AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2010

B E T W E E N:

HAMILTON NIAGARA HALDIMAND BRANT
LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

NIAGARA HEALTH SYSTEM (the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a two year service accountability agreement that took effect April 1, 2008 (the "H-SAA");

AND WHEREAS given economic uncertainties, funding allocations by the Ministry of Health and Long-Term Care which form the basis for the negotiation of the 2010-12 H-SAA have not yet been confirmed;

AND WHEREAS the OHA, LHINs and the Ministry of Health and Long-Term Care have agreed to adjust the H-SAA process for 2010/11, as set out in the letter dated February 1, 2010 attached as Appendix A;

AND WHEREAS the parties acknowledge a mutual commitment to pursuing needed operational efficiencies over the course of the agreement;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a third year;

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 H-SAA.

2.0 Amendments.

2.1 Agreed Amendments. The Parties agree that the H-SAA shall be amended as set out in this Article 2.

2.2 Title and Headers. The Parties agree that the title of the H-SAA and the headers within the H-SAA shall be amended by deleting "2008-2010" and replacing it with "2008-2011."

2.3 Definitions. The definition for HAPS in Article 2.1 shall be amended with the addition of the following text immediately after "2009-2010" and before the semi-colon:

> "and the Board approved hospital accountability planning submission provided by the Hospital to the LHIN for the Fiscal Year 2010-2011"

2.4 Term. The reference to "2010" in Article 3.2, shall be deleted and replaced with "March 31, 2011".

2.5 Planning Cycle. The words "for Fiscal Years 2010/11 and 2011/12" in Article 7.1 shall be deleted.

2.6 Schedules.

(a) Schedule A shall be deleted and replaced with the Schedule A attached to this Agreement.

(b) Schedule B shall be supplemented with the addition of Schedule B-1 attached to this Agreement.

(c) Schedule C shall be supplemented with the addition of Schedule C-1 attached to this agreement.

(d) Schedule D shall be supplemented with the addition of Schedule D-1 attached to this agreement.

(e) Schedule E shall be supplemented with the addition of Schedule E-1 attached to this agreement.

(f) Schedule F shall be supplemented with the addition of Schedule F-1 attached to this agreement.

(g) Schedule G shall be supplemented with the addition of Schedule G-1 attached to this agreement.

(h) Schedule H shall be supplemented with the addition of Schedule H-1 attached to this agreement.

2.7 Renegotiation of Schedules The Parties agree that it is their intention to negotiate and to further amend the Schedules following the announcement of funding allocations by the Ministry of Health and Long-Term Care. It is recognized that a waiver to the balanced budget obligation may need to be negotiated.

3.0 Effective Date. The Parties agree that the amendments set out in Article 2 shall take effect on April 1, 2010. All other terms of the H-SAA, including but not limited to current funding levels and those provisions in Schedule A-H not amended by s. 2.6, above, 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 together with Schedules A, B-1, C-1, D-1, E-1, F-1, G-1 and H-1, 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.

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK

By:

Juanita G. Gledhill, Chair — March 31/10 Date

And by:

Pat Mandy, CEO — march 31, 2010 Date

NIAGARA HEALTH SYSTEM

By:

Betty-Lou Souter, Chair — Mar 30-2010 Date

And by:

Debbie Sevenpifer, CEO — March 30 2010 Date

Schedule A
Planning and Funding Timetable

OBLIGATIONS

Part I - Funding Obligations	Party	Timing
Announcement of multi-year funding allocation (confirmation of 2008/09 Schedule C funding, reinforcement of 2009/10 Schedule C funding)	LHIN	The later of June 30, 2008 or 14 days after confirmation from the Ministry of Health and Long Term Care
Announcement of multi-year funding allocation (confirmation of 2009/10 Schedule C funding)	LHIN	The later of June 30, 2009 or 14 days after confirmation from the Ministry of Health and Long Term Care
Announcement of multi-year funding allocation (confirmation of 20010/11 Schedule C funding)	LHIN	The later of June 30, 2010 or 14 days after confirmation from the Ministry of Health and Long Term Care

