

**Finance & Administration Committee
AGENDA**

Monday, September 23, 2024 @ 5:30pm

Item	Description	MRP
1.0	Call to Order and Introductions	Pierre LeBlanc
2.0	Approval of the Agenda	Pierre LeBlanc
3.0	Declaration of Conflict of Interest	Pierre LeBlanc
4.0	Approval of Previous Minutes: May 6, 2024*	Pierre LeBlanc
5.0	Business Arising from the Minutes	
	5.1 Discussion on Quarterly Reporting Changes	Pierre LeBlanc
6.0	Standing Reports	
	6.1 Unaudited Financial Statements Q1 Apr 1, 2024 – June 30, 2024*	Heather Harris-Jones
	6.1.1 York Care Centre Inc	
	6.1.2 York Development Inc	
	6.1.3 Centre of Innovation & Research in Aging Inc	
	6.1.4 York County Properties	
	6.2 Finance & Administration Q1 Report*	Kenny/Boyer/Harris-Jones
7.0	New Business	
	7.1 Annual Work Plan 2024 – 2025*	Geri Geldart
	7.2 Terms of Reference Review*	Geri Geldart
8.0	Next meeting – November 4, 2024	

**Denotes attachment*

Proposed Motions

1. That the minutes of May 6, 2024, be approved.
2. That the unaudited financial statements for Q1 April 1, 2024 – June 30, 2024 be approved as presented.



**Minutes of meeting of the Finance & Administration Committee
at York Care Centre, 100 Sunset Drive, Fredericton, NB and virtual meeting
on May 6, 2024, at 5:30pm**

Present: Pierre LeBlanc (Chair), Lyne St-Pierre-Ellis, Doug Holt, Wayne Snowdon,
Brenda Bossé (Virtual), Marjorie Belzile, Deborah Wybou

Staff: Geri Geldart, Heather Harris-Jones, Michel Boyer, Shelley Kenny

1. Call to Order and Introductions

Mr LeBlanc called the meeting to order at 5:30pm.

2. Approval of Agenda

The meeting agenda was reviewed.

It was moved by Morjorie Belzile and seconded by Deborah Wybou that the agenda be approved. All in favour.

Motion carried.

3. Declarations of Conflict of Interest

Mr. LeBlanc asked members to review the agenda and self-identify if there was the potential for a conflict of interest. No conflicts identified.

4. Approval of Minutes – March 18, 2024

The minutes of March 18, 2024, were reviewed by the committee.

Motion:

It was moved by Wayne Snowdon and seconded by Brenda Bossé that the minutes of March 18, 2024, be accepted as amended. All in favour.

Motion carried.

5. Business Arising

5.1 Discussion on Quarterly Reporting Changes

Pierre LeBlanc asked for members to review and provide reporting suggestions by May 24th. These should be directed to Lyne St-Pierre-Ellis who will compile the information.

6. Standing Reports

6.1 Unaudited Financial Statements Q4 Jan 1, 2024 – Mar 31, 2024

The unaudited financial statements for the period of January 1, 2024 – March 31, 2024 were included in the meeting package for information. Heather Harris-Jones presented an overview of the statements.

6.1.1 York Care Centre Inc.

- Current revenue for the end of March is revenue is \$24,662,444 versus expenditures of \$24,620,681 for a surplus of \$41,763. These amounts will continue to change until all expenses have been processed.
- Main contributors to the surplus were underspending in salary and benefits \$490K, extra revenue \$31k that was offset with intentional surplus spends on needed items of \$252K and Inflationary spends \$249K.

6.1.2 York Developments Inc.

- Current revenue \$1,540,660, expenses are \$1,479,512 with a surplus of \$61,148.
- YDI will receive funds for Nursing Home Without Walls (NHWW). This is a community-based program and not a direct service to the residents of York Care Centre.

6.1.3 CIRA

- Current revenue of \$698,825, expenses are \$682,039 with a surplus of \$16,785. The primary reason for the surplus is related to bank interest.

6.1.4 York County Properties Inc.

- Total revenue is \$24,066 versus expenses of \$24,066.

Motion:

It was moved by Deborah Wybou and seconded by Doug Holt that the unaudited financial statements for Q4 January 1, 2024 - March 31, 2024 for York Care Centre Inc., York Developments Inc., CIRA, and York County Properties Inc. be recommended to the Board as presented for approval. All in favour.

Motion Carried

6.2 Finance & Administration Q4 Report

The Q4 Report from staff was included in the agenda package. In addition, the staff provided verbal updates reflecting status up to March 31, 2024.

