Algoma
PUBLIC HEALTH
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2027
Recomended Capital and Operating Budget Report

To: Finance & Audit Committee of the Board of Health for the District of Algoma Health Unit

From: Dr. Jennifer Loo, Medical Officer of Health & Chief Executive Officer

October 14, 2026
For discussion & decision



Contents

1. Purpose and Recommended Action 3
2. Summary of the Recommended 2027 Budget: Preserving essential public health services and advancing upstream strategies 4
3. Context for the 2027 Recommended Budget: Strategic positioning under financial constraint 6
4. 2027 Budget Financial Assumptions 10
5. 2026 Grant Approval 12
6. Reserve Funds 12
7. Recommended 2027 Budget 13
8. Municipal Investment in Local Public Health 17
9. Capital Budget 19
10. Conclusions 20

Appendix A: Proposed Municipal Levy by Municipality 21

Appendix B: Expenditure Category Glossary 22

Appendix C: 2025-2034 Capital Asset Funding Plan 23

References 28

1. Purpose and Recommended Action

Purpose:

This report presents the recommended 2027 Capital and Operating Budget for Algoma Public Health (APH) for consideration and recommendation at the Board of Health Finance & Audit Committee meeting on October 14, 2026. The proposed budget was developed by the Executive Team and is recommended by the Medical Officer of Health & CEO, following direction given by the Finance & Audit Committee on September 16, 2026.

Recommended Action:

THAT the Finance & Audit Committee of the Board of Health for the District of Algoma Health Unit approve the 2027 Capital & Operating Budget for Algoma Public Health in the amount of $18,758,760.

Alignment to the Ontario Public Health Standards[1]:

- As part of the Organizational Requirements: Fiduciary Requirements Domain, boards of health are accountable for using Ministry of Health (Ministry) funding efficiently and for its intended purpose and ensuring that resources are used efficiently and in line with local and provincial requirements.
- As part of the Organizational Requirements: Good Governance and Management Practices Domain, the board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: delivery or programs and services; organizational effectiveness through evaluation of the organization and strategic planning; stakeholder relations and partnership building; research and evaluation; compliance with all applicable legislation and regulations; workforce issues, including recruitment of a medical officer of health and any other senior executives; financial management; and risk management.
- The board of health shall ensure that administration implements appropriate financial management by ensuring that expenditure forecasts are as accurate as possible.
- To support municipal budget planning, APH strives to advise contributing municipalities of their respective levies as early as possible.

2. Summary of the Recommended 2027 Budget: Preserving essential public health services and advancing upstream strategies

The recommended 2027 budget for mandatory public health programs and services is $18,758,760. This is a 1.6% increase over the 2026 approved budget and is in alignment with direction given by the Finance & Audit Committee at the September 16, 2026, Finance & Audit Committee meeting.

Table 1 provides a breakdown of the recommended 2027 budget in comparison to previous approved APH budgets.

- As in previous years (2024-2026), the province has committed a 1.0% increase in base funding for cost-shared public health programs and services in 2027. While appreciated and helpful for planning, the provincial commitment is not in pace with inflation, creating unavoidable cost pressures. For context, funding transfers to Ontario's local public health agencies are estimated at approximately 1.1% of the Ministry of Health's total operating budget for 2025-2026(2).
- A 1.6% increase in the recommended 2027 budget incorporates a 5.0% increase to the municipal levy invested in local delivery of fundamental public health programs and services. On average, the 2027 APH municipal levy represents 1.1% of annual municipal revenue across Algoma's municipalities(3) (Appendix A), and APH's levy per capita is lower than the average per capita cost reported in other northern public health agencies[i].
- Through cost-effective provincial and municipal investment, APH protects and promotes health across Algoma's communities in ways that reduce future societal and health system costs.

[i] Based on 2025-2026 rates as posted within Board approved meeting minutes or budget reports; note that public health agencies can quote per capita rates based on MPAC or Census population data (direct comparison is unknown).

Table 1: Budget Comparison from 2025-Recommended 2027 Budget

	2025 Actual	2026 Budget	2027 Recommended	Change from 2026 budget $	Change from 2026 budget %
Revenue					
Province – cost-shared	10,120,600	10,221,806	**10,324,024**	+102,218	▲ 1.0%
Province – 100% funded	2,787,454	2,421,086	**2,362,484**	−58,602	▼ 2.4%
Municipal levies	4,840,220	5,275,840	**5,539,632**	+263,792	▲ 5.0%
Other recoveries and fees	545,046	549,410	**532,620**	−16,790	▼ 3.1%
Total revenue	**18,293,320**	**18,468,142**	**18,758,760**	**+290,618**	**▲ 1.6%**
Expenses					
Staffing					
Salaries and wages	10,666,320	11,360,155	**11,561,622**	+201,468	▲ 1.8%
Benefits	2,788,120	2,978,820	**2,999,354**	+20,534	▲ 0.7%
Staffing subtotal	**13,454,439**	**14,338,975**	**14,560,976**	**+222,002**	**▲ 1.5%**
Operating					
Travel	167,396	156,726	**187,500**	+30,774	**▲ 19.6%**
Program	1,158,789	1,052,002	**1,041,595**	−10,407	▼ 1.0%
Equipment	202,237	36,000	**20,500**	−15,500	**▼ 43.1%**
Office	50,206	50,000	**45,000**	−5,000	**▼ 10.0%**
Computer services	781,337	759,846	**774,118**	+14,272	▲ 1.9%
Telecommunications	249,180	241,684	**230,274**	−11,410	▼ 4.7%
Program promotion	145,089	91,733	**118,429**	+26,696	**▲ 29.1%**
Facilities leases	209,730	226,193	**240,201**	+14,008	▲ 6.2%
Building maintenance	826,249	694,673	**699,564**	+4,891	▲ 0.7%
Fees and insurance	392,018	353,310	**356,980**	+3,670	▲ 1.0%
Debt management (I & P)	457,421	467,000	**483,623**	+16,623	▲ 3.6%
Operating subtotal	**4,639,652**	**4,129,167**	**4,197,783**	**+68,617**	**▲ 1.7%**
Total expenses	**18,094,091**	**18,468,141**	**18,758,760**	**+290,619**	**▲ 1.6%**
Surplus / (deficit)	**+199,228**	**✓ Balanced**	**✓ Balanced**	*Revenue − expenses*	

Please refer to Appendix B for a glossary defining each expenditure category outlined in Table 1 above.

To support decision-making, this report provides:

- Context on public health financial challenges and ways that APH is moving forward under pressure in Section 3,
- Budget financial assumptions in Section 4,
- Details of the recommended 2027 budget in Sections 5-7,

- Municipal investment scenarios which compare the impact of a range of municipal levies to APH program and services in Section 8, and
- Capital budget expenditures in Section 9.

3. Context for the 2027 Recommended Budget: Strategic positioning under financial constraint

While public health faces fiscal challenges, APH remains committed to improving and protecting health and wellbeing in Algoma and reducing health inequities. Challenges that put pressure on public health's ability to deliver its mandate are not limited to Algoma. Inflation, annual provincial funding increases that have not matched inflation, and ongoing efforts to generate alternative sources of revenue while finding cost-savings are challenges for public health agencies across the province.

Inflation

Canadian inflation rates have increased by 31.6% since 2017 with an average of 3.6% per year over the last 5 years[4,5]. In line with inflation, APH's budget for public health programs and services has cumulatively increased by 31.6% since 2017 reflecting sustained budget stability. The current economic environment creates cost pressures due to uncertainty in international trade, associated unpredictable pricing, and impacts on the cost of living, all of which affect APH's operations and our communities.

