MSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2017

B E T W E E N:

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Bruyere Continuing Care (the "HSP")

WHEREAS the LHIN and the HSP (together the "Parties") entered into a multi-sector service accountability agreement that took effect April 1, 2014 (the "MSAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the MSAA for a twelve month period to March 31, 2018;

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows.

1.0 Definitions. Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the MSAA. References in this Agreement to the MSAA mean the MSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The MSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(a) The following terms have the following meanings.

For the Funding Year beginning April 1, 2017, "**Schedule**" means any one, and "**Schedules**" means any two or more as the context requires, of the Schedules in effect for the Funding Year that began April 1, 2016 ("2016-17"), except that any Schedules in effect for the 2016-17 with the same name as Schedules listed below and appended to this Agreement are replaced by those Schedules listed below and appended to this Agreement.

Schedule B: Service Plan
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E: Performance
Schedule G: Compliance

2.3 Term. This Agreement and the MSAA will terminate on March 31, 2018.

3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the MSAA shall remain in full force and effect.

4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.

5.0 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

6.0 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

By:

Jean-Pierre Boisclair, Chair — Date: May 2/2017

And by:

Chantale LeClerc, CEO — Date: April 17, 2017

Bruyere Continuing Care

By:

John Riddle, Chair — Date: March 30, 2017

And by:

Daniel Levac, President & CEO — Date: March 30, 2017

Schedule B1: Total LHIN Funding

2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 10.0	2017-2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	$3,567,713
HBAM Funding (CCAC only)	2	F 11005	$0
Quality-Based Procedures (CCAC only)	3	F 11004	$0
MOHLTC Base Allocation	4	F 11010	$0
MOHLTC Other funding envelopes	5	F 11014	$0
LHIN One Time	6	F 11008	$0
MOHLTC One Time	7	F 11012	$0
Paymaster Flow Through	8	F 11019	$0
Service Recipient Revenue	9	F 11050 to 11090	$0
Subtotal Revenue LHIN/MOHLTC	**10**	**Sum of Rows 1 to 9**	**$3,567,713**
Recoveries from External/Internal Sources	11	F 120*	$124,000
Donations	12	F 140*	$0
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	$0
Subtotal Other Revenues	**14**	**Sum of Rows 11 to 13**	**$124,000**
TOTAL REVENUE FUND TYPE 2	**15**	**Sum of Rows 10 and 14**	**$3,691,713**
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	$2,703,555
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	$373,614
Employee Future Benefit Compensation	19	F 305*	$0
Physician Compensation	20	F 390*	$0
Physician Assistant Compensation	21	F 390*	$0
Nurse Practitioner Compensation	22	F 380*	$0
Physiotherapist Compensation (Row 128)	23	F 350*	$0
Chiropractor Compensation (Row 129)	24	F 390*	$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	$0
Sessional Fees	26	F 39092	$0
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	$0
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	$547,868
Community One Time Expense	29	F 69596	$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	$5,446
Amortization on Major Equip, Software License & Fees	31	F 750* , 780*	$9,707
Contracted Out Expense	32	F 8*	$42,030
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	$19,200
Building Amortization	34	F 9*	$0
TOTAL EXPENSES FUND TYPE 2	**35**	**Sum of Rows 17 to 34**	**$3,701,420**
NET SURPLUS/(DEFICIT) FROM OPERATIONS	**36**	**Row 15 minus Row 35**	**($9,707)**
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	$9,707
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	**38**	**Sum of Rows 36 to 37**	**$0**
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	$0
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$0
NET SURPLUS/(DEFICIT) FUND TYPE 3	**41**	**Row 39 minus Row 40**	**$0**
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	42	F 1*	$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	**44**	**Row 42 minus Row 43**	**$0**
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	$3,701,420
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	$3,701,420
NET SURPLUS/(DEFICIT) ALL FUND TYPES	**47**	**Row 45 minus Row 46**	**$0**
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	$0
Plant Operations	49	72 1*	$0
Volunteer Services	50	72 1*	$0
Information Systems Support	51	72 1*	$0
General Administration	52	72 1*	$414,236
Other Administrative Expenses	53	72 1*	$0
Admin & Support Services	54	72 1*	**$414,236**
Management Clinical Services	55	72 5 05	$0
Medical Resources	56	72 5 07	$0
Total Admin & Undistributed Expenses	**57**	**Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)**	**$414,236**