Human Resources – S Kenny provided an update. Highlights include:

- Steady recruitment efforts resulted in 19 new hires in Q4, 8 of which are registered staff. Unfortunately, 14 employees resigned, and 1 person was terminated.
- IEN Recruitment – Six individuals from the Philippines recruitment effort in 2023 arrived during this quarter. The 2024 IEN recruitment efforts accomplished 64 interviews and extended 16 offers of employment. One person declined the offer. There will be a review of the Douglas Ave apartments in late summer.
- SLT will be reviewing survey strategy effectiveness later this month.
- The average number of RN hours worked per day below the target has significantly reduced to 4.53 hours from a high of 92.79 in Q2.

Facilities, Building and Infrastructure – M Boyer provided an update.

- There were 75 resident beds replaced within the facility.
- Enhancements have been completed on the facility's exterior lighting in both the front

and rear parking areas.

- The 4-week rotating menu was introduced April 1st. A tour of the Sysco Foodservice office provided the team with inspiration and new recipe ideas using products already available to us.
- BrunNet completed a Vulnerability Scan of our IT environment and provided recommendations to better our position. Four of these suggestions have been earmarked in the 2024/25 IT budget.

7. New Business

7.1 Housing Opportunities

Ms Geldart presented a Housing Opportunity briefing note that was included in the meeting package outlining new funding opportunities for enhancing York Care Centre's housing program. The federal government has created and/or expanded several housing development programs aimed at increasing the availability of affordable housing. Exploring independent living apartments, supportive housing and revisiting the Wetland Project were topics of discussion. Further information on these programs and how they may work into our strategic plan will be examined.

7.2 Pharmacy Request for Proposal (RFP)

The Pharmacy agreement with Jean Coutu expires in February 2025. Request for Proposals should be released in June, followed by selection in the early fall of 2024.

8. Date of Next Meeting

Tentatively September 23, 2024 @ 5:30pm.

9. Adjournment - On a motion by Wayne Snowdon, the meeting was adjourned at 7:12.

Pierre LeBlanc, Chair

Jennifer Vos, Recorder

**York Care Centre
Quarterly Financial Report
Summary information**

ASSETS	
Unrestricted cash	\$1.804M
Total receivables	\$0.250M
LIABILITIES - Current	\$3.586M

Capital Budget Update: At this time only the washer is purchased and installed.
A new quote is required for a larger oven - larger unit needed

	ACTUAL	BUDGET
REVENUES	\$6.074M	\$6.078M
EXPENDITURES	\$5.737M	\$5.769M
SURPLUS/(DEFICIT)	\$0.347M	\$0.309M

DRAFT

*YCC is on target and on budget

Revenue/resident/day: \$929

Expenditures/resident/day: \$876

Vacant bed days: 4

STAFFING OVERVIEW		
Filled Positions:		
Administration		16
Care		Not available
Operations		Not available
Vacant positions:		
Administration		0
Care		Not Available
Operations		Not Available

YORK CARE CENTRE INC.
Statement of Financial Position
6/30/2024

	Current Quarter	Prior Quarter	Difference
<u>ASSETS</u>			
CURRENT			
CASH AND CASH EQUIVALENTS	1,804,524	2,037,502 *1	-232,978
CASH - RESTRICTED FUNDS	84,616	66,549	18,067
ACCOUNTS RECEIVABLE			
- RESIDENTS	76,894	115,209 *2	-38,315
- DEPT of SOCIAL DEVELOPMENT	36,895	64,062	-27,167
- HST	40,789	46,517	-5,729
- OTHER	94,942	70,335	24,607
INVENTORIES	97,837	97,837	0
PREPAID EXPENSES	500,107	34,466 *3	465,641
LONG TERM RECEIVABLE	0	0	0
TOTAL CURRENT ASSETS	<u>2,736,604</u>	<u>2,532,477</u>	<u>204,126</u>
CASH RESTRICTED FOR FUTURE CAPITAL LAND, BUILDING AND FURNITURE (Net)	0 25,539,909	0 25,909,694	0 -369,785
TOTAL FIXED ASSETS	<u>25,539,909</u>	<u>25,909,694</u>	<u>-369,785</u>
TOTAL ASSETS	<u><u>28,276,513</u></u>	<u><u>28,442,172</u></u>	<u><u>-165,659</u></u>
<u>LIABILITIES</u>			
CURRENT			
PAYABLES & ACCRUALS	3,489,074	3,227,983 *4	261,092
DEFERRED REVENUE	97,299	235,498 *5	-138,199
TOTAL CURRENT	<u>3,586,373</u>	<u>3,463,480</u>	<u>122,893</u>
LONG TERM			
LONG TERM DEBT	11,716,565	12,290,135	-573,570
DEFERRED CONTRIBUTIONS	1,401,386	1,470,736	-69,350
TOTAL LIABILITIES	<u>13,117,951</u>	<u>13,760,871</u>	<u>-642,920</u>
<u>FUND BALANCES</u>			
FUNDS RESTRICTED	74,816	66,548	8,268
UNRESTRICTED	11,150,447	9,880,079	1,270,368
NET INCOME (LOSS) FOR PERIOD	346,925	1,271,193	-924,268
TOTAL FUNDS	<u>11,572,188</u>	<u>11,217,820</u>	<u>354,368</u>
TOTAL LIABILITIES & FUNDS	<u><u>28,276,513</u></u>	<u><u>28,442,172</u></u>	<u><u>-165,659</u></u>