Annual Funding Increases That Have Not Matched Inflation

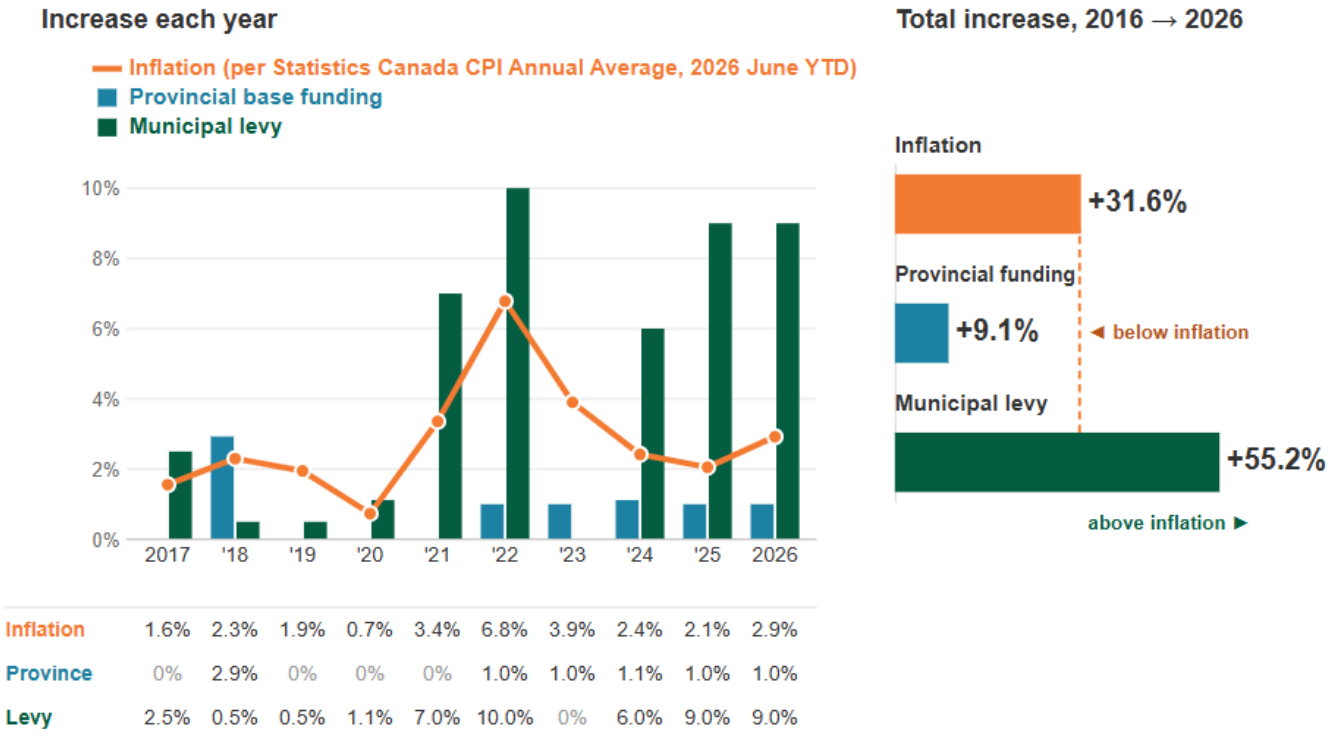
It is within this context that the province has committed to a 1.0% increase in base funding for cost-shared public health programs and services for 2027. This is consistent with the 1.0% increase in funding for cost-shared public health programs and services received from the province each year from 2022-2026. While appreciated and helpful for planning, a 1.0% increase in funding does not keep pace with inflation and associated unavoidable cost pressures, including the rising cost of labour and benefits. Figure 1 compares increases in public health funding to Canadian inflation rates over the last ten years.

- Currently, 78% of APH's budget is labour (salary and wages) and benefits (Table 1). Both the Ontario Nurses Association (ONA) and Canadian Union of Public Employees (CUPE) collective agreements with APH expire in the spring of 2027. Should APH continue to receive provincial funding that does not keep pace with inflation, the proportion of APH's budget for labour and benefits can be expected to increase, driven by wage increases that out-pace increases in provincial funding, the rising cost of benefits and union collective agreement bargaining.
- We also note that some of APH's programs and services are 100% funded by the

Ministry; however, with the exception of periodic one-time funding, the amounts received for these have remained unchanged since 2020. This includes funding for Indigenous Communities, the Northern Fruit and Vegetable Program, and funding for Unorganized Territories which include approximately 8.2% of Algoma's population living outside an organized township, municipality, or city.

- At this time, there have been no formal updates on the funding formula review currently being undertaken by the province, which means there are no formal cost-share expectations for the 2027 operating year.

Figure 1: Increases in public health funding from municipal and provincial sources compared to Canadian inflation rates from 2016-2026[4,5]



	2017	'18	'19	'20	'21	'22	'23	'24	'25	2026
Inflation	1.6%	2.3%	1.9%	0.7%	3.4%	6.8%	3.9%	2.4%	2.1%	2.9%
Province	0%	2.9%	0%	0%	0%	1.0%	1.0%	1.1%	1.0%	1.0%
Levy	2.5%	0.5%	0.5%	1.1%	7.0%	10.0%	0%	6.0%	9.0%	9.0%

Generating Alternative Sources of Revenue While Finding Cost-Savings

In the 2024 merger feasibility study with Public Health Sudbury District, APH forecasted required municipal levy increases of 18% in 2025, 11% in 2026 and 11% in 2027 in a non-merge scenario, to balance the APH budget and maintain existing program and service levels without workforce reductions. The 2025 and 2026 budgets were passed by the Board of Health with a 9% levy increase each year, below what was forecasted. The proposed 5% increase to municipal levies for 2027 also remains below what was forecasted. FTEs aligned to the budget for mandatory public health programs and services remain stable and over the past several years, APH has achieved operational cost savings and additional cost recovery revenues.

- Estimated savings related to reduced fixed operating expenses, which are quantifiable at this time, total approximately $300, 000 per year. Examples of cost-savings include the APH vehicle fleet for future and sustainable mileage reimbursement savings, utility rate hedging, vendor considerations to ensure APH is getting the most competitive price for necessary fixed costs and onboarding two tenants at the Sault Ste Marie office.
- APH also continues to earn additional funding through Canada Summer Jobs wage subsidies, learning revenue for public health physician teaching and supervision through the Northern Ontario School of Medicine University and has recently been approved for a Northern Ontario Heritage Fund Corporation intern to support our communications team.
- Local community partners have also contributed to funding collaborative initiatives such as Nurturing Algoma and Planet Youth Algoma. Seeking external funding is an ongoing initiative to supplement program recoveries and is supported by frequent market scans for opportunities.

Despite these challenges, APH moves forward under pressure. Public health demonstrates significant return on investment, local impact in health protection and health promotion across Algoma, and APH strategizes to optimize the funding received in service of our communities.

Return on Investment

In countries like Canada, every $1 invested in public health programs and services saves an estimated $14 in future societal costs[(6)]. For cost-effective provincial and municipal investment, APH delivers significant public health value across a vast geographical area.