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

Service Category 2017-2018 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits F2F, Tel.,In-House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions-not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
Health Promotion and Education	72 5 50	**4.40**	**0**	**5,470**	**0**	**0**	**0**	**0**	**102**	**0**	**0**	**0**	**0**	**0**
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	**42.14**	**7,600**	**0**	**0**	**37,440**	**704**	**2,700**	**0**	**0**	**0**	**0**	**0**	**0**

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk *.

OHRS/MIS Trial Balance Submission (through OHFS)	
2014-2015	**Due Dates (Must pass 3c Edits)**
2014-15 Q1	*Not required 2014-15*
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
2015-16	**Due Dates (Must pass 3c Edits)**
2015-16 Q1	*Not required 2015-16*
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	**Due Dates (Must pass 3c Edits)**
2016-17 Q1	*Not required 2016-17*
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017
2017-18	**Due Dates (Must pass 3c Edits)**
2017-18 Q1	*Not required 2017-18*
2017-18 Q2	October 31, 2017
2017-18 Q3	January 31, 2018
2017-18 Q4	May 31, 2018

Supplementary Reporting - Quarterly Report (through SRI)	
2014-2015	**Due five (5) business days following Trial Balance Submission Due Date**
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
2015-2016	**Due five (5) business days following Trial Balance Submission Due Date**
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
2016-2017	**Due five (5) business days following Trial Balance Submission Due Date**
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
2017-18	**Due five (5) business days following Trial Balance Submission Due Date**
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

Schedule C: Reports

Community Support Services

2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

Annual Reconciliation Report (ARR) through SRI and paper copy submission* (All HSPs must submit both paper copy ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI)	
Fiscal Year	**Due Date**
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017
2017-18 ARR	June 30, 2018

Board Approved Audited Financial Statements * (All HSPs must submit both paper copy Board Approved Audited Financial Statements, to the Ministry and the respective LHIN where funding is provided; soft copy to be uploaded to SRI)	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Declaration of Compliance	
Fiscal Year	**Due Date**
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Community Support Services – Other Reporting Requirements	
Requirement	**Due Date**
French Language Service Report	2014-15 - April 30, 2015 2015-16 - April 30, 2016 2016-17 - April 30, 2017 2017-18 - April 30, 2018

Schedule D: Directives , Guidelines and Policies

Community Support Services

2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

▪ **Personal Support Services Wage Enhancement Directive, 2014**
▪ **2014 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement**
▪ **2015 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement**
▪ **2016 Addendum to Directive to LHINs: Personal Support Services Wage Enhancement**
▪ **Community Financial Policy, 2015**
▪ **Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014**
▪ **Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014**
▪ **Protocol for the Approval of Agencies under the Home Care and Community Services Act, 2012**
▪ **Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)**
▪ **Community Support Services Complaints Policy (2004)**
▪ **Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)**
▪ **Attendant Outreach Service Policy Guidelines and Operational Standards (1996)**
▪ **Screening of Personal Support Workers (2003)**
▪ **Ontario Healthcare Reporting Standards – OHRS/MIS – most current version available to applicable year**
▪ **Guideline for Community Health Service Providers Audits and Reviews, August 2012**

Schedule E1: Core Indicators

2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	$0	>=0
Proportion of Budget Spent on Administration	11.2%	<=13.4%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.41%
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	12.7%	<13.97%