Notes:

1. Decrease mainly due to transfer to YDI of funds for NHWW \$127K.
2. Decrease due to a lot of reassessments and payments received by SD or Public Trustee. At August end balance \$47K
3. Increase to due annual property tax and insurance invoices (amortized monthly).
4. Increase due to the Property Taxes booked to the account Payment Received in Advance (amortized monthly).
5. Decrease mainly due to transfer to YDI of funds for NHWW \$127K.

YORK CARE CENTRE INC.
Statement of Operations - Year to Date
3MONTHS ENDING 6/30/2024

	Actual Previous YTD	Actual Current YTD	Budget Current YTD	Variance Budget vs Actual
REVENUE AND RECOVERIES				
Operating Revenue	5,748,930	5,707,324	5,762,494	-55,170
Recurring Budget Amendments	0	0	0	0
Non-recurring Budget Amendments	25,865	36,895	36,895	0
Administration	116,104	109,642	110,323	-681
Care Services	36,169	51,931	16,532	35,400
Operations	91,639	98,724	82,516	16,208
Deferred Contributions	72,623	69,350	69,350	0
TOTAL REVENUE AND RECOVERIES	<u><u>6,091,330</u></u>	<u><u>6,073,867</u></u>	<u><u>6,078,110</u></u> *1.	<u><u>-4,243</u></u>
OPERATING EXPENSES				
Administration	1,071,372	1,081,034	1,118,142	*2. 37,108
Care Services	2,484,507	2,606,163	2,642,056	*3. 35,893
Operations	1,571,175	1,594,359	1,558,889	*4. -35,471
Mortgage Interest & Depreciation	773,412	445,386	450,039	*5. 4,653
TOTAL EXPENSES	<u><u>5,900,466</u></u>	<u><u>5,726,942</u></u>	<u><u>5,769,125</u></u>	<u><u>42,183</u></u>
NET SURPLUS (DEFICIT)	<u><u>190,864</u></u>	<u><u>346,925</u></u>	<u><u>308,985</u></u>	<u><u>37,940</u></u>
Less: Transfer to replacement reserve		<u>825</u>	<u>0</u>	<u>-825</u>
(Increase) or Decrease in Operating Fund Accumulated Deficit		<u><u>346,100</u></u>	<u><u>308,985</u></u>	<u><u>38,765</u></u>

Notes (Actual to Budget):

1. Lower revenue due to lower funding from SD \$55.2K (prior year rates) offset by Secondment Revenue \$35.4K, Dietary Recovery Revenue \$8.0K (previously netted against expense) & Café Revenue \$3.1K, Other Revenue \$2.7K.
2. Lower due to lower overall Salary/Payroll Costs \$33.7K, Get Inspired/Adver./Communication \$4.4K, Prof. Fees \$18.4K offset by higher Education \$9.1K, Recruitment \$7.3K, Office Supplies \$2.9K.
3. Lower due to lower overall Salary Costs \$32.3K, Equipment \$4.9K offset by higher supplies \$1.3K.
4. Higher due to higher Supplies Costs \$32.2K, Maintenance \$19.5K, Equipment \$4.2K, Computer Hardware /Software \$13.5K, Vehicles \$1.1K offset by lower Salary Costs \$2.1K, Utilities \$21.2K and Linen/Mattress \$11.8K.
5. Lower Depreciation due to delayed capital purchases \$4.6K.