- At a provincial level, Ministry of Health expenditure estimates for 2025-2026 indicate funding transfers to Ontario's local public health agencies at 1.1% of the ministry's total operating budget[(2)]. Locally, the APH levy represents less than an average of 1.1% of reported individual municipal revenues[(3)] (Appendix A).
- When compared to other northern Ontario public health agencies, the annual cost for public health programs and services per person is lower in Algoma. Historically, northern counterparts report per capita rates of an average of $52.10 per person compared to $50.93 per person in Algoma (based on the 2026 approved operating budget for Algoma)[ii].

[ii] Based on 2025-2026 rates as posted within Board approved meeting minutes or budget reports; note that public health agencies can quote per capita rates based on MPAC or Census population data (direct comparison is unknown).

Local Impact

With offices distributed throughout the region, our multi-disciplinary team is reaching remote areas by boat or air travel to ensure safe drinking water, holding immunization clinics in locations where access to health care is limited, and ensuring harm reduction supplies reach all those who need them, including rural communities. Last year[7]:

- Thousands of children in every school in Algoma received oral health screening and immunizations that reduce disease and long-term healthcare costs, and hundreds of children benefited from the expansion of developmental screening across Algoma to support their success in school and life.
- Over a thousand food, water and personal service setting inspections enforced safety standards that prevent illness in our communities, while thousands of reportable diseases were managed to stop health threats before they spread.
- Over a thousand people were trained to build community-wide capacity for health across topics like how to administer naloxone, how to prevent and control infection in congregate living settings, and how to handle food safely.

These are some of the ways APH demonstrates local impact, and our efforts continue to evolve to improve the health and well-being of Algoma communities.

Strategizing To Optimize Funding Received

Looking ahead, APH will continue to strengthen partnerships for collective impact across Algoma, prioritize programs and services based on local needs, and advance goals in our 2026 strategic plan while awaiting final updated Ontario Public Health Standards from the province.

- APH is leading collaborative Algoma-wide health promotion initiatives like Nurturing Algoma and Planet Youth Algoma which align efforts of cross-sector partners to improve health in our communities. Together, over forty partners across Algoma are supporting infant and early childhood development through Nurturing Algoma and over 30 partners across Algoma are beginning to implement the Icelandic Prevention Model for preventing youth substance use.

- Although recent years have been characterized by surplus dollars associated with vacancies, APH continues to use these dollars to address priority community health needs. For example, we've been able to improve access to dental care for children through the Healthy Smiles Ontario program and support surges in seasonal and school-related immunization work.
- The recommended 2027 budget incorporates prioritized work associated with the anticipated new Ontario Public Health Standards, as well as key initiatives rooted within the recently approved 2026 APH Strategic Plan. Examples include targeted investment in staff development, improving our digital infrastructure to increase operational efficiencies and broaden APH's digital presence within our communities, resources to advance the health unit's French-language capacity, and alignment of resources required to advance community engagement.



"Our family is so grateful for this program being accessible... Miigwech for being so gentle and caring"

-Jena Rose Heise

The recommended 2027 budget will sustain local public health programs and services across Algoma for $53.47 per person. Further details are found in the following sections.

4. 2027 Budget Financial Assumptions

Several assumptions were required to base the 2027 estimated expenses and revenues. They are as follows:

- Base funding for cost-shared mandatory programs will increase at an annual rate of 1.0% for 2027.
- As per the 2026 funding and accountability grant schedule, the Ministry will continue to support the Northern Ontario Fruit and Vegetable and Indigenous Communities programs at 100%, in addition to Mandatory Programs for Unorganized Territories, MOH/AMOH Compensation Initiative, and the Ontario Senior Dental Care Program (OSDCP).
- Of note, for the 2026 funding year, APH was allocated 100% funding for the OSDCP in the amount of $1,382,700. Since 2021, the Ministry has funded the OSDCP program via committed base funding, with any identified operating pressures being funded via one-time, in year funding.
- Consistent with previous years and for the 2027 budget, the Executive Team has

assumed that 100% provincial funding for the OSDCP will remain at 2026 funding allocation levels, with any operating pressures to be identified and funded via the availability of one-time, in year funding requests made available from the Ministry.

- No additional one-time funding will be provided by the Ministry to fund ongoing base funding and one-time pressures such as the COVID-19 Vaccine Program and RSV Adult and Infant Prevention Program. Managing these anticipated costs within existing mandatory program base funding will place additional pressure on resources, impacting APH's ability to sustain current levels of support and service delivery across our communities.
- Infection Prevention and Control (IPAC) Hub funding will continue at current funding levels into the 2027/2028 fiscal year in order to support the continued operations of the Hub. The Ministry has committed base funding for the Hub until the 2028/2029 fiscal year.
- A $263,792 (5%) increase to the total municipal levy rate applied by the Board of Health for the District of Algoma Health Unit will be implemented.
- APH will continue to rent space totaling approximately 2100 square feet at currently established lease rates.
- Salary and wage projections include an assumed cost-of-living adjustment, given that the ONA and CUPE collective agreements will require renegotiation following their March 31, 2027 expiry.
- A vacancy factor based on current and historical staffing vacancy rates has been incorporated into overall salaries, wages, and benefits. While budgeting for staff vacancies is not ideal, it is a realistic representation of the characteristics of APH's current workforce environment and considered to be a feasible strategy to plan for a balanced budget.
- Fixed non-salary budgeted costs related to facilities, such as utilities and service contracts, have been estimated based on historical data, current contract rates, mobilized operational efficiencies, and assumed inflationary rates with a combined year over year increase of 0.26% over the 2026 approved budget. A contingency representing 20% of the budgeted service contracts has been factored to support unforeseen necessary costs. Please refer to Section 3 for further context regarding initiatives that management has undertaken in recent years to control and, in some cases, reduce fixed operating costs.
- APH's debt payment plan will continue to be managed with existing resources.
- In September 2025, and further in July 2026, working draft versions of the revised Ontario Public Health Standards (OPHS) were shared by the Ministry of Health with local public health agencies for planning purposes, with the anticipation of the revised standards coming into effect in 2027. These anticipated changes have been

incorporated into program planning, APH's recently refreshed Strategic Plan, consultations and planning with local community partners, priority populations and other health units. As of the fall of 2026, the OPHS revisions remain in a pending approval state with the Ministry and local public health agencies have been instructed to structure 2027 budgets based on the current set of standards.

5. 2026 Grant Approval

The 2026 Ministry Program Based Grant approval was received and last revised as of March 2026. Key details are outlined below. Grant approvals for 2027 are not expected from the Ministry until the 2027 operating year.

- Allocated mandatory cost-shared program funding for 2026 is $10,221,900 increased from $10,120,600 in 2025 (1% growth).
- The grant allocations for the 100% provincial funding for Unorganized Territories/Mandatory Programs ($530,400), Unorganized Territories/ Indigenous Communities Program ($98,000) and the Unorganized Territories/Northern Fruit and Vegetable Program ($117,400) remain unchanged.
- The Ontario Seniors Dental Care Program (OSDCP) was allocated $1,382,700 and remains unchanged from 2024 and 2025 allocations.
- The MOH/AMOH compensation initiative will continue to be based on the actual status of current MOH and AMOH positions.

6. Reserve Funds

As part of fiscally sound management, the Board of Health has long-established reserve funds for the agency. Reserve funds have been accumulated via excess municipal contributions when there has been an overestimate of expenses.

Financial reserves are a prudent and expedient way to provide the agency with resources for unexpected financial hardship, emergencies, and future planned projects that support the mission, vision, and strategic goals of APH. In September 2026, the Board approved establishing target and maximum limits for the reserve fund of three and six months, respectively, of the Board approved operating budget for cost-shared mandatory public health programming.