Schedule A
Planning and Funding Timetable

Part II - Planning Obligations	Party	Timing
Announcement of 2010/11 planning target for hospital planning purposes	LHIN	The later of June 30, 2008 or 14 days after confirmation from the Ministry of Health and Long Term Care
Publication of the Hospital Annual Planning Submission Guidelines for 2010-12	LHIN	No later than June 30, 2009
Announcement of multi-year funding allocation (reaffirm 2010/11 and announce 2011/12 planning targets for 2010-12 HSAA negotiations)	LHIN	The later of June 30, 2009 or 14 days after confirmation from the Ministry of Health and Long Term Care
Indicator Refresh (including detailed hospital calculations)	LHIN (in conjunction with MOHLTC)	No later than November 30, 2009
Refresh related Schedules for 2010-11	Hospital/LHIN	No later than February 26, 2010
Sign 1 year extension to the 2008/10 H-SAA	Hospital/LHIN	No later than March 31, 2010
Announcement of multi-year funding allocation for 2010/11 and announce, if possible, planning targets for 2011/13 HSAA negotiations)	LHIN	14 days after confirmation from the Ministry of Health and Long Term Care
Submission of Hospital Annual Planning Submission for 2010-11	Hospital	To be determined
Publication of the Hospital Annual Planning Submission Guidelines for 2011/13	LHIN	No later than June 30, 2010
Announcement of multi-year planning targets for 2011/13 HSAA negotiations)	LHIN	14 days after confirmation from the Ministry of Health and Long Term Care
Submission of Hospital Annual Planning Submission for 2011-13	Hospital	No later than October 31, 2010
Indicator Refresh (including detailed hospital calculations)	LHIN (in conjunction with MOHLTC)	No later than November 30, 2010
Refresh the Hospital Annual Planning Submission for 2011-13 and related Schedules	Hospital/LHIN	No later than January 31, 2011
Sign 2011-13 Hospital Service Accountability Agreement	Hospital/LHIN	No later than March 31, 2011

Obligation Timeline Diagram

Definitions:

Planning Target = For negotiations

Confirm = Confirm signed agreement amounts after appropriation of monies by the Legislature of Ontario

	Funding Year							
	06/07	**07/08**	**08/09**	**09/10**	**10/11**	**11/12**	**12/13**	**13/14**
		2007/08 HAA	**2008-11 H-SAA**					
June 06	Confirm Schedule C Funding	Planning Target	Planning Target					
June 07		Confirm Schedule C Funding	Planning Target (Oct)	Planning Target (Oct)				
Feb. 08			Negotiated Schedule C Funding	Negotiated Schedule C Funding				
June 08			Confirm Schedule C Funding	Reaffirm Schedule C Funding	Planning Target			
June 09				Confirm Schedule C Funding	Planning Target			
Feb. 10					Negotiated Schedule C Funding			
June 10					Confirm Schedule C Funding			

Funding Obligations are shaded
Planning Obligations are not shaded

Schedule B-1
Performance Obligations for 10/11

1.0 PERFORMANCE CORRIDORS FOR SERVICE VOLUMES AND PERFORMANCE INDICATORS

1.1 The provisions of Article 1 of Schedule B apply in fiscal year 10/11 with all references to Schedule D being read as referring to Schedule D-1.

2.0 PERFORMANCE CORRIDORS FOR PERFORMANCE INDICATORS

2.1 The provisions of Article 2 of Schedule B apply in fiscal year 10/11 subject to the following amendments:
(a) sub articles 2.2, 2.3 and 2.6 shall be deleted; and
(b) all references to Schedule D shall be read as referring to Schedule D-1.

3.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO NURSING ENHANCEMENT/CONVERSION

3.1 The provisions of Article 3 of Schedule B apply in fiscal year 10/11with all references to Schedule D being read as referring to Schedule D-1.