YORK DEVELOPMENT INC
Statement of Financial Position - CONSOLIDATED
6/30/2024

	Current Quarter	Prior Quarter	Difference
<u>ASSETS</u>			
CURRENT ASSETS			
CASH	520,037	385,407 *1	134,630
ACCOUNTS RECEIVABLE	32,748	34,815	-2,067
HST RECEIVABLE	2,291	3,647	-1,355
PREPAID EXPENSES	77,503	60,310	17,193
TOTAL CURRENT ASSETS	<u>632,579</u>	<u>484,179</u>	<u>148,400</u>
RESTRICTED CASH AND DEPOSITS			
REPLACEMENT RESERVE FUND	238,239	291,456 *2	-53,217
DEFERRED VACANCY SUBSIDY	46,753	46,117	636
TOTAL RESTRICTED CASH & DEPOSITS	<u>284,992</u>	<u>337,573</u>	<u>-52,581</u>
FIXED ASSETS			
BUILDING & LAND 91 SUNSET DR	518,208	518,208	0
BUILDING & LAND 95 SUNSET DR	516,127	516,127	0
BUILDING & LAND 120 SUNSET DR	973,166	973,166	0
BUILDING & LAND 116 SUNSET DR PROJECT#2	1,333,457	1,333,457	0
BUILDING & LAND 116 SUNSET DR	2,062,837	2,062,837	0
BUILDING IMPROVEMENTS & EQUIPMENT	921,623	921,623	0
ACCUMULATED DEPRECIATION	-4,388,826	-4,349,655	-39,171
TOTAL FIXED ASSETS	<u>1,936,591</u>	<u>1,975,762</u>	<u>-39,171</u>
TOTAL ASSETS	<u><u>2,854,163</u></u>	<u><u>2,797,514</u></u>	<u><u>56,649</u></u>
<u>LIABILITIES</u>			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE & ACCRUED LIABILITIES	154,174	68,340 *3	85,834
DEFERRED REVENUE	134,578	136,813	-2,235
TOTAL CURRENT LIABILITIES	<u>288,752</u>	<u>205,153</u>	<u>83,599</u>
LONG TERM DEBT			
MORTGAGE 116 SUNSET DRIVE	1,522,967	1,556,019	-33,052
TOTAL LONG TERM LIABILITIES	<u>1,522,967</u>	<u>1,556,019</u>	<u>-33,052</u>
DEFERRED CONTRIBUTIONS			
DEFERRED CONTRIBUTIONS RELATED TO CAPITAL ASSETS	2,502	3,002	-500
TOTAL DEFERRED	<u>2,502</u>	<u>3,002</u>	<u>-500</u>
FUND BALANCES			
REPLACEMENT RESERVE RESTRICTED	238,239	258,861	-20,622
VACANCY SUBSIDY RESERVE	46,753	46,117	636
EARNED SURPLUS	719,362	667,214	52,148
NET INCOME (LOSS) FOR PERIOD	35,588	61,148	-25,561
TOTAL EQUITY	<u>1,039,942</u>	<u>1,033,340</u>	<u>6,602</u>
TOTAL LIABILITIES & FUND BALANCES	<u><u>2,854,163</u></u>	<u><u>2,797,514</u></u>	<u><u>56,649</u></u>

Notes:

1. Increase due to funds received for NHWW \$127K and delayed Year end transfer from Replacement Reserve.
2. Decrease due to delayed Year end transfer to Operating account.
3. Increase mainly due to receipt of funds for NHWW (Posted at Year end to InterCo Liability).

YDI YORK DEVELOPMENT INC
Statement of Operations - CONSOLIDATED
3 MONTHS ENDING 6/30/2024

	Actuals YTD June 30	Budget YTD June 30	Variance
Independent Housing			
Total Revenue	135,026	139,148	-4,122
Operating Expenses			
Wages & Benefits	24,265	23,478	-787
Maintenance	69,755	74,550	4,796
Administration	35,856	36,515	658
Depreciation	4,117	4,292	175
Total Operating	133,993	138,835	4,842
Net Earnings	1,033	313	*1. 719
Supportive Housing			
Total Revenue	232,187	210,563	21,624
Operating Expenses			
Wages & Benefits	92,363	84,509	-7,854
Tenant Support Costs	13,278	15,293	2,015
Maintenance	35,405	41,291	5,886
Administration	27,748	29,417	1,669
Depreciation	35,054	35,967	913
Total Operating	203,847	206,476	2,629
Net Earnings	28,340	4,086	*2. 24,253
ADP			
Total Revenue	42,353	38,496	3857
Operating Expenses			
Wages & Benefits	26,721	25,559	-1,162
Program Support Costs	5,808	7,017	1,209
Administration	3,609	4,250	641
Depreciation	0	0	0
Total Operating	36,137	36,826	688
Net Earnings	6,215	1,670	*3. 4,545
NHWW			
Total Revenue	12,456	16,700	-4,245
Operating Expenses			
Wages & Benefits	6,298	9,800	3,502
Program Support Costs	72	150	78
Administration	6,085	6,750	665
Depreciation	0	0	0
Total Operating	12,455	16,700	4,245
Net Earnings	0	0	*4. 0
TOTAL NET EARNINGS	35,588	6,070	29,518