The reserve fund balance currently totals $2.6M, which could support approximately two months of operations for cost-shared programming based on the 2027 budget proposed herein.

7. Recommended 2027 Budget

7.1 Operating Revenue

The 2027 operating revenues include Ministry funding for mandatory programs (historically cost shared), Ministry funding for other related programs (historically 100% provincially funded), municipal funding by 21 municipalities, and interest and user fees.

7.1.2 Provincial

The provincial government can grant funding to local public health as deemed appropriate and has shared responsibilities for the co-funding and delivery of provincial health programs, like public health, with municipal governments.

Pursuant to section 76 of the Health Protection and Promotion Act[8], the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate.

There are several public health programs that receive one-time or 100% grant funding from the Ministry of Health (e.g., Ontario Senior Dental Care Program), with most programs and services being cost-shared.

7.1.3 Municipal

Municipal governments have a direct, legislated responsibility for financing public health programs and services and contribute to the funding of cost-shared programs.

Pursuant to section 72 of the Health Protection and Promotion Act[8], obligated municipalities in a health unit shall pay,

(a) The expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under the HPPA or any other act; and

(b) The expenses incurred by or on behalf of the MOH of the board of health in the performance of his or her functions and duties under the HPPA or any other Act.

As part of the recommended 2027 Operating & Capital Budget, and as directed by the Finance & Audit Committee, the levy from obligated municipalities is recommended to increase by $2.55 per capita. This equates to a $263,792 increase in revenues apportioned across the 21 municipalities in Algoma. Rates apportioned among the municipalities reflect current population counts per the 2021 Census Profile issued by Statistics Canada[3] (Appendix A).

The recommended 2027 municipal levy represents approximately 32.5% of budgeted cost-shared programming.

7.1.4 Interest and User Fees

APH has traditionally budgeted for cost recovery revenues which include interest on deposits, vaccine reimbursements from the Ministry, learner and program recoveries, as well as rent recovery from non-MOH funded programming. New for the 2027 budget, APH has also included approximately $52,000 in rental revenue associated with currently leased space at 294 Willow Avenue in Sault Ste. Marie. APH started leasing space in April of 2026 and intends to continue to assess available space and additional rental opportunities to optimize space utilization and potential recovery revenues.

7.2 Expenditures

As compared to the 2026 budget, the 1.6% overall recommended budget increase is comprised of an increase of 1.5% to salaries and benefits and a 1.7% increase to other operating expenses. Budgeted expenditures can be broken down by either expense category, as displayed in Table 1 or as detailed in the following subsections, or alternatively by program/standard section.

Table 2 below provides a breakdown of budgeted expenditures by major components of the current Ontario Public Health Standards and the Public Health Funding and Accountability Agreement. It should be noted that this budget reflects only expenditures associated with programs delivered under accountability agreements with the Ministry of Health (MOH). It excludes programs funded through other ministries, as well as initiatives that fall outside the scope of mandatory public health programs (e.g. IPAC Hub, Healthy Babies Healthy Children, Stay on Your Feet, Nurse Practitioner, Community Action Program for Children, other one-time funded initiatives); municipal levies do not contribute to the funding of these programs.

Table 2: 2027 Budgeted Expenditures by Program/ Standard Section



Program area	Share	2027 budget
Administration & corporate services *Incl. MOH/AMOH compensation*	20.0%	$3,754,177
Oral health *Incl. Ontario Seniors Dental Care Program*	10.8%	$2,028,186
Infectious disease prevention & control	10.6%	$1,991,667
Substance use & injury prevention	10.0%	$1,875,740
Immunization	9.2%	$1,717,130
Healthy growth & development	8.9%	$1,678,088
Foundational standards *Incl. emergency management, health equity and more**	7.2%	$1,341,363
Food safety	5.6%	$1,051,777
School health – comprehensive	5.5%	$1,036,731
Chronic disease prevention & well-being	3.0%	$559,552
School health – immunization	2.8%	$531,392
Safe water	2.1%	$387,088
Healthy environments	2.0%	$380,469
Land control	1.1%	$210,000
Northern Ontario Fruits & Vegetables	0.6%	$117,400
Indigenous Communities	0.5%	$98,000
Total	**100%**	**$18,758,760**

*Foundational standards: emergency management, health equity, population health assessment and effective public health practice.
Share = program budget ÷ total 2027 recommended budget ($18,758,760). Bars use the % scale in the header.
Programs and services = all program areas except administration & corporate services.

7.2.1 Salary and Benefit Changes

The 2027 expenditure comparisons are made using the 2026 budgeted values (Table 1).

- **Salary**: As compared to 2026, salaries are budgeted at an increase of $201,468 or 1.8%. The salary budget reflects the wages of current permanent staff aligned with approved budgeted positions and includes estimated cost of living annual increases as anticipated under union collective agreements, staff movement along salary grids, and a vacancy factor. It should be noted that both the CUPE and ONA collective agreements are scheduled for renegotiation upon their expiry on March 31, 2027. Workforce composition is consistently reviewed and structured to best address priority work requirements and needs. It is to be noted that, except for those aligned to 100% Ministry funded programming, no net new full-time equivalents have been included in our budgeted workforce since a post-pandemic workforce reduction that occurred alongside 2024 budget planning.
- **Benefits**: As compared to 2026, benefits are budgeted at an increase of $20,534 or 0.7%. Historical utilization is factored heavily in the projection of the rates, in addition to expected market fluctuations. APH's health benefits are reviewed annually for utilization, any potential enhanced offerings and current fee guides by providers. Incorporated into budgeted benefits for 2027 are required updated contributions to Canada Pension Plan, employment insurance and OMERS pension plan, as well as benefit plan offerings specific to union collective agreements. Largely due to changes in OMERS contribution thresholds, the forecasted increase in employee benefit costs for 2027 is lower than the projected increase in salaries and wages.

7.2.2 Operating Expenditure Changes

As compared with the 2026 board approved budget, the 2027 recommended budget for operating expenditures excluding salaries and benefits reflects an overall increase of 1.7% ($68,617).

Operating expenditures have been budgeted by the Executive Team with consideration of historical spend levels, current inflationary projections and in some cases, renewed contract agreement rates and mobilized efficiencies.

Expenditure lines with significant changes and notable discretionary budget items are detailed below, following the order of appearance in the budget summary (Table 1):

- **Travel:** Travel expenditures are budgeted to increase by $30,774 (19.6%) over 2026 due to the ongoing implementation of the agency vehicle fleet. While the fleet initiative is expected to generate longer-term operational efficiencies, cost savings and increased visibility in Algoma communities compared to employee mileage reimbursements, the 2027 budget reflects the initial costs associated with fleet

operation and utilization (e.g. vehicle branding, winter tires).

