

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, OCTOBER 12, 2023

<u>PAGE NO.</u>		<u>ACTION</u>
	<u>AGENDA - OCTOBER 12, 2023</u>	Approve
	<u>SUPPLEMENTARY AGENDA</u>	Receive
	<u>MINUTES</u>	
2-4	Stuart-Nechako Regional Hospital District Meeting Minutes - July 13, 2023	Approve
	<u>REPORTS</u>	
5-26	John Illes, Treasurer- Northern Hospital Districts' Memorandum of Understanding With Northern Health	Recommendation
27-28	John Illes, Treasurer - Third Quarter 2023 Financial Statements	Receive
29-38	Curtis Helgesen, Secretary - Tax Rate Sustainability	Discussion

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**MEETING MINUTES****THURSDAY, JULY 13, 2023**

PRESENT: Chair Judy Greenaway

Directors Martin Elphee
Linda McGuire
Shirley Moon
Kevin Moutray
Mark Parker
Michael Riis-Christianson

Directors Absent Clint Lambert, Electoral Area E (Francois/Ootsa Lake Rural)
Sarrah Storey, Village of Fraser Lake
Henry Wiebe, Village of Burns Lake

Alternate Directors Audrey Fennema, Village of Fraser Lake
Charlie Rensby, Village of Burns Lake

Staff Curtis Helgesen, Secretary
Cheryl Anderson, Acting Secretary
John Illes, Treasurer
Jason Llewellyn, Director of planning

Others Gladys Atrill, Town of Smithers – arrived at 10:09 am
Shane Brienen, District of Houston
Brad Miller
Chris Newell, Electoral Area G (Houston/Granisle Rural) – arrived at 10:13 am
Stoney Stoltenberg, Electoral Area A (Smithers/Telkwa Rural)

CALL TO ORDER

Chairperson Greenaway called the meeting to order at 10:05 a.m.

AGENDAMoved by Director Elphee
Seconded by Director Riis-Christianson**SNRHD.2023-7-1**

"That the Stuart-Nechako Regional Hospital District Agenda of July 13, 2023 be approved."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

MINUTES

Stuart-Nechako Regional
 Hospital District Meeting
 Minutes – June 8, 2023

Moved by Director McGuire
 Seconded by Director Elphee

SNRHD.2023-7-2

“That the minutes of the Stuart-Nechako Regional Hospital District meeting of June 8, 2023 be adopted.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORT

Investment Policy Update

Moved by Director Riis-Christianson
 Seconded by Director Parker

SNRHD.2023-7-3

“That the new investment policy be approved.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

VERBAL REPORTS

Emergency Room
 Deferral in Vanderhoof

Director Moutray advised that Vanderhoof is experiencing its 8th Emergency Room deferral due to a doctor shortage.

Granisle Update

Director McGuire advised that Granisle will be losing one of its two nurse practitioners. She added that the doctor from Burns Lake that currently attends Granisle on Mondays and Tuesdays in person, and virtually on Fridays is leaving at the end of September to set up private practice in Prince George.

Fort St. James
 - Physiotherapist

Chair Greenaway reported there will be a new part-time physiotherapist in Fort St. James.

Receipt of Verbal Reports

Moved by Director McGuire
 Seconded by Director Elphee

SNRHD.2023-7-4

“That the verbal reports of the various Directors be received.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

ADJOURNMENT

Moved by Director Fennema
Seconded by Director Elphee

SNRHD.2023-7-5

"That the meeting be adjourned at 10:18 a.m."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Judy Greenaway, Chairperson

Cheryl Anderson, Acting Secretary

Stuart-Nechako Regional Hospital District Board of Directors

To: Chair and Board
From: John Illes, Treasurer
Date: October 12, 2023
Subject: **Northern Hospital Districts' Memorandum of Understanding
with Northern Health**

RECOMMENDATION: **(all/directors/majority)**

That the chair sign the Memorandum of Understanding at the fall meeting with Northern Health.

BACKGROUND

Northern Health and the northern Hospital Districts will meet on October 16, 2023 to discuss items of mutual interest and to renew the memorandum of understanding between the parties. The SNRHD board had approved the preliminary memorandum of understanding on May 18th. Attached is the final memorandum that was updated after the incorporation of comments and suggestions from all of the hospital districts, the provincial government and Northern Health staff. The prior memorandum, that expires this year, is included as an attachment to this memo for reference.

Staff are recommending that the Chair sign the Memorandum at the fall meeting.

Attachment: **Current MOU**
Proposed MOU

Memorandum of Understanding

THIS UNDERSTANDING made as of the 7th day of October, 2003 and renewed, as amended, the 18th day of October, 2021.

BETWEEN:

NORTHERN HEALTH

(hereinafter called "NH")

AND:

OF THE FIRST PART

**CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT
FRASER-FORT GEORGE REGIONAL HOSPITAL DISTRICT
NORTH WEST REGIONAL HOSPITAL DISTRICT
NORTHERN ROCKIES REGIONAL HOSPITAL DISTRICT
PEACE RIVER REGIONAL HOSPITAL DISTRICT
STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**

(hereinafter called "RHDs")

OF THE SECOND PART

WHEREAS:

- A) NH is responsible for all health care services within the Northern British Columbia region comprising of Northwest, Northeast and Northern Interior Health Service Delivery Areas, and
- B) The RHDs are responsible, on a voluntary basis, for providing funding based on a cost-shared formula to NH for capital, including equipment and clinical information technology projects, within their respective service areas in accordance with the *Hospital District Act*.

Intent:

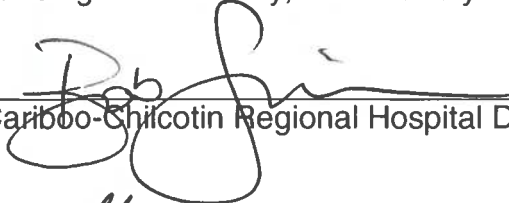
In order for the planning and funding of equipment, clinical information technology and capital projects to be effective and efficient while ensuring accountability, the parties agree with each other as follows:

1. Upon receiving the funding envelope from the province for *Capital Improvement Projects*, NH will allocate the capital funding for *Minor Capital Projects and Equipment < \$100K* among the three Health Service Delivery Areas (HSDAs.) Each HSDA will contact its respective RHD to share the plan by community, including identifying funding allocation by each community, for feedback.

2. Upon receiving the funding envelope from the province for *Capital Improvement Projects*, NH will present proposals at a meeting of the Chairs/Staff of all RHDs within the region to seek feedback and identify funding requirements. *Capital Improvement Projects* requiring RHD funding will be presented to the regional planning group before being presented to the NH Board for approval.
3. Capital equipment projects over \$100,000 will be prioritized on an NH-wide basis and presented to the RHDs for feedback and to identify requirements prior to being presented to the NH Board for approval.
4. Capital Projects requiring debt servicing or other forms of funding by NH, not included above and which historically would receive RHD funding, will be presented to a meeting of the Chairs/Staff of all RHDs within the region to seek feedback and identify funding requirements prior to being presented to the NH Board for approval.
5. NH will provide three-year capital plans including construction, clinical information technology and equipment outlining funding requirements to the respective RHDs by November 1st of each year, recognizing that it will take time for NH to develop suitable plans integrated with service plans.
6. RHDs may examine widening the scope of projects that will be cost-shared under legislation, subject to RHD taxation limits.
7. NH will submit a summary of projects and/or equipment costing under \$100K to the RHDs for their review, annually. NH will submit a summary of the projects and/or equipment costing over \$100K to the RHDs for reimbursement. RHDs reserve the right to request further detailed invoice copies.
8. For any project with an estimated cost greater than \$1 million, including professional services, construction and equipment, the RHD may require the use of a *Project Implementation and Accountability process* (see Appendix 1.)
9. The disposal of NH capital assets and disposition of proceeds will follow the guidelines set out in Appendix 2.
10. Subject to Ministry of Health review and approval, media releases announcing capital expenditures for which RHD funding is supplied will be jointly produced and released by NH and the RHD.
11. a) RHDs may provide funding for projects within their geographic boundaries and for clinical information technology and projects or equipment outside their boundaries where there is a greater service area and there is an agreement amongst benefiting RHDs and NH for cost-sharing such projects.