4.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO CRITICAL CARE

4.1 The provisions of Article 4 of Schedule B apply in fiscal year 10/11 subject to the following amendments:
(a) references to “2008/09” and “2009/10” shall be read as referring to “2010/11”.
(b) all references to Schedule E shall be read as referring to Schedule E-1.

5.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO POST CONSTRUCTION OPERATING PLAN FUNDING AND VOLUME

5.1 The provisions of Article 5 of Schedule B apply in fiscal year 10/11, subject to the following amendments:

(a) references to Schedule F shall be read as referring to Schedule F-1;
(b) references to “2008/09 and 09/10” shall be read as referring to 2010/11.

6.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO PROTECTED SERVICES

6.1 The Performance Obligations set out in Article 6 of Schedule B apply in fiscal year 10/11, subject to the following amendments:

(a) All references to Schedule D or Schedule G shall be read as referring to Schedules D-1 and G-1 respectively; and
(b) All references to “2008/09 and 09/10” shall be read as referring to “2010/11”

7.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO WAIT TIME SERVICES

7.1 The Performance Obligations set out in Article 7 of Schedule B apply to fiscal year 10/11

with all references to Schedules A, G, or H being read as referring to Schedules A-1, G-1 or H-1 respectively.

8.0 REPORTING OBLIGATIONS

8.1 The reporting obligations set out in Article 8 of Schedule B apply to fiscal year 10/11.

8.2 The following reporting obligations are added to Article 8 of Schedule B:

(a) **French Language Services.** If the Hospital is required to provide services to the public in French under the provisions of the *French Language Services Act*, the Hospital will be required to submit a French language implementation report to the LHIN by September 30 2011. If the Hospital is not required to provide services to the public in French under the provisions of the *French Language Service Act*, it will be required to provide a report to the LHIN that outlines how the Hospital addresses the needs of its local Francophone community" by September 30, 2010.

9.0 LHIN SPECIFIC PERFORMANCE OBLIGATIONS

9.1 Except where specifically limited to a given year, the obligations set out in Article 9 of Schedule B apply to fiscal 10/11.

9.2 The following provisions are added to Article 9 of Schedule B for the 2010-11 fiscal year.

9.3 Refer to 2008-10 H-SAA Schedule B, Article 9.3 and Article 9.4 below.

9.4 **Continuing Waiver:** The waiver granted in 9.3 in respect of the 2008-10 and 2009-10 fiscal years is continued for the 2010-11 fiscal year on the same terms and conditions as set out in 9.3 which obligations continue through fiscal year 2010-11. The LHIN acknowledges that the Hospitals plan to achieve a balanced budget by March 31, 2013 may need to be adjusted if the Hospital receives less than a 2% increase in fiscal year 2010-11. The LHIN and the Hospital agree to meet within four weeks of the provincial announcement to determine whether and on what terms the HIP needs to be adjusted.

9.5 **REPORTING REQUIREMENTS AND CONDITIONS FOR INCREASED FUNDING**
With respect to increased funding Niagara Health System (NHS) received in 2009-10, NHS is required to report quarterly to the LHIN its progress towards the following performance measures:

(a) Financial Performance

i. Meet or exceed financial targets identified in the HIP
ii. Develop an ongoing 3 year rolling operating, capital, cash and working capital forecast to assist NHS in its program, capital investment, and cash flow planning
iii. Develop and implement a plan to eliminate requirement for cash advance
iv. Implement a variance tracking process to monitor progress to HIP

(b) Access to Care

i. Meet ED wait time targets
ii. Reduce wait times for joint replacement surgery to LHIN target of at most 182 days

(c) Quality

i. Identify and submit to the LHIN by June 30, 2010, a strategy to reduce the rate of hospital acquired infections and infectious disease outbreaks.
ii. Reduce hospital mortality ratio to lower than previously reported, or in line with the provincial average
iii. Demonstrate/implement innovative practices
iv. Implement program consolidation and transfers identified in the HIP
v. Work with HNHB LHIN partners to implement the LHIN Clinical Service Plan

(d) Health Human Resources

i. Improve staff satisfaction
ii. Removal of Ontario Nurses Association sanction
iii. Reduce overtime and sick time to at least LHIN average

(e) Community Relations

i. Assess and improve patient satisfaction
ii. Assess and improve community relationships

(f) Transitional Advisor

i. Appoint the Advisor and submit the deliverables for the role to the HNHB LHIN by **June 10, 2010**.