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience

* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget

** No negative variance is accepted for Total Margin

Schedule E2a: Clinical Activity- Detail

2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

OHRS Description & Functional Centre *These values are provided for information purposes only. They are not Accountability Indicators.		2017-2018 Target	2017-2018 Performance Standard
Administration and Support Services 72 1*			
*** Full-time equivalents (FTE)**	72 1*	**1.55**	n/a
***Total Cost for Functional Centre**	72 1*	**$414,236**	n/a
Health Prom. /Educ - Palliative Care Interdisciplinary 72 5 50 94 10			
Not Uniquely Identified Service Recipient Interactions	72 5 50 94 10	**TBD**	TBD
Group Sessions	72 5 50 94 10	**30**	24 - 36
***Total Cost for Functional Centre**	72 5 50 94 10	**$45,650**	n/a
Health Prom. /Educ - Palliative Care Physician 72 5 50 94 90			
*** Full-time equivalents (FTE)**	72 5 50 94 90	**0.20**	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 94 90	**470**	376 - 564
Group Sessions	72 5 50 94 90	**12**	10 - 14
***Total Cost for Functional Centre**	72 5 50 94 90	**$83,932**	n/a
Health Prom. /Educ - Palliative Care Pain and Symptom Management 72 5 50 94 91			
*** Full-time equivalents (FTE)**	72 5 50 94 91	**4.20**	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 94 91	**5,000**	4750 - 5250
Group Sessions	72 5 50 94 91	**60**	48 - 72
***Total Cost for Functional Centre**	72 5 50 94 91	**$433,483**	n/a
CSS IH - Day Services 72 5 82 20			
*** Full-time equivalents (FTE)**	72 5 82 20	**4.70**	n/a
Visits	72 5 82 20	**600**	510 - 690
Individuals Served by Functional Centre	72 5 82 20	**74**	59 - 89
Attendance Days Face-to-Face	72 5 82 20	**2,700**	2430 - 2970
***Total Cost for Functional Centre**	72 5 82 20	**$304,876**	n/a
CSS IH - Overnight Stay Care 72 5 82 40			
*** Full-time equivalents (FTE)**	72 5 82 40	**0.64**	n/a
Inpatient/Resident Days	72 5 82 40	**140**	112 - 168
Individuals Served by Functional Centre	72 5 82 40	**20**	16 - 24
***Total Cost for Functional Centre**	72 5 82 40	**$40,199**	n/a
CSS IH - Assisted Living Services 72 5 82 45			
*** Full-time equivalents (FTE)**	72 5 82 45	**36.80**	n/a
Inpatient/Resident Days	72 5 82 45	**37,300**	35808 - 38792
Individuals Served by Functional Centre	72 5 82 45	**110**	88 - 132
***Total Cost for Functional Centre**	72 5 82 45	**$2,215,529**	n/a
CSS IH - Emergency Response Support Services 72 5 82 55			
Visits	72 5 82 55	**7,000**	6650 - 7350
Individuals Served by Functional Centre	72 5 82 55	**500**	425 - 575
***Total Cost for Functional Centre**	72 5 82 55	**$163,515**	n/a
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		**48.09**	n/a
Total Visits for all F/C		**7,600**	7220 - 7980
Total Not Uniquely Identified Service Recipient Interactions for all F/C		**5,470**	5197 - 5744

Schedule E2a: Clinical Activity- Detail

2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

OHRS Description & Functional Centre *These values are provided for information purposes only. They are not Accountability Indicators.	2017-2018	
	Target	Performance Standard
Total Inpatient/Resident Days for all F/C	37,440	35942 - 38938
Total Individuals Served by Functional Centre for all F/C	704	598 - 810
Total Attendance Days for all F/C	2,700	2430 - 2970
Total Group Sessions for all F/C	102	82 - 122
Total Cost for All F/C	3,701,420	n/a

Schedule E2d: CSS Sector Specific Indicators

2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

Performance Indicators	2017-2018 Target	Performance Standard
No Performance Indicators	-	-

Explanatory Indicators
Persons waiting for service (by functional centre)

Schedule E3a Local: All
2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

Indigenous Cultural Awareness: The Health Service Provider will report on the activities it has undertaken during the fiscal year to increase the indigenous cultural awareness and sensitivity of its staff, physicians and volunteers throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The Indigenous Cultural Awareness Report, using a template to be provided by the LHIN, is due to the LHIN by April 30, 2018 and should be submitted using the subject line: 2017-18 Indigenous Cultural Awareness Report to ch.accountabilityteam@lhins.on.ca . HSPs that have multiple accountability agreements with the LHIN should provide one aggregated report for the corporation.