- b) Each RHD maintains the flexibility to negotiate independently with NH without prejudice and precedence for issues relating to the capital plan within the RHD boundary.
12. The parties agree to meet twice each year to discuss planning and funding of equipment and capital projects. NH agrees to schedule additional meetings with the individual RHD's to discuss specific capital projects and operational issues as the need arises.
- a) Spring joint meetings will focus on the Capital Plan and business matters.
 - b) Fall joint meetings will focus on preparation of the Capital Plan and feedback on strategic directions in preparation for the NH Board fall planning session.
13. The NH Board will provide opportunity for each RHD to meet annually with the NH Board when the Board is meeting in the RHD's jurisdiction. The purpose of this meeting is:
- a) to discuss matters of mutual concern related to the Capital Plan, and
 - b) to receive any other feedback and input.
14. RHDs will have opportunity to meet with NH's Board Chair and Chief Executive Officer during the course of the North Central Local Government Association (NCLGA) and Union of B.C. Municipalities (UBCM) events held each year to discuss the Capital Plan and related issues.
15. NH's Chief Operating Officers (COOs) from each HSDA will attend RHD meetings upon request for discussion of ad-hoc items to ensure timely communication of issues.
16. This agreement will be reviewed every two years by NH and RHDs to ensure the process is accountable and effective. Any party can terminate its participation by giving 90 days' notice in writing to all parties of its intent to do so.

IN WITNESS WHEREOF the parties have executed this Memorandum of Understanding as of the day, month and year first above written.



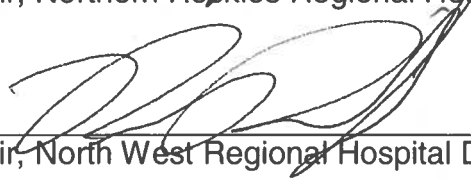
Chair, Cariboo-Chilcotin Regional Hospital District



Chair, Fraser-Fort George Regional Hospital District



Chair, Northern Rockies Regional Hospital District



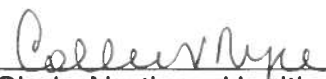
VICE Chair, North West Regional Hospital District



Chair, Peace River Regional Hospital District



Chair, Stuart-Nechako Regional Hospital District



Chair, Northern Health

APPENDIX 1**NORTHERN HEALTH / REGIONAL HOSPITAL DISTRICT
PROJECT IMPLEMENTATION AND ACCOUNTABILITY PROCESS****POLICY**

Northern Health (NH) is responsible for Capital Projects and Regional Hospital Districts (RHDs) are responsible to the taxpayer and require accountability regarding Capital Projects from Health Authorities. NH has the expertise to implement projects and RHDs reserve the right to decide the amount of funding contribution to the projects.

NH and RHDs agree that projects are to be developed using the following guidelines:

PROJECTS OVER \$1 MILLION**Preliminary Planning**

Projects over \$1 million should be included in the five-year prioritized major capital project plan, and be consistent with the facility role and service plan.

Scope of Project

Northern Health will develop the scope of the project with consultation from their stakeholders and user groups. A Project Brief will be presented to the RHD for approval- in-principle. The RHD may wish to consider approval of planning funds at this stage.

Project Brief includes:

- Needs Assessment
- Project description (including scope)
- Location
- Preliminary cost estimate

Planning

NH's formal request to the RHD will include the same project planning documentation as presented to NH's Board for their approval. It is anticipated this documentation will include:

- Detailed Project Scope
- Conceptual and schematic estimates
- Project delivery time schedule
- Strategic importance
- Cost estimate
- Recommended reporting schedule to the RHD
- Other information applicable to the project

Implementation

Progress reports will be provided to the RHD on a regular basis, as agreed to with individual RHDs in compliance with the agreed scope of the project. Requests for funding will include actual monthly expenditures, budgetary status report and list of change orders and cannot exceed actual expenses incurred as reported on the status report. RHDs reserve the right to request invoices.

Project Management

If a project is likely to diverge from the original scope or implementation schedule, NH will inform the RHD in a timely manner, identifying the reasons for the variance, the financial implications, the time frame implications and impacts on the projected completion date. Failure to notify the RHD may jeopardize the RHD portion of incremental project funding.

NH may make a request to the RHD for funding contributions for cost overruns; however, the RHD is not obligated to approve such requests.

Any scope change or reallocation of project funds over 5% requires RHD consent. In the event that cost savings on the total project are generated, NH will contact the RHD and report the amount and provide an explanation.

PROJECTS BETWEEN \$100,000 AND \$1 MILLION

Northern Health to provide:

- A Scope of Work for the project. This project brief will include an understanding of the need, priority, schematic design (if required), and order of magnitude budget.
- NH will provide the RHD with an annual list of all proposed projects for the current fiscal year for their budget consideration and feedback. A five-year plan will also be provided at this time.
- NH will, to the best of its abilities, complete all projects on time, on budget and within scope.
- NH will attend the RHD Board meetings to provide updates on any or all projects, if requested.

Reports to be provided by Northern Health:

- Quarterly update to the RHD. This update includes a schedule describing the progress for each approved project from schematic design through to final completion of the project. It also provides the estimated construction timeframe and proposed completion date. This information is to be used in the planning of any opening ceremonies.

- NH will advise the RHD immediately, in writing, of any project with the potential of significant changes to the scope of work or budget overrun, detailing the change and/or cost overrun.
- NH may make a request to the RHD for funding contributions for cost overruns, however the RHD is not obligated to approve such requests.

THE FOLLOWING WILL BE APPLICABLE TO ALL PROJECTS

Public/Private Partnerships

Should NH enter into public/private partnership with RHD involvement, a different project implementation approach and accountability process may be required, which will be decided in the initial planning stages.

Completion

Subject to Ministry of Health review and approval, NH and the RHD will arrange joint press releases in accordance with their Memorandum of Understanding. Media events, such as project approval, sod turning and facility openings, shall ensure recognition and include participation of funding partners.

APPENDIX 2**DISPOSAL OF NORTHERN HEALTH CAPITAL ASSETS
AND DISPOSITION OF PROCEEDS****POLICY**

Northern Health (NH) will work with respective Regional Hospital Districts (RHDs) and in compliance with the Ministry of Health Capital Asset Management Plan in the disposal of NH capital assets and the disposition of proceeds as follows:

1. Disposal of Health Authority Capital Assets

NH will consult with an RHD regarding disposal of capital assets, including equipment, land and buildings, with an initial capital cost over \$500,000 that have been cost-shared by that RHD. The sale or disposal of the asset will be in accordance with Ministry of Health policy.

In the event that an outstanding RHD debt remains on the property, NH will negotiate repayment through agreement with the RHD and/or the Ministry.

Any "trade in allowance" or "proceeds of sale" of assets which the RHD has cost-shared shall be applied to the purchase of the replacement asset or, if the asset is not to be replaced, NH will negotiate the use of the proceeds of the sale or disposal towards an item on the NH Capital Plan within the RHD.