LHIN Target
Unless specifically, noted above, implementation status updates and/or reports will be required on a quarterly basis. Where applicable, performance targets and corridors will be formalized in the 2011-13 Hospital Service Accountability Agreement process

9.6 The following HNHB LHIN specific provisions are added to Article 9 of Schedule B

(a) **ACUTE ALTERNATIVE LEVEL OF CARE (ALC)**

Definition:
Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.

Indicator Calculation:

$$\frac{\text{Total number of acute inpatient days designated as ALC in a given time period}}{\text{Total number of acute inpatient days in a given time period}} \times 100$$

Hospitals are required to report on this indicator quarterly using the Quarterly Report on WERS

Exclusion Criteria
Newborns, stillborns and records with missing or invalid discharge dates are not included

LHIN Target:
Hospitals are to reduce their acute ALC rate to 14% or less by March 31 2011

(b) **HOSPITAL STANDARDIZED MORTALITY RATIO (HSMR) MONITORING INDICATOR**

Definition:
The ratio of the actual number of acute in-hospital deaths to the expected number of in-hospital deaths for conditions accounting for 80% of in-patient mortality as reported by the Canadian Institute for Health Information (CIHI).

Hospitals are required to report on these indicators quarterly using the Quarterly Report on WERS. Reports are sent to hospitals by CIHI quarterly.

LHIN Target:
HSMR will be lower than reported previously or in line with the provincial average. Hospitals are expected to review practice if there is a rise in monitoring indicators.

Multi-site hospitals must report by site

CIHI Reported HSMR
• HSMR
• Medical HSMR
• Surgical HSMR
• ICU-Related HSMR
• HSMR excl transfers

(c) **SURGICAL SAFETY CHECK LIST**

Implement the surgical safety check list, identified by the Ministry of Health and Long-Term Care and the Ontario Hospital Association, by July 30, 2010.

LHIN Target:
All LHIN hospitals to publicly report on compliance with surgical safety check list requirement.

(d) **COMMON CREDENTIALING**

(i) Implement the HNHB LHIN credentialing form for all new applicants to the medical staff by March 31, 2011
(ii) Utilize the HNHB LHIN reappointment package for their next cycle of medical staff reappointments by March 31, 2011

LHIN Target:
All LHIN hospitals will participate in the HNHB LHIN common credentialing process.

(e) HNHB LHIN CLINICAL SERVICE PLAN (CSP)
Implement and provide leadership for year 1 CSP objectives as appropriate for your organization. Implementation of CSP initiatives should be a standing item

for semi-annual reporting to the hospital's Board of Directors

LHIN Target
Provide the LHIN with the hospital's semi-annual report to the Board on HNHB LHIN Clinical Service Plan implementation status.

(f) **STROKE MONITORING INDICATORS:**
The Ontario Stroke Network/LHIN HSAA Work Group identified 3 indicators to replace existing stroke indicators in the 2008-10 HSAA:

(i) 30 day readmission of patients with stroke or transient ischemic attack (TIA) to acute care for all diagnosis.
(ii) Percent of stroke patients discharged to inpatient rehabilitation using Canadian Institute for Health Information Discharge Abstract Database (CIHI DAD) discharge destination.
(iii) Percent of stroke patients managed at any point during their stay on a designated stroke unit per the definition of stroke unit used by the Registry of the Canadian Stroke Network.