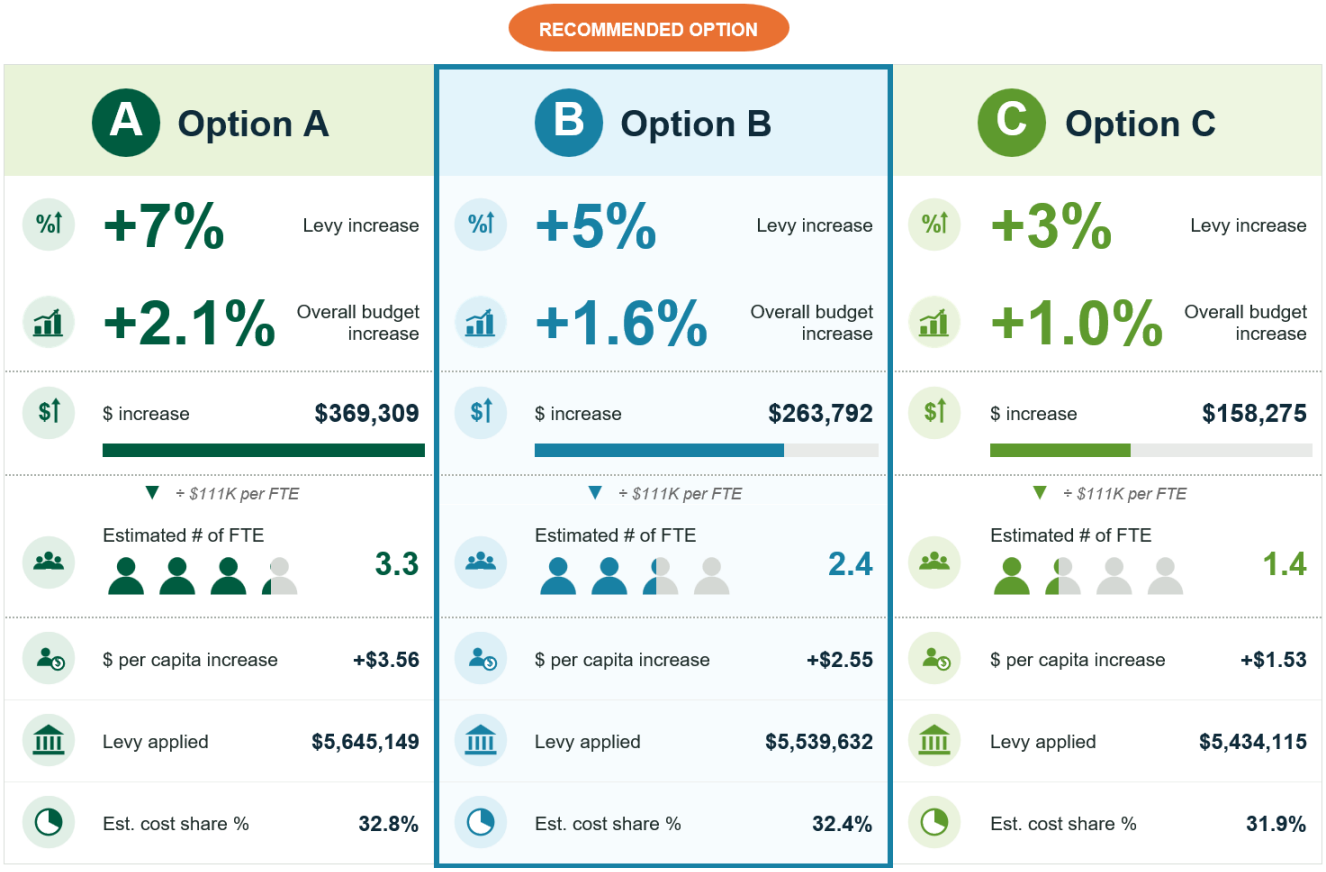
- **Equipment:** Equipment consists of minor computer and information technology hardware and is budgeted at a $15,500 or 43.1% decrease over 2026 based on assessments of ongoing agency wide needs.
- **Program Promotion:** Program promotion expenditures are budgeted at an increase of $26,696 (29.1%) over 2026 reflecting planned community engagement, outreach, and promotional activities that support priority program initiatives (e.g. OSDCP, Nurturing Algoma, Planet Youth Algoma). This budget category also includes professional development investments for staff aligned with organizational strategic priorities such as Indigenous learning, nursing practice, and drinking water systems competency development.
- **Facilities Leases:** Facilities leases are budgeted at a $14,008 (6.2%) increase over 2026 based on annual escalation provisions contained within existing lease agreements for district office locations. The lease budget also includes a provision for potential increased occupancy costs associated with current efforts to assess district offices and ongoing work to ensure facilities are appropriately positioned to support program and service delivery needs across the district.

8. Municipal Investment in Local Public Health

The recommended 2027 budget represents the minimum investment required to preserve current service delivery across the district while maintaining the organization's ability to respond to local public health needs. The table below illustrates three scenarios which were presented to the Finance & Audit Committee for consideration for the 2027 budget. Following discussion of the projected impacts associated with each option presented, the Committee recommended that staff develop a budget based on an approximate 5% increase to the municipal levy, resulting in an overall budget increase of 1.6%.

At 1.6%, the overall budget increase remains below the rate of inflation and reflects a continued commitment to fiscal responsibility while sustaining core public health services. The proposed levy increase will support the continuation of services tailored to priority community needs, advance initiatives associated with the refreshed Strategic Plan and position the organization to proactively realign resources in anticipation of the finalized Ontario Public Health Standards expected in 2027.

Table 3: Further Municipal Levy Scenarios



Within each scenario presented in the table above is a percentage and corresponding dollar amount associated with the increase to the levy applied, a corresponding estimated number of FTEs APH would be able to retain based on an organization wide average cost per FTE including benefits, and the resulting change to the funded portion of cost-shared programs which the contributing municipalities would be responsible for. We recall that under the most recent guidelines, cost-shared programs have been funded based on a 75/25 provincial-municipal funding split. However, as the provincial funding methodology review remains ongoing at the Ministry level, there is no cost-sharing ratio expectation yet communicated for 2027.

Scenario A: This scenario maintains current service levels and workforce composition throughout the Algoma district over 2026.

Scenario B and C: These scenarios see intentional gapping of natural health human resource position vacancies, resulting in opportunistic and temporary reductions of public health services in areas spanning both our health promotion and protection standards. These positions include but may not be limited to management, public health nurses, public health inspectors, health promotion specialists, dental hygienists, etc. ***Scenario B represents the recommended levy increase.***

Any additional levy reductions beyond Scenario C would require a permanent and intentional reduction to the workforce, which is not recommended at this time pending further planning and implementation related to the new 2027 OPHS standards. Any intentional reductions to the workforce could be detrimental to Algoma communities, as it may mean scaling critically needed and recommended care based on local needs as well as potentially driving insufficient resources to complete mandated programs and services under the OPHS. As referenced within the approved 2026 operating budget, this could mean reduced services ranging from cessation of outreach immunization clinics to reduced public health inspections to ensure local facilities meet food and water safety standards.

Alternatively, the Board could choose to budget for a deficit in 2027. While it is at the discretion of the Board to budget an operating deficit with intentions to manage the deficit via accumulated reserve funds, management does not recommend this solution considering (i) the current reserve fund balance represents only 2 months of operations of cost-shared public health programming for APH; (ii) forecasted capital needs as outlined in Appendix C, for which operating and/or one-time funds may not be made available; (iii) a projected deficit could be considered for the foreseeable future for which a one-time solution is not considered appropriate.

Municipal investment in public health is essential to maintaining the programs and services that protect and promote the health of local communities. Public health interventions such as disease prevention, health promotion, immunization, inspection services, and community outreach help reduce the burden on the healthcare system, improve population health outcomes, and support healthier, more resilient communities.

Municipal funding also ensures that public health services can be tailored to local needs and emerging priorities. By investing in prevention and early intervention, municipalities help avoid more costly health and social impacts in the future, delivering significant value for residents while supporting the long-term sustainability of Algoma's healthcare system.