Executive Succession: The Health Service Provider must inform the LHIN prior to undertaking a recruitment process or appointment for a CEO or Executive Director.

Health Links: The Health Service Provider, in collaboration with the Health Link lead and partners, will contribute to the scaling and sustainability of Health Links care coordination with patients/clients with complex needs, including the identification of clients, and as appropriate, delivery of coordinated care to achieve the 2017-18 target number of coordinated care plans.

Sub-region Planning: The Champlain LHIN has established five sub-regions in order to improve patient and client health outcomes through population health planning and integrated service delivery. HSPS are expected to collaborate in the development of sub-region planning, and to contribute to more coordinated care for sub-regional populations across the continuum of primary, home, community, and long-term care and to improve transitions from hospital to community care. This will require close collaboration and partnership with primary care providers in each sub-region in meeting the needs of their patients.

Schedule E3d Local: CSS Local Indicators
2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

Hospice Palliative Care Education: In order to ensure primary providers have access to specialized resources and supports in a timely manner for the provision of high quality palliative care, the health service provider (HSP) will, each June 30, provide the Champlain LHIN and the Champlain Hospice Palliative Care Program (CHPCP) with a consolidated annual report on the use of funds provided for the regional palliative consultation team, including outcomes associated with clinical services provided. The HSP will work with the LHIN and the CHPCP to develop the report content. (FC 72 5 50 94 91 - COM Health Prom. /Educ - Palliative Care Pain and Symptom and F C: 7253094 - COM Palliative Home Care

Hospice Palliative Care Service Adjustments and Hospice Palliative Care Indicator Development: The Health Service Provider (HSP) will consult with the Champlain Hospice Palliative Care Program (CHPCP) and the Champlain LHIN prior to making any significant adjustments to hospice palliative care services, including but not limited to temporary or permanent bed closures. The HSP will work with the CHPCP to support the development of indicators, and their associated technical specifications and data collection processes, for planning and evaluation purposes.

Community Support Services Strategic Plan and Information Technology Initiatives: The Champlain Community Support Strategic Plan was approved in fiscal 2014-2015 by the LHIN and the associated information technology projects were prioritized in August 2015 by the Champlain Community Services Network. The Health Service Provider will collaborate in the implementation of this plan and the relevant projects.

The projects which the Health Service Provider will support include, but are not limited to,

1. Common Intake Standards for Community Health Sector
2. Common Consent
3. Reducing Duplicate Assessments Regionally (and compliance with provincial intent)
4. Common Discharge Policy and Procedure
5. Comprehensive Client Electronic Referral
6. Coordinated Care Plan
7. Wait List Management Process and Framework
8. Training and Education Strategy
9. Transportation - Linking CIMS-HR and SharePoint
10. PSS Early Adopter Project (including integration between CHRIS and CSS Client Information Systems)

Critical Identifier Data Elements Obligation: The HSP will collect personal identifier information including OHIP number, 6-digit postal code, date of birth, full address, and full name, for each individual served within community support services programs at their organization. This consistent collection will support regional planning and evaluation exercises, and enable linkages between data sets across various technology systems. Collection of these critical data elements will improve coordination, efficiency, and consistency in service delivery to clients.

Schedule E3 FLS Local: Designated Organizations
2017-2018

Health Service Provider: Bruyère Continuing Care Inc.

French Language Services – Designated: Using the template to be provided by the LHIN, the HSP will submit a Human Resources plan to the LHIN, by April 30, 2018.

Schedule G: Declaration of Compliance
2017-2018
Health Service Provider: Bruyère Continuing Care Inc.

DECLARATION OF COMPLIANCE
Issued pursuant to the M-SAA effective April 1, 2014

To: **The Board of Directors** of the [insert name of LHIN] Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: **The Board of Directors** (the "Board") of the [insert name of HSP] (the "HSP")

Date: [insert date]

Re: [insert date range - April 1, 2016 –March 31, 2017] (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the HSP on a day to day basis, e.g. the Chief Executive Office or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

(i) Article 4.8 of the M-SAA concerning applicable procurement practices;
(ii) The *Local Health System Integration Act, 2006*; and
(iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

_____
[insert name of Chair], [insert title]