Hospital Multi-Year Funding Allocation

Schedule C1 2010/11

Hospital ST CATHARINES Niagara Health System

Fac # 962

	2010/11 Planning Allocation	
	Base	One-Time
Opening Base Funding	$318,365,310	
Multi-Year Funding Incremental Adjustment		
Other Funding		
Funding adjustment 1 AAH - Assess Restore		$668,677
Funding adjustment 2 AAH - Specialized Geriatric Services		$233,800
Funding adjustment 3 ( )		
Funding adjustment 4 ( )		
Funding adjustment 5 ( )		
Funding adjustment 6 ( )		
Funding adjustment 7 ( )		
Other Items		
Prior Years' Payments		
Critical care Strategies Schedule E		
PCOP: Schedule F		
PCOP		
Stable Priority Services: Schedule G		
Chronic Kidney Disease		
Cardiac Catherization		
Cardiac Surgery		
Provincial Strategies: Schedule G		
Organ Transplantation		
Endovascular aortic aneurysm repair		
Electrophysiology studies EPS/ablation		
Percutaneous coronary intervention (PCI)		
Implantable cardiac defibrillators (ICD)		
Daily nocturnal home hemodialysis		
Provincial peritoneal dialysis initiative		
Newborn screening program		
Specialized Hospital Services: Schedule G		
Cardiac Rehabilitation		
Visudyne Therapy		
Total Hip and Knee Joint Replacements (Non-WTS)		
Magnetic Resonance Imaging		
Regional Trauma		
Regional & District Stroke Centres		
Sexual Assault/Domestic Violence Treatment Centres		
Provincial Regional Genetic Services		
HIV Outpatient Clinics		
Hemophiliac Ambulatory Clinics		
Permanent Cardiac Pacemaker Services		$73,400
Provincial Resources		
Bone Marrow Transplant		
Adult Interventional Cardiology for Congenital Heart Defects		
Cardiac Laser Lead Removals		
Pulmonary Thromboendarterectomy Services		
Thoracoabdominal Aortic Aneurysm Repairs (TAA)		
Health Results (Wait Time Strategy): Schedule H		
Selected Cardiac Services		
Total Hip and Knee Joint Replacements		$1,094,200
Cataract Surgeries		$756,900
Magnetic Resonance Imaging (MRI)		$1,411,000
Computed Tomography (CT)		$103,000
Total Additional Base and One Time Funding	$0	$4,340,977
Total Allocation	$322,706,287	

Allocations not provided in this schedule for 2010/11, will be provided to hospitals in subsequent planning cycles. Hospitals should assume, for planning purposes, funding for similar volumes for Priority Services in out-years.

Global Volumes

Schedule D1 2010/11

Hospital ST CATHARINES Niagara Health System

Fac # 962

Global Volumes	Units of Service	2010/11 Performance Target	2010/11 Performance Standard**
Total Acute Activity, including inpatient and Day Surgery*	Weighted Cases	37900	36384-39416
Other			
Complex Continuing Care	RUG Weighted Patient Days	71300	>65596
Mental Health	Inpatient Days	15632	>14694.08
ELDCAP	Inpatient Days	N/A	N/A
Rehabilitation	Inpatient Days	N/A	N/A
Emergency Department Visits	Visits	187300	>179808
Ambulatory Care***	Visits	229300	>206370

* Global volumes based on CIHI Case mix Group (CMG)+ methodology and MOHLTC PAC-10 weights.