Continued municipal investment enables public health organizations to respond effectively to community health challenges, advance strategic priorities, and meet evolving provincial requirements, ensuring residents have access to essential services that contribute to the overall well-being and long-term economic sustainability in Algoma.

9. Capital Budget

In accordance with and as forecasted within APH's 2025-2034 Capital Asset Funding Plan (Appendix C), the Executive Team is recommending a 2027 capital budget estimated at $302,250, which includes the following expenditures related to the APH property located at 294 Willow Avenue in Sault Ste. Marie:

- $25,000 for exterior building sealing and caulking to maintain the long-term integrity of the building. This preventative maintenance will help to extend the life of the facility, improve energy efficiency, and reduce the risk of moisture-related damage.
- $30,500 for upgrades and component rebuilds to the chiller system which will extend the useful life of the equipment, improve energy efficiency, reduce maintenance costs and enhance the reliability of the system for continued climate control.
- $71,750 for upgrades to network access points for the building automation system. These access points are becoming obsolete and are recommended to be upgraded in phases over the next few years to maintain reliable communication between building control components and monitoring systems.
- $175,000 for replacement of an elevator motherboard to address aging and obsolete control system components that are critical to the safe and reliable operation of the elevator and to maintaining accessibility throughout the facility.

The capital asset plan was approved by the Board alongside the 2026 Capital and Operating Budget and provides guidance on the types of assets to be considered, financing options for required capital upgrades and a forecasted expenditure timeline for planning purposes. Based on a review of current project status, anticipated operational requirements, and organizational capital priorities, the projects noted above have been identified as priorities for advancement. Any required approvals will be presented to the Board in accordance with agency procurement policies.

10. Conclusions

The recommended 2027 budget for public health programs and services is $18,758,760, representing an increase of $290,618 over 2026 budgeted funding. At a 1.6% increase over the previous year, the recommended budget represents the minimum investment required to continue to address inflationary pressures and sustain the delivery of core public health programs and services across Algoma communities, while supporting APH's recently refreshed strategic priorities and anticipated OPHS implementation in 2027.

Appendix A: Proposed Municipal Levy by Municipality

Same rate for every municipality
$50.93 → $53.47
per resident (+5%)

$5,539,632
Total proposed levy (2026: $5,275,840)

+$263,792
Increase from 2026 (+5.00%)

Municipality	Population (2021 Census)	Approved 2026 levy	Proposed 2027 levy	$ increase	Share of total levy (apportionment of costs)	APH levy as % of municipal revenue
CITIES						
Sault Ste. Marie	72,051	$3,669,417	$3,852,887	+$183,471	69.55%	1.12
Elliot Lake	11,372	$579,154	$608,111	+$28,958	10.98%	1.14
TOWNS						
Blind River	3,422	$174,276	$182,990	+$8,714	3.30%	0.79
Bruce Mines	582	$29,640	$31,122	+$1,482	0.56%	0.96
Thessalon	1,260	$64,169	$67,378	+$3,208	1.22%	1.20
VILLAGES / MUNICIPALITY						
Hilton Beach	198	$10,084	$10,588	+$504	0.19%	0.56
Huron Shores	1,860	$94,726	$99,462	+$4,736	1.80%	1.12
TOWNSHIPS						
Dubreuilville	576	$29,335	$30,801	+$1,467	0.56%	0.44
Jocelyn	314	$15,991	$16,791	+$800	0.30%	0.97
Johnson	749	$38,145	$40,052	+$1,907	0.72%	1.06
Hilton	382	$19,455	$20,427	+$973	0.37%	1.01
Laird	1,121	$57,090	$59,945	+$2,855	1.08%	1.86
MacDonald, Meredith and Aberdeen Add'l	1,513	$77,054	$80,907	+$3,853	1.46%	1.47
Wawa	2,705	$137,760	$144,648	+$6,888	2.61%	0.74
The North Shore	531	$27,043	$28,395	+$1,352	0.51%	1.11
Plummer Add'l	757	$38,553	$40,480	+$1,928	0.73%	1.19
Prince	975	$49,655	$52,138	+$2,483	0.94%	1.41
St. Joseph	1,426	$72,623	$76,255	+$3,631	1.38%	1.13
Spanish	670	$34,122	$35,828	+$1,706	0.65%	1.26
Tarbutt	573	$29,182	$30,641	+$1,459	0.55%	1.35
White River	557	$28,367	$29,785	+$1,418	0.54%	0.53
Total	**103,594**	**$5,275,840**	**$5,539,632**	**+$263,792**	**100.00%**	**1.07% (avg)**
YOY % increase		9.00%	5.00%			

Share bars use a 0–70% scale; revenue bars use a 0–2% scale. APH levy percentage of municipality revenue was calculated using municipal financial statements available to APH, as reported by each municipality.

Appendix B: Expenditure Category Glossary

Expense Category	Definition
Salaries & Wages	salaries and wages for management, non-union, CUPE and ONA staff (includes stand-by pay for on call rotation for those applicable)
Benefits	CPP, OMERS, EI, EHT, WSIB and Non-Statutory benefits (group health benefits and insurance)
Office	office supplies and equipment leases
Program	program materials and supplies; health & safety; purchased services including physician/dentist fees
Equipment	IT hardware purchased
Travel	mileage; food and lodging; agency owned vehicle leases; vehicle maintenance
Fees & Insurance	board expenses and honoraria; bank charges; audit fees; legal fees; subscriptions & memberships; insurance
Telecommunications	internet; phones; efax; answering services
Program Promotion	program promotion; communications & media; recruitment; professional development
Debt Management	principal and interest payments on term debt
Computer Services	computer software; computer support services
Building Maintenance	utilities; building repairs and maintenance; security; janitorial
Facilities Leases	rent

Appendix C: 2025-2034 Capital Asset Funding Plan

Purpose

The Board of Health for the District of Algoma Health Unit (the Board) has updated the Capital Asset Funding Plan for 2025-2034. The purpose of the plan is to provide visibility to the Board with respect to capital asset needs. The Capital Asset Plan, in conjunction with APH's Reserve Fund Policy, will allow the Board of Health to meet the Ontario Public Health Standards (OPHS) requirement to "maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported". As APH operates an owned facility in Sault Ste. Marie, there is a need to plan for and appropriately fund the cost of major ongoing repairs and maintenance associated with the facility. In addition, APH leases several facilities which may require leasehold improvements. By maintaining adequate reserves, APH will be able to offset the need to obtain alternate sources of financing.

Operating Budget versus Capital Asset Plan

The Operating Budget captures the projected incoming revenues and outgoing expenses that will be incurred for day-to-day operations for the year.

The Capital Asset Plan is a blueprint to identify expected capital expenditures and to develop a method to finance the associated expenditures. Capital expenditures are costs incurred for physical goods that will be used for more than one year.

The development of the Capital Asset Funding Plan serves as a risk management tool, as it minimizes having large unforeseen budget increases in the future as a result of capital needs.

In addition, the Capital Asset Funding Plan will help the Board with contribution and withdrawal decisions to the Reserve Fund. Reserves can only be generated through unrestricted operating surpluses. As any unspent provincial dollars must be returned to the Ministry, the only mechanism to generate surplus dollars is through the Municipal levy. Maintaining adequate reserves reduces the need for the Board of Health to further levy obligated municipalities within the district to cover unexpected expenses incurred by the Board of Health.

The Capital Asset Plan (Appendix 1) was developed following the completion of thorough building assessments. The assessments were conducted by a professional engineer with over 25 years of experience in facilities management, who has expertise in overseeing large-scale capital projects, implementing preventative maintenance programs, and integrating smart building technologies to drive performance and cost savings.

The capital expenditure schedule provided serves as the foundation of APH's Capital Asset Funding Plan over a 10-year period. In addition, the assessment will help with reserve fund contribution decisions. The Capital Asset Plan is a guideline document and will be reviewed annually, at a minimum, for relevancy and planning purposes for the upcoming budget year. The timing of planned expenditures may be moved up or pushed back depending on the situation.

Types of Capital Assets

In addition to the specific capital building needs, APH management included items related to computer equipment, furniture equipment, vehicles, and leasehold improvements (as APH leases office space within the District). These categories mirror those referenced in APH's Financial Statements, which are amortized over a period of time.

Computer Equipment/Furniture/Vehicles

Investing in computer equipment, furniture, and vehicles is required to allow APH employees to provide services within the District of Algoma. Keeping staff well-equipped improves efficiencies while improving program outcomes.

Facilities – Maintenance, Repair and Replacement

APH owns and leases space. As a result, it is necessary to make improvements to the property (capital or leasehold improvements). As the owner of the facility located at 294 Willow Avenue in Sault Ste. Marie, APH is responsible for repairs and maintenance of the facility. Anticipating what repairs or improvements may be necessary, researching and estimating the related costs, determining the target amount needed, and the approximate timing of the expenditure are all part of the capital budgeting process, along with developing funding strategies.

Types of Financing Options Available to the Board of Health

Depending on the nature and the associated cost of the expenditure, there are different financing options available to the Board of Health. Three examples include:

Operating Dollar Financing – can be used if APH is operating in a surplus position in any given year, and the associated cost of the expenditure will still allow the Board to remain on target with respect to their annual operating budget. The nature of the expenditure would have to be admissible under the terms of the Ministry Accountability Agreement. Use of operating dollars for capital expenditures helps to minimize the amount of dollars that may have to be returned to the Ministry within any given year.

Reserve Financing – can be used if APH determines that the use of operating dollars is not feasible (i.e. cost of the expenditure would negatively impact the annual Operating Budget or the type of expenditure is inadmissible under the terms of the Ministry Accountability Agreement). The advantages of reserve financing are that it minimizes the amount of debt the Board would otherwise incur and/or reduces the levy that municipalities would have to contribute.

Debt Financing – can be used when the expenditure is large in scale, such that operating dollars and reserves would not support it.

In addition to the above financing options, one-time funding opportunities for capital projects occasionally become available from the Ministry of Health. The availability of these funding opportunities varies from year to year and is dependent on the availability of funds at the provincial level. Often, the capital project must meet specific criteria for the Ministry to consider funding it (e.g., a capital purchase must support a

specific program initiative or have a specific risk threshold). Historically, Ministry one-time funding has been a reasonable source of funding for capital projects for APH; however, this source of financing is never guaranteed. For this reason, it is important that the Board plan accordingly under the assumption that capital projects will have to be funded via one of the three methods above. If available in the current year, one-time capital funding requests are typically submitted to the Ministry annually alongside the Annual Service Plan submission.

Regardless of whether the expenditure is capital or operating in nature, APH's Procurement Policy 02-04-030 and Reserve Fund Policy 02-05-065 must be adhered to. As such, management may make capital expenditures with operating, or reserve dollars provided the expenditure is within the Board approved spending limits as noted within each of the respective policies. Any debt financing would typically require Board approval.

Appendix 1 - 2025-2034 APH Capital Asset Plan

Item	Year Installed	Year Upgraded	Expected Useful Life	Remaining Useful Life	Assesment Condition	Requirement Cost 2025-2034	Forecasted Expenditure 2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Requirement Cost 2025-2034
Computer Equipment																	
Network Servers	2011	2022	10	7	Good	$ 225,000.00					$ 225,000.00						$ 225,000.00
Server Extended Warranty (5 years until new purchased)	2011	2022	5	2	Good	$ 20,000.00			$ 5,000.00	$ 5,000.00	$ 5,000.00					$ 5,000.00	$ 20,000.00
Telephone System	2011	2018	10	3	Fair	$ 165,000.00			$ 165,000.00								$ 165,000.00
District Network Infrastructure	2011	2022	10	7	Good	$ 30,000.00							$ 30,000.00				$ 30,000.00
Core Network Infrastructure	2011	2011	10	-4	Good	$ 100,000.00			$ 100,000.00								$ 100,000.00
UPS Battery Backups	2011	2025	5	5	Good	$ 20,000.00						$ 20,000.00					$ 20,000.00
Backup Data Storage	2011	2019	5	-1	Good	$ 95,000.00		$ 30,000.00		$ 30,000.00						$ 35,000.00	$ 95,000.00
Computers	2011	2024	5	4	Good	$ 250,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 250,000.00
Firewalls	2011	2019	5	-1	Good	$ 50,000.00		$ 50,000.00									$ 50,000.00
Wi-Fi	2011	2011	10	-4	Good	$ 100,000.00		$ 50,000.00					$ 50,000.00				$ 100,000.00
Furniture and Equipment																	
Digital Signage	2011		15	1	Fair	$ 10,000.00				$ 10,000.00							$ 10,000.00
Office Furniture	2011		15	1	Fair	$ 30,000.00				$ 7,500.00	$ 7,500.00	$ 7,500.00		$ 7,500.00			$ 30,000.00
Boardroom Furniture	2011		15	1	Fair	$ 8,000.00				$ 4,000.00		$ 4,000.00					$ 8,000.00
Leasehold Improvements																	
Blind River Office		2007	15	-3	Fair												$ -
Generator		2019	25	19	Good												$ -
Elliot Lake Office		2020	15	10	Good												$ -
Wawa Office (2,339 sqft)		2005	15	-5	Poor	$ 100,000.00		$ 50,000.00	$ 50,000.00								$ 100,000.00
APH Sault Ste. Marie - 294 Willow Ave																	
Municipal/Utility Services																	
Water Supply	2011		40	26	Good												$ -
Sanitary Sewer	2011		50	36	Good												$ -
Storm Sewer	2011		50	36	Good												$ -
Gas Supply	2011		40	26	Good												$ -
Hydro Supply	2011		40	26	Good												$ -
Site Finishes																	
Parking - Pavement and Curbing	2011		25	11	Fair	$ 60,000.00		$ 20,000.00			$ 20,000.00			$ 20,000.00			$ 60,000.00
Roadways - Pavement and Curbing	2011		25	11	Good												$ -
Walkways, Sidewalks, Exterior Stairs	2011		35	21	Good												$ -
Exterior Light Standards	2011		50	36	Fair	$ 15,000.00		$ 15,000.00									$ 15,000.00
Soft Landscaping	2011		30	16	Good												$ -
Signage	2011		15	1	Good	$ 7,500.00		$ 7,500.00									$ 7,500.00
Site Drainage	2011		50	36	Good												$ -
Site Improvements	2011		30	16	Good												$ -
Structural																	
Building Substructure, Foundations, Basement	2011		75	61	Good												$ -
Building Superstructure	2011		75	61	Good												$ -
Interior Stairs	2011		75	61	Good												$ -
Roof Construction	2011		75	61	Good												$ -
Other Structural	2011		75	61	Good												$ -
Building Exterior																	
Foundation Walls	2011		75	61	Good												$ -
Cladding Systems	2011		20	6	NEW	$ 475,000.00	$ 475,000.00										$ 475,000.00
Exterior Sealants and Caulking	2011		20	6	Poor	$ 25,000.00			$ 25,000.00								$ 25,000.00
Entrances and Doors	2011		25	11	Good												$ -
Windows (including Frames)	2011		30	16	Good												$ -
Parapets and Canopies	2011		50	36	Good												$ -
Loading Dock	2011		20	6	Fair	$ 7,000.00			$ 7,000.00								$ 7,000.00
Other Building Exterior	2011		30	16	Good												$ -
Roof																	
Roof Assembly (Membrane, Insulation)	2011		20	6	Good	$ 1,400,000.00						$ 1,400,000.00					$ 1,400,000.00
Flashing	2011		20	6	Good	$ 100,000.00						$ 100,000.00					$ 100,000.00
Roof Drainage (Scuppers and Roof Drains)	2011		40	26	Good												$ -
Vents, Stacks, Duct Penetrations	2011		40	26	Good												$ -
HVAC and Exhaust Penetrations	2011		40	26	Good												$ -
Roof hatches and other Penetrations	2011		40	26	Good												$ -

Item	Year Installed	Year Upgraded	Expected Useful Life	Remaining Useful Life	Assesment Condition	Requirement Cost 2025-2034	Forecasted Expenditure 2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Requirement Cost 2025-2034
Building Interior																	
Interior Partitions and Doors	2011		40	26	Good												$ -
Flooring	2011		20	6	Fair	$ 350,000.00							$ 50,000.00	$ 125,000.00	$ 125,000.00	$ 50,000.00	$ 350,000.00
Ceiling	2011		20	6	Fair	$ 40,000.00							$ 25,000.00			$ 15,000.00	$ 40,000.00
Wall Finishes (Paint, Trim, Base)	2011		10	-4	Poor	$ 80,000.00		$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00		$ 80,000.00
Washrooms (Dispensers, Dryers, Partitions)	2011		10	-4	Fair	$ 20,000.00			$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00					$ 20,000.00
Wayfinding	2011		15	1	Good												$ -
Other Building Interior	2011		20	6	Good												$ -
Mechanical and HVAC																	
Heating Systems (Boilers, Pumps)	2011		25	11	NEW	$ 325,000.00	$ 325,000.00										
Heating System Distribution	2011		40	26	Good												$ -
Cooling Systems (Chiller, Tower, Pumps)	2011		25	11	Good	$ 212,000.00	$ 7,000.00	$ 61,000.00	$ 30,500.00			$ 37,500.00	$ 11,000.00			$ 65,000.00	$ 212,000.00
Cooling System Distribution	2011		40	26	Good												$ -
Exhaust and Supply Fans (25)	2011		20	6	Fair	$ 75,000.00						$ 15,000.00	$ 15,000.00	$ 15,000.00	$ 15,000.00	$ 15,000.00	$ 75,000.00
Roof Top Ventilation Units (4)	2011		20	6	Fair	$ 80,000.00						$ 20,000.00	$ 20,000.00	$ 20,000.00	$ 20,000.00		$ 80,000.00
Air Handling Units (3)	2011		30	16	Good												$ -
Building Automation System	2011		20	6	Fair	$ 590,000.00	$ 71,750.00	$ 71,750.00	$ 71,750.00	$ 71,750.00	$ 40,000.00	$ 40,000.00	$ 41,500.00	$ 41,500.00	$ 70,000.00	$ 70,000.00	$ 590,000.00
Ductwork, Dampers, Diffusers, etc.	2011		40	26	Good												$ -
Vertical Transportation Devices (2 TK Elevators)	2011		30	16	Good	$ 350,000.00			$ 175,000.00	$ 175,000.00							$ 350,000.00
Other Mechanical and HVAC	2011		30	16	Good												$ -
Plumbing																	
Plumbing Fixtures	2011		25	11	Good												$ -
Domestic Water Distribution	2011		40	26	Good												$ -
Sanitary Waste	2011		50	36	Good												$ -
Rain and Storm Water	2011		50	36	Good												$ -
Electrical																	
Primary Feed and Main Switchgear	2011		40	26	Good												$ -
Main Transformers	2011		40	26	Good												$ -
Step-down Transformers	2011		40	26	Good												$ -
Emergency Generator	2011		30	16	Good												$ -
Distribution Systems and Panels	2011		40	26	Good	$ 32,500.00			$ 25,000.00	$ 7,500.00							$ 32,500.00
Interior Lighting	2011		30	16	Fair	$ 400,000.00		$ 400,000.00									$ 400,000.00
Exterior Lighting (Wall Mounted)	2011		20	6	Good	$ 30,000.00								$ 15,000.00	$ 15,000.00		$ 30,000.00
Automated Lighting Control System	2011		20	6	Fair	$ 40,000.00			$ 40,000.00								$ 40,000.00
Other Electrical	2011		40	26	Good												$ -
Fire Protection and Life Safety Systems																	
Sprinkler, Standpipe System	2011		35	21	Good												$ -
Fire Pumps	2011		25	11	Good												$ -
Fire Alarm System (Alarm and Communication)	2011	2024	20	19	Good												$ -
Smoke, Heat, CO Detectors (Annual Inspection)	2011	2024	20	19	Good												$ -
Emergency Lighting and Exit Signage	2011		20	6	Good	$ 40,000.00						$ 20,000.00	$ 20,000.00				$ 40,000.00
Security Systems / Cameras	2011		20	6	Poor	$ 90,000.00		$ 90,000.00									$ 90,000.00
Fire Emergency Plans	2011	2024	15	14	Good												$ -
Fire Separations (from Visual Inspections)	2011		40	26	Good												$ -
Automatic Door Closures	2011		15	1	Fair	$ 20,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 20,000.00
Other Fire Protection and Life Safety	2011		20	6	Good												$ -
Hazardous Materials																	
Asbestos					Good												$ -
PCB's					Good												$ -
Other Hazardous Materials					Good												$ -
Subtotal						$ 6,067,000.00	$ 905,750.00	$ 882,250.00	$ 736,250.00	$ 352,750.00	$ 339,500.00	$ 1,706,000.00	$ 299,500.00	$ 281,000.00	$ 282,000.00	$ 282,000.00	$ 6,067,000.00
Contingency (10%)						$ 606,700.00	$ 90,575.00	$ 88,225.00	$ 73,625.00	$ 35,275.00	$ 33,950.00	$ 170,600.00	$ 29,950.00	$ 28,100.00	$ 28,200.00	$ 28,200.00	$ 606,700.00
Escalation Allowance						$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Expenditure						$ 6,673,700.00	$ 996,325.00	$ 970,475.00	$ 809,875.00	$ 388,025.00	$ 373,450.00	$ 1,876,600.00	$ 329,450.00	$ 309,100.00	$ 310,200.00	$ 310,200.00	$ 6,673,700.00

NOTE: Condition assessments rated by Matt Dunlop, IT Manager, Trevor Rising, P.Eng. or staff in conjunction with assessments from a specialist in a particular area

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Blind River
9 Lawton Street

Elliot Lake
302 - 31 Nova Scotia Walk
(ELNOS Building)

Sault Ste. Marie
294 Willow Avenue

Wawa
18 Ganley Street

Algoma
PUBLIC HEALTH
Santé publique Algoma