2. Transferring Assets within RHD Boundaries

When a major capital asset that a RHD has cost-shared is moved to another facility within the RHD boundaries, NH will consult with the RHD prior to transferring the asset from one facility to another.

3. Transferring Assets outside RHD Boundaries

When a major capital asset that a RHD has cost-shared is moved to another facility outside the RHD, the RHD Board will be asked for their consent prior to transferring the asset.

4. Change to Function

If NH plans to substantively change the function of a capital asset (facility or component thereof) that the RHD has cost-shared, NH will consult with that RHD prior to any such conversion. Examples include hospital conversion to complex care, complex care conversion to supportive housing.

The RHD may wish to negotiate repayment of any outstanding debt and/or compensation.

Emergency movement of equipment, making space available for care due to a catastrophic facility failure or other event, NH and the RHD agree: 1. that the RHD will be notified as soon as possible after the event starts; and 2. that consultation and consent will be discussed after the event.

Memorandum of Understanding

THIS UNDERSTANDING made as of the 7th day of October 2003 and renewed, as amended, the 16th day of October, 2023.

BETWEEN:

NORTHERN HEALTH AUTHORITY

(hereinafter called "NH")

AND:

OF THE FIRST PART

**CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT
FRASER-FORT GEORGE REGIONAL HOSPITAL DISTRICT
NORTH WEST REGIONAL HOSPITAL DISTRICT
NORTHERN ROCKIES REGIONAL HOSPITAL DISTRICT
PEACE RIVER REGIONAL HOSPITAL DISTRICT
STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**

(hereinafter called "RHDs")

OF THE SECOND PART

WHEREAS:

- A) NH is a regional health authority as established under the *BC Health Authorities Act* with a mandate to design, deliver and administer health care services within Northern British Columbia, and
- B) The RHDs are responsible, on a voluntary basis, for providing funding based on a cost-shared formula to NH for capital, including equipment and clinical information technology projects, within their respective service areas in accordance with the *Hospital District Act*.

Definitions

Categories of funding:

- Routine Capital Investment (RCI) = standard equipment replacement, major repairs, refits and upgrades, renovations; cost is over \$100,000.
- Priority Investment (PI) = Net new health care facility, net new addition to a facility, net new major diagnostic equipment and IM/IT infrastructure.
- Non-Restricted Capital Grants (Non-RCG) = projects and equipment under \$100,000.

Northern Health Capital Planning Cycle includes:

- Equipment and project identification.
- Review and prioritization.
- Overview with Regional Hospital Districts at the Fall Joint meeting with follow up detailed discussion between NH Capital Planning and each RHD CAO and CFO.
- Development of the capital plan for submission to the Northern Health Board for approval.
- Cycle runs from winter to winter (ie begins winter 2023 and ends winter 2024 for the 2024-25 capital plan)

Fiscal Years:

- RHD Fiscal Year – January to December
- NH Fiscal Year – April to March

Funding Letter:

- Annually, the Ministry of Health (MOH) provides Northern Health a Capital Funding Letter.
- The funding letter includes the approved funding for the current fiscal year, as well as notional funding amounts for the next two fiscal years.
- The Ministry, at its discretion, may amend the Capital Funding Letter.

Capital Planning Process - Appendix 1

Intent:

In order for the planning and funding of equipment, information technology and capital projects to be efficient while ensuring accountability, the parties agree with each other as follows:

1. Upon receiving the Non-RCG funding envelope from the province, NH will set funding allocations for *Minor Capital Projects and Equipment* < \$100K and *Building Integrity* <\$100k for the Regional Hospital District areas.
2. Routine Capital Investment projects will be prioritized on an NH-wide basis and presented to each RHD for feedback prior to being presented to the NH Board for approval.
3. Capital Projects requiring debt servicing such as Priority Investment Projects will be presented to the Chair/Staff of each RHDs within the region to identify funding requirements prior to being presented to the NH Board for approval.

4. NH will provide three-year notional capital plans including construction, information technology and equipment projects outlining funding requirements to the respective RHDs by November 1st of each year.
5. Expansion of project scope and/or cost will require mutual agreement between NH and the RHD that the expansion is feasible within RHD taxation limits and NH capital funding and operational constraints and required approvals.
6. NH will submit a summary of projects and/or equipment costing under \$100K to each RHD quarterly.
7. NH will submit expense listings of the projects and/or equipment costing over \$100K to each RHD for reimbursement of the RHD share of the costs. The RHD may reserve the right to request further detailed invoice copies.
8. For any project with an estimated cost greater than \$5 million, including professional services, construction and equipment, the RHD may require the use of a *Project Implementation and Accountability process* (see Appendix 2.)
9. The disposal of NH capital assets and disposition of proceeds will follow the guidelines set out in Appendix 3.
10. Subject to Ministry of Health review and approval, media releases announcing capital expenditures for which RHD funding is supplied will be jointly produced and released by NH and the RHD.
11.
 - a) RHDs may provide funding for projects within their geographic boundaries and for information technology and projects or equipment outside their boundaries where there is a greater service area and there is an agreement amongst benefiting RHDs and NH for cost-sharing such projects.
 - b) Each RHD maintains the flexibility to negotiate independently with NH without prejudice and precedence for issues relating to the capital plan within the RHD boundary.
12. The parties agree to meet twice each year to discuss planning and funding of equipment and capital projects. NH agrees to schedule additional meetings with the individual RHD's to discuss specific capital projects and operational issues as scheduled between the RHD Chair and CAO/ED and Northern Health.
 - a) Spring joint meetings will focus on the Capital Plan and business matters and will be held virtually.
 - b) Fall joint meetings will occur prior to the NH Board fall planning session and focus on preparation of the Capital Plan and feedback on strategic

directions in preparation for NH Board planning and will generally be in person in Prince George.

13. The NH Board will provide the opportunity for each RHD to meet annually with the NH Board as Board meetings are held in their respective communities.

The purpose of this meeting is:

- a) to review progress on the implementation of the approved Capital Plan,
 - b) to discuss matters of mutual concern related to future priorities for the Capital Plan, and,
 - c) to receive any other feedback and input.
14. RHDs will have opportunity to meet with NH's Board Chair and Chief Executive Officer during the course of the North Central Local Government Association (NCLGA) and Union of B.C. Municipalities (UBCM) events held each year to discuss the Capital Plan and related issues.
 15. NH's Chief Operating Officers (COOs) and the Executive Director, Capital Planning, Facilities Operations & Logistics will attend RHD meetings on a mutually agreed upon schedule for discussion of the Capital Plan and other ad-hoc items as requested.
 16. This agreement will be reviewed every two years by NH and RHDs to ensure the process is accountable and effective. Any party can terminate its participation by giving 90 days' notice in writing to all parties of its intent to do so.

IN WITNESS WHEREOF the parties have executed this Memorandum of Understanding as of the day, month and year first above written.

Chair, Cariboo-Chilcotin Regional Hospital District

Chair, Fraser-Fort George Regional Hospital District

Chair, Northern Rockies Regional Hospital District

Chair, North West Regional Hospital District

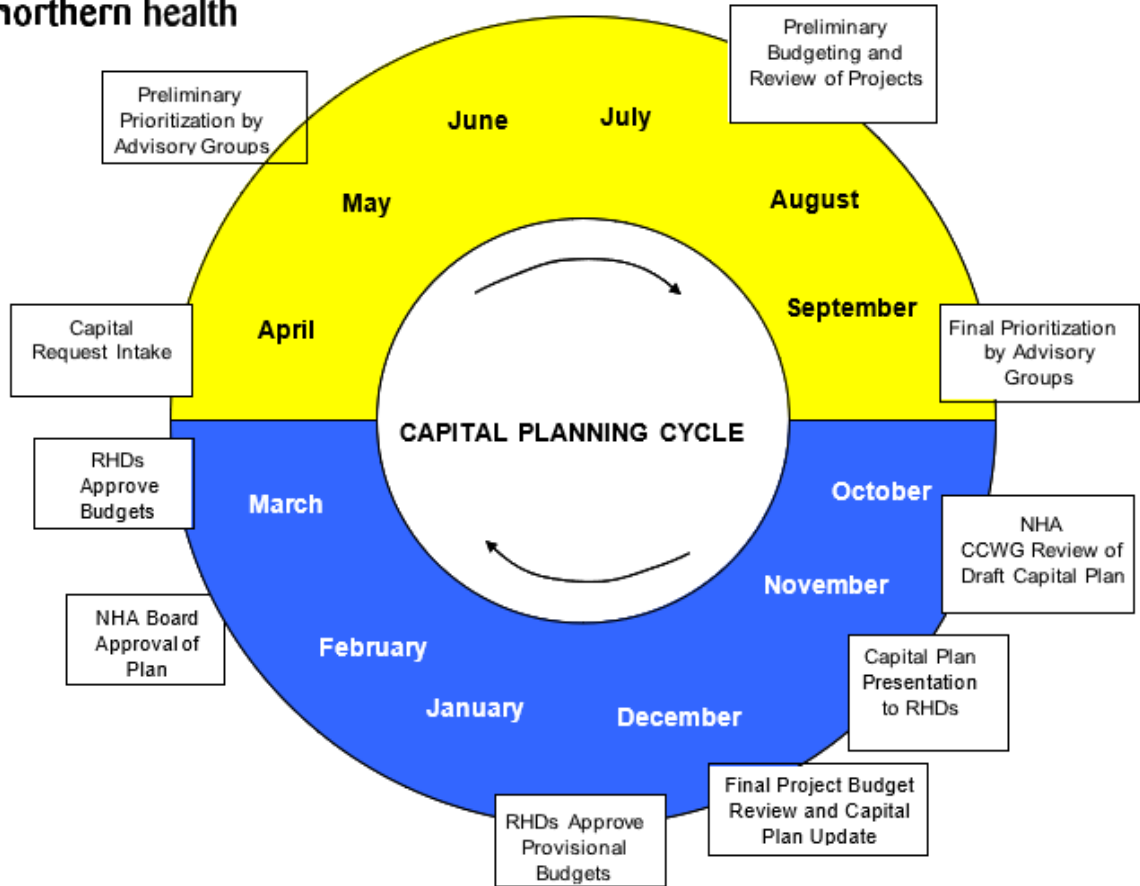
Chair, Peace River Regional Hospital District

Chair, Stuart-Nechako Regional Hospital District

Chair, Northern Health

APPENDIX 1

CAPITAL PLANNING CYCLE



APPENDIX 2**NORTHERN HEALTH / REGIONAL HOSPITAL DISTRICT
PROJECT IMPLEMENTATION AND ACCOUNTABILITY PROCESS****POLICY**

Northern Health (NH) is responsible for Capital Projects and Regional Hospital Districts (RHDs) are responsible to the taxpayer and require accountability regarding Capital Projects from Health Authorities. NH has the expertise to implement projects and RHDs reserve the right to decide the amount of funding contribution to the projects.

NH and RHDs agree that projects are to be developed using the following guidelines:

- Routine Capital Investment (RCI) = standard equipment replacement, major repairs, refits and upgrades, renovations; cost is over \$100,000.
- Priority Investment (PI) = Net new health care facility, net new addition to a facility, net new major diagnostic equipment and IM/IT infrastructure.

ROUTINE CAPITAL INVESTMENT**Northern Health to provide:**

- A Scope of Work for the project. This project brief will include an understanding of the need, priority, schematic design (if required), and order of magnitude budget.
- NH will provide the RHD with an annual list of all proposed projects for the current fiscal year for their budget consideration and feedback. A five-year plan will also be provided at this time.
- NH will, to the best of its abilities, complete all projects on time, on budget and within scope.
- NH will attend the RHD Board meetings to provide updates on any or all projects, if requested.

Reports to be provided by Northern Health:

- Quarterly update to the RHD. This update includes project dashboards which provide the estimated construction timeframe and proposed completion date. This information is to be used in the planning of any opening ceremonies.
- NH will advise the RHD immediately, in writing, of any project with the potential of significant changes to the scope of work or budget overrun, detailing the change and/or cost overrun.
- NH may make a request to the RHD for funding contributions for cost overruns, however the RHD is not obligated to approve such requests.

PRIORITY INVESTMENT

Preliminary Planning

- Priority Investment projects should be included in the five-year prioritized major capital project plan and be consistent with the facility role and service plan.

Scope of Project

- Northern Health will develop the scope of the project with consultation from their stakeholders and user groups. A Project Brief will be presented to the RHD for approval- in-principle. The RHD may wish to consider approval of planning funds at this stage.
- Project Brief includes:
 - Needs Assessment
 - Project description (including scope)
 - Location
 - Preliminary cost estimate

Planning

- NH's formal request to the RHD will include the same project planning documentation as presented to NH's Board for their approval. It is anticipated this documentation will include:
 - Detailed Project Scope
 - Conceptual and schematic estimates
 - Project delivery time schedule
 - Strategic importance
 - Cost estimate
 - Recommended reporting schedule to the RHD
 - Other information applicable to the project

Implementation

- Progress reports will be provided to the RHD on a regular basis, as agreed to with individual RHDs in compliance with the agreed scope of the project. Requests for funding will include actual monthly expenditures, budgetary status report and list of change orders and cannot exceed actual expenses incurred as reported on the status report. RHDs reserve the right to request invoices.

Project Management

- If a project is likely to diverge from the original scope or implementation schedule, NH will inform the RHD in a timely manner, identifying the reasons for the variance, the financial implications, the time frame implications and impacts on the projected completion date. Failure to notify the RHD may jeopardize the RHD portion of incremental project funding.
- NH may make a request to the RHD for funding contributions for cost overruns; however, the RHD is not obligated to approve such requests.
- Any scope change or reallocation of project funds over 5% requires RHD consent. In the event that cost savings on the total project are generated, NH will contact the RHD and report the amount and provide an explanation.

OTHER MATTERS

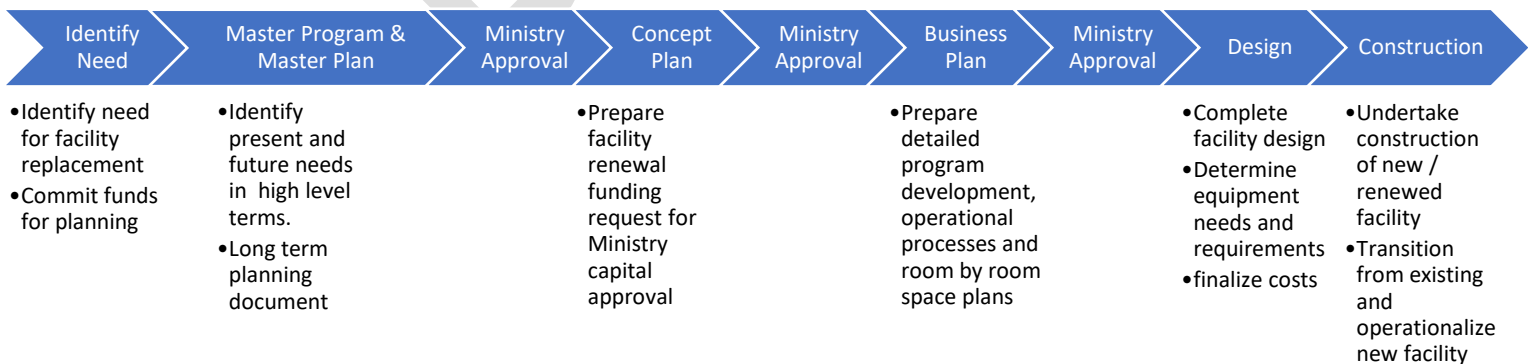
Public/Private Partnerships

Should NH enter into public/private partnership with RHD involvement, a different project implementation approach and accountability process may be required, which will be decided in the initial planning stages.

Completion

Subject to Ministry of Health review and approval, NH and the RHD will arrange joint press releases in accordance with their Memorandum of Understanding. Media events, such as project approval, sod turning and facility openings, shall ensure recognition and include participation of funding partners.

Capital Planning Process for Facility Renewal



PROJECT GOVERNANCE

Project Charter: A project charter will be developed which will act as a guiding document. The charter will define project goals, assumptions, scope and deliverables, project resources, roles and responsibilities of the participants, and a project process.

Provincial Project Board: The project board provides direction and oversight, financial and risk management to the steering committee and liaison committee. This is a provincial level committee that consists of the Health Authority, Ministry of Health, Infrastructure BC, and Ministry of Transportation & Infrastructure. This structure is only used for major projects where priority investment funding >\$10 M is used.

Steering Committee: The Steering Committee will provide direction and oversight of the project, will accept final documents or provide direction to the Working Group for modifications. The project Steering Committee is accountable through to the Ministry of Health through the Provincial Project Board and to the Audit and Finance Committee of the Northern Health Board. The RHD will be asked to appoint their CAO to this committee.

Advisory Committee: The Advisory Committee provides advice and recommendations to Northern Health on local considerations, patient experience and cultural safety considerations related to the health services and building design contemplated within the approved project scope. The Advisory Committee reports to the Steering Committee. The RHD may appoint the appropriate board member to this committee.

Working Group: Working groups, including an Indigenous cultural safety working group, will be established to address areas of focused work, will work closely with the project management team and will provide input and feedback on these areas of focused work to the NH Project Manager. The Working groups will report to the Steering Committee.

APPENDIX 3**DISPOSAL OF NORTHERN HEALTH CAPITAL ASSETS
AND DISPOSITION OF PROCEEDS****POLICY**

Northern Health (NH) will work with respective Regional Hospital Districts (RHDs) and in compliance with the Ministry of Health Capital Asset Management Plan in the disposal of NH capital assets and the disposition of proceeds as follows:

1. Disposal of Health Authority Capital Assets

NH will consult with an RHD regarding disposal of capital assets, including equipment, land and buildings, with an initial capital cost over \$500,000 that have been cost-shared by that RHD. The sale or disposal of the asset will be in accordance with Ministry of Health policy.

In the event that an outstanding RHD debt remains on the property, NH will negotiate repayment through agreement with the RHD and/or the Ministry.

Any “trade in allowance” or “proceeds of sale” of assets which the RHD has cost-shared shall be applied to the purchase of the replacement asset or, if the asset is not to be replaced, NH will negotiate the use of the proceeds of the sale or disposal towards an item on the NH Capital Plan within the RHD.

2. Transferring Assets within RHD Boundaries

When a major capital asset that a RHD has cost-shared is moved to another facility within the RHD boundaries, NH will consult with the RHD prior to transferring the asset from one facility to another.

3. Transferring Assets outside RHD Boundaries

When a major capital asset that a RHD has cost-shared is moved to another facility outside the RHD, the RHD Board will be asked for their consent prior to transferring the asset.

4. Change to Function

If NH plans to substantively change the function of a capital asset (facility or component thereof) that the RHD has cost-shared, NH will consult with that RHD prior to any such conversion. Examples include

hospital conversion to complex care, complex care conversion to supportive housing.

The RHD may wish to negotiate repayment of any outstanding debt and/or compensation.

Emergency movement of equipment, making space available for care due to a catastrophic facility failure or other event, NH and the RHD agree: 1. that the RHD will be notified as soon as possible after the event starts; and 2. that consultation and consent will be discussed after the event.

DRAFT

**Stuart-Nechako Regional Hospital District
Board of Directors**

To: Chair and Board
From: John Illes, Treasurer
Date: October 12, 2023
Subject: **Third Quarter 2023 Financial Statements**

RECOMMENDATION: **(all/directors/majority)**

Receipt

BACKGROUND

The taxation (requisition revenue) has all been received in August. The last of the grant-in-lieu of taxes for 2023 will be received in January of 2024.

The only expenses to note are the construction payments for the Stuart Lake Hospital in Fort St. James and the payments for Stuart-Nechako Manor.

There are no areas of concern in the financial statements.

Attachment: Statement of Operations

Stuart-Necahko Regional Hospital District
Statement of Operations for the Quarter Ending September 30, 2023

	2023 Budget	3rd Quarter
Grant In Lieu of Taxes	\$ 28,000	\$ 17,694
Taxation	\$ 5,927,500	\$ 5,927,500
Interest	\$ 120,000	\$ 212,286
	\$ 6,075,500	\$ 6,157,480
EXPENSES		
Business Planning		
Major Capital Project >\$5M	\$ 10,033,773	\$ 7,784,398
Major Capital Project <\$5M	\$ 2,000,000	\$ 1,598,963
Major Equipment	\$ 483,200	\$ 91,622
Building Integrity and Minor Capital Grant	\$ 213,000	\$ 213,000
IT Projects Grant	\$ 256,279	\$ 256,279
Administration	\$ 20,000	\$ 3,185
Directors Remuneration	\$ 10,000	\$ 1,105
	\$ 13,016,252	\$ 9,948,552
NET INCOME AT END OF YEAR	\$ (6,940,752)	\$ (3,791,072)

Stuart-Nechako Regional Hospital District Board of Directors

To: Chair and Board
From: Curtis Helgesen, Secretary
Date: October 12, 2023
Subject: **Tax Rate Sustainability**

RECOMMENDATION: (all/directors/majority)

Discussion

BACKGROUND

In preparing for the 2024 budget and tax requisition process, along with the recent discussions regarding the SNRHD tax rates compared to other jurisdictions within the Province, the following information has been provided to further that discussion and allow the Board to provide direction to staff on long-term tax rate strategies moving forward.

Along with the attachments, some additional information as follows should be pointed out:

1. 80% of the hospital taxes within the SNRHD come from the residential property tax class, while only 4.7% comes from major industry.
2. The five (5) Hospital Districts within Northern Health have the top 5 tax rates in the Province ranging from a low of \$0.51732 (North West) to a high of \$1.27561 (Stuart-Nechako) based on the 2022 rates.
3. The SNRHD rate per \$1,000 is nine (9) times higher than the Capital Regional Hospital District.

Attachments:

1. **SNRHD 2023 Tax Requisition**
 - a. **Jurisdiction**
 - b. **Property Class**
2. **2023 Taxes and Charges on a Representative House**
3. **2022 Hospital District Tax Rates**

Stuart-Nechako Regional Hospital District

2023 Requisition

Based on 2023 Revised Tax Roll

	Total Hosp. Assessments	Converted Assessments	2023 Tax Requisition	2022 Req'n Adjustment	Net 2023 Invoice Requisition
<u>Municipalities:</u>					
Burns Lake	189,345,625	25,970,798	320,239	397	320,636
Fort St. James	207,190,965	36,264,877	447,173	39	447,212
Fraser Lake	116,685,216	21,099,480	260,172	28	260,200
Granisle	22,843,300	2,638,912	32,540	8	32,548
Vanderhoof	683,982,346	93,177,304	1,148,946	190	1,149,136
Subtot. MUNICIPALITIES	1,220,047,452	179,151,371	2,209,070	662	2,209,732
<u>Rural Areas: - for taxation purposes</u>					
Jurisdiction 755	675,784,238	87,011,875	1,072,922	116	1,073,038
Jurisdiction 756	1,496,543,874	214,545,464	2,645,508	-778	2,644,730
Subtot. Electoral Areas	2,172,328,112	301,557,339	3,718,430	-662	3,717,768
TOTAL for REGION	\$3,392,375,564	\$480,708,710	\$5,927,500	\$0	\$5,927,500

2023
SNRHD Property Tax Breakdown

Residential	\$4,732,532
Utilities	\$463,973
Major Industry	\$277,294
Light Industry	\$62,087
Business	\$336,650
Forest	\$392
Non Profit	\$14,534
Farm	\$40,038
Total	\$5,927,500

704 - Taxes and Charges on a Representative House - 2023

Municipalities	RD	House Value	School	General Municipal	Regional District	Hospital	BCA, MFA and Other	Total Res Variable Rate Taxes	Total Res Parcel Taxes	Total Res User Fees	Total Residential Property Taxes and Charges	Hospital Rate
100 Mile House	CAR	378,886	736	921	340	277	127	2,401	205	740	3,346	\$0.73
Abbotsford - C	FVR	1,156,473	1,326	2,749	74	101	39	4,289	0	859	5,148	\$0.09
Alert Bay	MW	236,348	518	1,354	163	59	81	2,175	2	600	2,777	\$0.25
Anmore	GVR	2,510,312	2,460	3,415	762	0	1,012	7,649	1,613	1,371	10,633	\$0.00
Armstrong	NOK	668,225	980	1,479	142	159	23	2,783	0	896	3,679	\$0.24
Ashcroft	TNR	399,671	820	1,167	249	120	120	2,476	156	1,204	3,836	\$0.30
Barriere	TNR	404,871	577	904	282	121	117	2,001	0	0	2,001	\$0.30
Belcarra	GVR	1,825,005	1,788	2,282	855	0	718	5,643	1,110	2,010	8,763	\$0.00
Bowen Island	GVR	1,616,039	1,141	3,229	87	0	800	5,257	1,601	2,215	9,073	\$0.00
Burnaby	GVR	1,991,503	1,904	2,914	103	0	503	5,424	586	797	6,807	\$0.00
Burns Lake	BUL	242,635	645	1,449	378	300	93	2,865	288	768	3,921	\$1.24
Cache Creek	TNR	291,086	597	1,034	181	87	92	1,991	736	913	3,640	\$0.30
Campbell River	STR	715,714	958	2,306	522	187	24	3,997	169	1,085	5,251	\$0.26
Canal Flats	EKO	363,513	557	965	292	113	98	2,025	275	529	2,829	\$0.31
Castlegar	CKO	502,047	862	1,318	616	81	17	2,894	150	1,779	4,823	\$0.16
Central Saanich	CAP	1,190,801	1,184	2,694	498	150	233	4,759	0	942	5,701	\$0.13
Chase	TNR	494,761	705	1,478	313	149	131	2,776	0	685	3,461	\$0.30
Chetwynd	PEA	258,521	692	1,054	420	147	79	2,392	40	562	2,994	\$0.57
Chilliwack	FVR	938,162	1,147	2,175	66	82	156	3,626	0	943	4,569	\$0.09
Clearwater	TNR	450,384	642	1,333	330	135	123	2,563	179	881	3,623	\$0.30
Clinton	TNR	233,175	478	2,077	179	80	71	2,885	0	800	3,685	\$0.34
Coldstream	NOK	964,188	1,262	1,834	574	229	33	3,932	1,399	578	5,909	\$0.24
Colwood	CAP	1,069,809	1,185	2,361	317	134	209	4,206	17	324	4,547	\$0.13
Comox	COM	876,920	1,068	1,775	493	227	30	3,593	140	1,170	4,903	\$0.26
Coquitlam	GVR	1,695,540	1,661	3,135	87	0	428	5,311	0	1,526	6,837	\$0.00
Courtenay	COM	771,524	939	1,892	444	201	26	3,502	245	1,173	4,920	\$0.26
Cranbrook	EKO	457,470	728	2,571	65	142	15	3,521	214	762	4,497	\$0.31
Creston	CKO	419,717	658	1,612	931	131	14	3,346	322	804	4,472	\$0.31
Cumberland	COM	837,350	1,020	1,925	493	219	205	3,862	398	998	5,258	\$0.26

704 - Taxes and Charges on a Representative House - 2023

Municipalities	RD	House Value	School	General Municipal	Regional District	Hospital	BCA, MFA and Other	Total Res Variable Rate Taxes	Total Res Parcel Taxes	Total Res User Fees	Total Residential Property Taxes and Charges	Hospital Rate
Daajing Giids	SKQ	388,011	1,006	921	292	196	117	2,532	218	1,203	3,953	\$0.51
Dawson Creek	PEA	285,511	764	2,161	183	161	10	3,279	0	1,875	5,154	\$0.56
Delta	GVR	1,496,290	1,426	2,895	77	0	484	4,882	0	1,262	6,144	\$0.00
Duncan	COW	606,717	725	1,801	609	209	21	3,365	20	877	4,262	\$0.34
Elkford	EKO	331,141	527	1,838	190	103	91	2,749	117	638	3,504	\$0.31
Enderby	NOK	530,717	779	1,296	296	126	148	2,645	587	638	3,870	\$0.24
Esquimalt	CAP	1,075,070	1,102	3,111	583	134	210	5,140	0	0	5,140	\$0.12
Fernie	EKO	876,753	1,396	2,665	474	273	30	4,838	117	982	5,937	\$0.31
Fort St. James	BUL	209,615	557	1,065	236	258	67	2,183	120	814	3,117	\$1.23
Fort St. John	PEA	353,345	769	1,893	241	201	106	3,210	0	0	3,210	\$0.57
Fraser Lake	BUL	197,366	525	1,432	165	243	68	2,433	261	874	3,568	\$1.23
Fruitvale	KOO	420,520	722	1,264	1,016	68	135	3,205	900	579	4,684	\$0.16
Gibsons	SUN	1,073,703	1,154	1,432	1,302	71	236	4,195	849	878	5,922	\$0.07
Gold River	STR	301,215	918	1,135	64	78	121	2,316	0	986	3,302	\$0.26
Golden	COL	526,717	806	2,040	359	164	138	3,507	146	883	4,536	\$0.31
Grand Forks	KOO	399,923	701	1,325	695	65	118	2,904	0	3,054	5,958	\$0.16
Granisle	BUL	76,019	202	1,471	57	94	43	1,867	0	0	1,867	\$1.24
Greenwood	KOO	254,608	446	1,197	124	41	83	1,891	0	781	2,672	\$0.16
Harrison Hot Springs	FVR	892,628	1,213	1,667	129	78	191	3,278	0	1,153	4,431	\$0.09
Hazelton	KIT	271,175	535	1,632	643	125	100	3,035	300	669	4,004	\$0.46
Highlands	CAP	1,380,968	1,530	2,209	293	178	518	4,728	0	0	4,728	\$0.13
Hope	FVR	704,047	957	1,848	434	61	24	3,324	80	881	4,285	\$0.09
Houston	BUL	253,284	466	1,304	199	128	101	2,198	302	708	3,208	\$0.51
Hudson's Hope	PEA	189,449	413	697	94	107	51	1,362	0	576	1,938	\$0.56
Invermere	EKO	677,803	1,038	1,948	544	211	160	3,901	375	1,226	5,502	\$0.31
Kamloops	TNR	707,472	1,009	2,646	158	212	24	4,049	0	1,026	5,075	\$0.30
Kaslo	CKO	496,253	778	1,049	929	80	125	2,961	200	761	3,922	\$0.16
Kelowna	COK	1,095,477	1,242	2,681	220	209	37	4,389	50	1,022	5,461	\$0.19
Kent	FVR	804,044	1,093	1,778	53	70	27	3,021	0	879	3,900	\$0.09