** Volume Performance Indicators under Global Volumes vary in application based on hospital type.

***Ambulatory Care includes OHRS Primary account codes 7134* (excluding 7134055), 712*, 7135*,715* OHRS secondary statistical account codes:447*,450*,5* (excluding 50*,511*,512*,513*,514*,518*,519*,521*)

Note: 2010-11 Targets identified from your hospitals 2009-10 Q3 year-end forecast adjusted for 2% planning scenario identified in your December 15 2009 MPRR submission

Performance Indicators

Hospital ST CATHARINES Niagara Health System

Fac # 962

Performance Indicators	2010/11 Performance Target	2010/11 Performance Standard**
HSAA Performance Indicators		
Perfomance Indicators For All Hospitals		
Current Ratio	0.17	0.144 - 0.176
Year End Total Margin	-0.70%	0

**Volume Performance Indicators under Global Volumes vary in application based on hospital type.

Critical Care Funding

Schedule E1 2010/11

Hospital ST CATHARINES Niagara Health System

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Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B or B1. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement

Post-Construction Operating Plan Funding and Volume

Schedule F1 2010/11

Hospital ST CATHARINES Niagara Health System

This section has been intentionally left blank

Once negotiated, an amendment (Sch F1.1) will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B or B1. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement

Protected Services

Schedule G1 2010/11

Hospital ST CATHARINES Niagara Health System

Fac # 962

	Units of Service	2010/11 Performance Target	2010/11 Performance Standard	2011/12 LHIN Plan
Stable Priority Services				
Chronic Kidney Disease	Weighted Units	90,098	90,098	90,098
Cardiac Catherization	Procedures	NA	NA	NA
Cardiac Surgery	Weighted Units	NA	NA	NA
Provincial Strategies				
Organ Transplantation*	Cases	NA	NA	NA
Endovascular aortic aneurysm repair				
Electrophysiology studies EPS/ablation				
Percutaneous coronary intervention (PCI)				
Implantable cardiac defibrillators (ICD)				
Daily nocturnal home hemodialysis				
Provincial peritoneal dialysis initiative				
Newborn screening program				
Specialized Hospital Services				
Cardiac Rehabilitation	Number of patients treated	NA	NA	NA
Visudyne Therapy	Number of insured Visudyne vials	NA	NA	NA
Total Hip and Knee Joint Replacements (Non-WTS)	Number of Implant Devices	1,029	1,029	1,029
Magnetic Resonance Imaging	Hours of operation	5,200	5,200	5,200
Regional Trauma	Cases	NA	NA	NA
Regional & District Stroke Centres				
Sexual Assault/Domestic Violence Treatment Centres				
Provincial Regional Genetic Services				
HIV Outpatient Clinics				
Hemophiliac Ambulatory Clinics				
Permanent Cardiac Pacemaker Services				
Provincial Resources				
Bone Marrow Transplant				
Adult Interventional Cardiology for Congenital Heart Defects				
Cardiac Laser Lead Removals				
Pulmonary Thromboendarterectomy Services				
Thoracoabdominal Aortic Aneurysm Repairs (TAA)				

Note: CKD weighted cases only includes base funded volumes and excludes weights associated with stations.

* Organ Transplantation - Funding for living donation (kidney & liver) included as part of organ transplantation funding. Hospitals are funded retrospectively for deceased donor management activity, reported and validated by the Trillium Gift of Life Network.

Note: Additional accountabilities assigned in Schedule B, B1

Funding and volumes for these services should be planned for based on 2009/10 approved allocations. Amendments, pursuant to section 5.2 of this Agreement, may be made during the quarterly submission process.

Wait Time Services

Schedule H1 2010/11

Hospital ST CATHARINES Niagara Health System

Fac # 962

	2009/10 Funded		2010/11 Funded	
	Base Volumes	**Incremental Volumes ****	**Base Volumes**	**Incremental Volumes ****
Selected Cardiac Services	Refer to Schedule G for Cardiac Service Volumes and Targets			
Total Hip and Knee Joint Replacements (Total Implantations)	1,029	116	1,029	159
Cataract Surgeries (Total Procedures)	4,290	1,511	4,290	1,211
Magnetic Resonance Imaging (MRI) (Total Hours)	5,200	4,902	5,200	5,427
Computed Tomography (CT) (Total Hours)	9,540	402	9,540	412

* The 2009/10 Funded volumes are as a reference only

** Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B, B1. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement.