,600
<b>C21 Service &amp; Distribution</b>	<b>4,437 SF</b>	<b>10.39</b>	<b>\$46,100</b>
1 Allowance for service and distribution including panels, feeders, etc. feed from existing infrastructure	4,437 SF	10.40	\$46,100
<b>C22 Lighting,Devices &amp; Heating</b>	<b>4,437 SF</b>	<b>15.60</b>	<b>\$69,200</b>
1 Lighting supply and install	4,437 SF	7.80	\$34,600
2 Lighting control	4,437 SF	1.60	\$7,100
3 Exit and emergency lighting	4,437 SF	0.70	\$3,100
4 Power devices and connections	4,437 SF	3.90	\$17,300
5 Mechanical motor connections	4,437 SF	1.60	\$7,100
<b>C23 Systems &amp; Ancillaries</b>	<b>4,437 SF</b>	<b>11.61</b>	<b>\$51,500</b>
1 Fire alarm system (connect to existing)	4,437 SF	2.90	\$12,900
2 Communications empty conduit system	4,437 SF	1.30	\$5,800
3 Communication cabling	4,437 SF	3.30	\$14,600
4 Nurse Call system (simple buzzer system)	4,437 SF	2.90	\$12,900
5 Security / CCTV system (minimal)	4,437 SF	0.70	\$3,100
6 Miscellaneous systems	4,437 SF	0.50	\$2,200

---

Full Second Floor Option

C - 6

---

<b>D21 Demolition</b>	<b>4,437 SF</b>	<b>0.00</b>	<b>\$0</b>
1 Carried with Alterations	4,437 SF	0.00	\$0
<b>D22 Alterations</b>	<b>4,437 SF</b>	<b>0.00</b>	<b>\$0</b>
1 Allowance for modifications and alterations to connect to existing building	4,437 SF	0.00	\$0





5602 Tenth Line West, PO Box 57030, Mississauga, Ontario, L5M 0M5  
Toll Free 1-877-524-2824