704 - Taxes and Charges on a Representative House - 2023

Municipalities	RD	House Value	School	General Municipal	Regional District	Hospital	BCA, MFA and Other	Total Res Variable Rate Taxes	Total Res Parcel Taxes	Total Res User Fees	Total Residential Property Taxes and Charges	Hospital Rate
Keremeos	OKS	466,543	699	1,109	647	81	128	2,664	122	375	3,161	\$0.17
Kimberley	EKO	506,709	776	2,687	233	158	17	3,871	209	1,005	5,085	\$0.31
Kitimat	KIT	362,196	714	1,323	24	183	54	2,298	0	310	2,608	\$0.51
Ladysmith	COW	746,697	921	1,925	568	256	25	3,695	819	852	5,366	\$0.34
Lake Country	COK	1,085,801	1,231	2,910	251	208	37	4,637	200	892	5,729	\$0.19
Lake Cowichan	COW	706,926	845	1,540	946	243	171	3,745	550	911	5,206	\$0.34
Langford	CAP	1,020,019	1,130	2,095	455	129	199	4,008	0	0	4,008	\$0.13
Langley - C	GVR	1,402,905	1,395	2,794	73	0	354	4,616	0	1,339	5,955	\$0.00
Langley - D	GVR	1,485,086	1,477	2,488	76	0	375	4,416	0	1,551	5,967	\$0.00
Lantzville	NAN	1,164,836	1,437	1,689	645	411	245	4,427	1,084	1,090	6,601	\$0.35
Lillooet	SQL	393,649	807	1,174	214	128	113	2,436	169	1,446	4,051	\$0.33
Lions Bay	GVR	2,339,993	1,653	3,518	137	0	934	6,242	0	3,132	9,374	\$0.00
Logan Lake	TNR	451,899	644	784	270	135	121	1,954	276	506	2,736	\$0.30
Lumby	NOK	551,880	723	1,065	750	131	153	2,822	0	1,252	4,074	\$0.24
Mackenzie	FFG	160,459	297	1,134	77	118	56	1,682	0	862	2,544	\$0.74
Maple Ridge	GVR	1,257,062	1,322	2,938	65	0	318	4,643	244	1,297	6,184	\$0.00
Masset	SKQ	211,867	550	1,433	161	107	69	2,320	0	783	3,103	\$0.51
McBride	FFG	203,836	377	1,012	654	150	71	2,264	0	757	3,021	\$0.74
Merritt	TNR	473,178	752	1,729	281	143	50	2,955	360	678	3,993	\$0.30
Metchosin	CAP	1,297,020	1,437	1,877	289	163	253	4,019	0	0	4,019	\$0.13
Midway	KOO	337,579	592	899	147	55	95	1,788	75	526	2,389	\$0.16
Mission	FVR	1,146,312	1,209	2,751	66	100	39	4,165	0	1,359	5,524	\$0.09
Montrose	KOO	447,287	768	552	1,139	72	137	2,668	576	882	4,126	\$0.16
Nakusp	CKO	397,299	715	1,126	566	64	113	2,584	0	999	3,583	\$0.16
Nanaimo - C	NAN	808,873	998	2,751	622	322	27	4,720	0	866	5,586	\$0.40
Nelson	CKO	693,425	1,087	1,989	828	112	23	4,039	15	1,335	5,389	\$0.16
New Denver	CKO	376,581	677	823	331	61	94	1,986	0	557	2,543	\$0.16
New Hazelton	KIT	191,452	377	1,236	410	91	75	2,189	104	744	3,037	\$0.48
New Westminster	GVR	1,580,400	1,705	3,952	85	0	399	6,141	0	3,882	10,023	\$0.00

704 - Taxes and Charges on a Representative House - 2023

Municipalities	RD	House Value	School	General Municipal	Regional District	Hospital	BCA, MFA and Other	Total Res Variable Rate Taxes	Total Res Parcel Taxes	Total Res User Fees	Total Residential Property Taxes and Charges	Hospital Rate
North Cowichan	COW	787,650	942	1,871	593	271	27	3,704	445	500	4,649	\$0.34
North Saanich	CAP	1,620,112	1,610	1,771	480	203	317	4,381	200	644	5,225	\$0.13
North Vancouver - C	GVR	2,053,215	1,776	3,355	107	0	519	5,757	0	1,430	7,187	\$0.00
North Vancouver - D	GVR	2,185,637	1,891	3,412	113	0	552	5,968	0	2,029	7,997	\$0.00
Northern Rockies - REGM		162,339	656	891	0	6	40	1,593	374	823	2,790	\$0.04
Oak Bay	CAP	1,981,712	2,032	5,063	635	249	387	8,366	0	1,541	9,907	\$0.13
Oliver	OKS	622,922	933	953	598	108	157	2,749	295	1,164	4,208	\$0.17
Osoyoos	OKS	720,535	1,079	1,151	236	126	241	2,833	171	1,020	4,024	\$0.17
Parksville	NAN	796,983	908	2,103	780	281	27	4,099	377	789	5,265	\$0.35
Peachland	COK	946,111	1,072	2,000	224	181	32	3,509	1,243	837	5,589	\$0.19
Pemberton	SQL	1,256,258	1,119	1,472	1,196	36	287	4,110	182	1,199	5,491	\$0.03
Penticton	OKS	777,396	989	2,330	132	136	26	3,613	0	1,338	4,951	\$0.17
Pitt Meadows	GVR	1,193,494	1,255	2,732	65	0	301	4,353	0	1,284	5,637	\$0.00
Port Alberni	ALB	530,609	707	2,315	180	69	18	3,289	1	1,051	4,341	\$0.13
Port Alice	MW	239,537	525	1,463	143	60	86	2,277	0	510	2,787	\$0.25
Port Clements	SKQ	207,055	537	406	156	104	66	1,269	515	567	2,351	\$0.50
Port Coquitlam	GVR	1,391,842	1,364	2,717	73	0	352	4,506	0	1,105	5,611	\$0.00
Port Edward	SKQ	305,821	565	1,159	192	154	68	2,138	0	918	3,056	\$0.50
Port Hardy	MW	355,593	780	1,402	248	89	114	2,633	0	1,210	3,843	\$0.25
Port McNeill	MW	388,415	852	1,225	406	97	123	2,703	0	646	3,349	\$0.25
Port Moody	GVR	1,864,671	1,827	4,154	99	0	471	6,551	0	1,481	8,032	\$0.00
Pouce Coupe	PEA	214,148	573	819	174	121	81	1,768	282	853	2,903	\$0.57
Powell River - C	POW	628,246	890	2,455	388	90	21	3,844	410	620	4,874	\$0.14
Prince George	FFG	460,049	851	2,550	192	341	16	3,950	0	1,327	5,277	\$0.74
Prince Rupert	SKQ	460,995	852	1,992	56	233	16	3,149	0	1,599	4,748	\$0.51
Princeton	OKS	379,319	602	1,066	45	66	170	1,949	0	621	2,570	\$0.17
Qualicum Beach	NAN	1,044,888	1,191	2,412	1,086	369	35	5,093	270	691	6,054	\$0.35
Quesnel	CAR	345,673	805	1,261	490	256	12	2,824	169	653	3,646	\$0.74
Radium Hot Springs	EKO	423,289	648	1,105	351	131	96	2,331	525	450	3,306	\$0.31

704 - Taxes and Charges on a Representative House - 2023

Municipalities	RD	House Value	School	General Municipal	Regional District	Hospital	BCA, MFA and Other	Total Res Variable Rate Taxes	Total Res Parcel Taxes	Total Res User Fees	Total Residential Property Taxes and Charges	Hospital Rate
Revelstoke	COL	787,628	964	2,061	150	185	27	3,387	168	1,929	5,484	\$0.23
Richmond	GVR	1,968,786	1,931	3,202	100	0	497	5,730	0	1,654	7,384	\$0.00
Rossland	KOO	616,120	1,058	2,555	794	100	154	4,661	216	499	5,376	\$0.16
Saanich	CAP	1,305,467	1,339	3,412	249	164	255	5,419	0	1,381	6,800	\$0.13
Salmo	CKO	373,262	585	683	540	60	118	1,986	0	1,086	3,072	\$0.16
Salmon Arm	COL	660,174	968	1,881	116	157	22	3,144	556	758	4,458	\$0.24
Sayward	STR	393,208	527	1,513	102	103	115	2,360	0	1,081	3,441	\$0.26
Sechelt	SUN	1,044,610	1,122	2,008	929	69	344	4,472	782	925	6,179	\$0.07
Sicamous	COL	540,696	793	1,937	249	128	118	3,225	8	812	4,045	\$0.24
Sidney	CAP	1,086,844	1,080	2,102	424	137	212	3,955	205	776	4,936	\$0.13
Silverton	CKO	437,503	787	965	407	71	95	2,325	0	775	3,100	\$0.16
Slocan	CKO	379,358	594	776	711	61	105	2,247	0	676	2,923	\$0.16
Smithers	BUL	482,760	888	1,798	600	244	16	3,546	0	897	4,443	\$0.51
Sooke	CAP	853,768	946	1,594	530	107	167	3,344	653	457	4,454	\$0.13
Spallumcheen	NOK	606,373	889	1,725	94	144	20	2,872	0	250	3,122	\$0.24
Sparwood	EKO	377,899	602	1,215	240	117	104	2,278	179	941	3,398	\$0.31
Squamish	SQL	1,507,393	1,342	3,203	228	43	51	4,867	0	1,490	6,357	\$0.03
Stewart	KIT	156,169	308	1,094	135	79	41	1,657	520	0	2,177	\$0.51
Summerland	OKS	891,991	1,135	1,951	151	155	30	3,422	485	1,401	5,308	\$0.17
Sun Peaks	TNR	1,773,735	2,529	2,683	1,047	531	322	7,112	0	1,326	8,438	\$0.30
Surrey	GVR	1,736,132	1,659	2,602	88	0	439	4,788	542	1,316	6,646	\$0.00
Tahsis	STR	158,356	483	1,241	42	41	51	1,858	0	887	2,745	\$0.26
Taylor	PEA	256,716	559	972	123	146	75	1,875	180	786	2,841	\$0.57
Telkwa	BUL	427,524	787	1,785	445	216	145	3,378	20	1,083	4,481	\$0.51
Terrace	KIT	468,655	924	2,002	199	236	84	3,445	167	419	4,031	\$0.50
Tofino	ALB	1,807,403	1,894	3,265	679	239	364	6,441	0	736	7,177	\$0.13
Trail	KOO	387,049	664	1,313	638	63	13	2,691	150	868	3,709	\$0.16
Tumbler Ridge	PEA	152,999	409	984	74	87	48	1,602	165	1,086	2,853	\$0.57
Ucluelet	ALB	893,118	1,190	2,080	333	118	187	3,908	165	683	4,756	\$0.13

704 - Taxes and Charges on a Representative House - 2023

Municipalities	RD	House Value	School	General Municipal	Regional District	Hospital	BCA, MFA and Other	Total Res Variable Rate Taxes	Total Res Parcel Taxes	Total Res User Fees	Total Residential Property Taxes and Charges	Hospital Rate
Valemount	FFG	349,277	646	899	661	257	94	2,557	95	1,116	3,768	\$0.74
Vancouver	GVR	2,589,338	2,183	4,229	130	0	654	7,196	0	1,819	9,015	\$0.00
Vanderhoof	BUL	323,958	861	1,557	247	399	107	3,171	351	642	4,164	\$1.23
Vernon	NOK	800,229	1,048	2,239	337	190	28	3,842	0	840	4,682	\$0.24
Victoria	CAP	1,230,097	1,261	3,458	235	155	240	5,349	40	1,072	6,461	\$0.13
View Royal	CAP	1,146,609	1,176	2,244	227	144	224	4,015	0	615	4,630	\$0.13
Warfield	KOO	417,117	716	1,301	561	68	135	2,781	1,025	646	4,452	\$0.16
Wells	CAR	167,180	389	400	150	123	61	1,123	474	383	1,980	\$0.74
West Kelowna	COK	1,058,285	1,200	2,612	236	202	36	4,286	486	1,533	6,305	\$0.19
West Vancouver	GVR	3,755,568	2,653	5,681	195	0	949	9,478	0	2,573	12,051	\$0.00
Whistler	SQL	3,595,352	3,202	4,556	164	103	122	8,147	612	679	9,438	\$0.03
White Rock	GVR	2,009,536	1,920	4,404	107	0	508	6,939	0	1,514	8,453	\$0.00
Williams Lake	CAR	383,548	745	1,976	450	284	87	3,542	124	472	4,138	\$0.74
Zeballos	STR	116,780	356	1,376	34	31	46	1,843	0	623	2,466	\$0.27
Grand Totals		128,617,180	159,386	308,245	55,514	20,730	26,187	570,062	33,117	153,732	756,911	
Provincial Average		804,549	997	1,939	349	130	164	3,579	208	967	4,754	\$0.28

HOSPITAL DISTRICT

TAX RATE

	2022 Rate
SEA TO SKY HOSP	0.03315
SUNSHINE COAST HOSPITAL	0.06244
CENTRAL COAST REGIONAL HOSPITAL DISTRICT	0.07121
FRASER VALLEY HOSP	0.09582
POWELL RIVER REG HOSPITAL	0.12209
CAPITAL REGIONAL HOSPITAL DIST	0.14068
ALBERNI-CLAYOQ HOSP	0.14744
W KOOT-BOUNDARY HOSP	0.18336
OK-SIMIL REG HOSPITAL DISTRICT	0.19542
CENTRAL OKANAGAN HOSPITAL	0.20928
N OKAN/COL SHUS HOSP	0.25842
MT WADDINGTON HOSP	0.26192
COMOX STRATHCONA HOSPITAL	0.29091
NANAIMO REG HOSP	0.31259
THOMPSON HOSP	0.34274
KOOTENAY EAST HOSP	0.34855
COWICHAN VALLEY HOSPITAL	0.37994
NORTH WEST HOSP	0.51732
PEACE RIVER HOSP	0.57232
FRASER FORT GEORGE HOSPITAL	0.68742
CARIBOO-CHILCOTIN HOSPITAL	0.70190
STUART-NECHAKO HOSP	1.27561

**SOURCE: PROVINCE OF BRITISH COLUMBIA
RURAL TAX RATES**

TAX RATE IS PER \$1,000 OF ASSESSED VALUE FOR
RESIDENTIAL PROPERTIES