Notes: (Actuals to Budget)

1. Higher Net Earnings due to lower expenses mainly in Maintenance Cost Center \$4.8K offset by lower revenue \$4.1K. Lower RR \$12.0K, Ground Maint. \$1.9K offset by higher R&M \$8.1K, supplies \$1.0k. Revenue was lower due to lower Rental Income \$3.2, no Student Funding \$2.0K.
2. Higher Net Earnings due to higher revenue \$21.6K and slightly lower expenses \$2.6K. Revenue was higher due to higher Care Hr Rev. \$17.7K and interest \$3.4K. Expenses were lower in Maint. Cost Center mainly due to lower R&M/RR \$5.3K, Other 0.6K, Admin Cost Center Costs due to essentially no audit costs \$1.7K, Tenant, Support - lower food costs \$2.0K and lower Dep \$1.0K offset by higher wages \$7.9K
3. Higher Net Earnings due to higher revenue \$3.8K offset by slightly lower expenses \$0.7K. Revenue was higher for Interest Income \$1.8K and Client Pay/SD Rev \$2.0K. Expenses were lower in Tenant Support - Food \$1.2K, Admin - Adv. \$0.6K that were offset by higher overall payroll costs \$1.2K.
4. Lower than budget revenue \$4.2K and offsetting lower expenses Wages \$3.5, Admin/Program Costs \$0.7K due to delayed start with program.

Centre for Innovation and Research
Statement of Financial Position
6/30/2024

	Current Quarter	Prior Quarter	Difference
<u>ASSETS</u>			
CURRENT			
CASH AND CASH EQUIVALENTS	388,303	248,277 *1	140,026
ACCOUNTS RECEIVABLE	4,478	1,013	3,465
ALLOWANCE FOR DOUBTFUL ACCOUNTS	0	0	0
HST RECEIVABLE	940	8,854	-7,914
PREPAID EXPENSES	0	0	0
LONG TERM RECEIVABLE	0	0	0
TOTAL CURRENT ASSETS	<u>393,721</u>	<u>258,144</u>	<u>135,577</u>
CAPITAL ASSETS			
EQUIPMENT AND FURNITURE	16,186	16,186	0
ACCUMULATED DEPRECIATION	-14,035	-13,604	-430
	<u>2,152</u>	<u>2,582</u>	<u>-430</u>
TOTAL ASSETS	<u><u>395,873</u></u>	<u><u>260,726</u></u>	<u><u>135,147</u></u>
<u>LIABILITIES</u>			
CURRENT			
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	40,726	51,557	-10,832
DUE TO YORK MANOR INC.	3,687	5,270	-1,583
DUE TO YORK DEVELOPMENTS INC.	81	943	-862
DEFERRED REVENUE	310,482	164,507	145,975
TOTAL CURRENT	<u>354,975</u>	<u>222,278</u>	<u>132,698</u>
<u>FUND BALANCES</u>			
FUND BALANCES			
FUNDS UNRESTRICTED	38,448	21,663	16,785
NET INCOME (LOSS) FOR THE PERIOD	2,449	16,785	-14,336
TOTAL FUNDS	<u>40,897</u>	<u>38,448</u>	<u>2,449</u>
TOTAL LIABILITIES & FUNDS	<u><u>395,873</u></u>	<u><u>260,726</u></u>	<u><u>135,147</u></u>

Notes:

1. Increase due to funds received for the PHAC Human Rights Project \$249K offset by expenditure costs.

Centre for Innovation and Research
Statement of Operations - CONSOLIDATED
3 MONTHS ENDING 6/30/2024

	ACTUAL YTD	BUDGET YTD	ACTUAL VS BUDGET
REVENUE			
GENERAL CONTRIBUTIONS	11,250	11,250	0
POLYPHARM APP PHASE 2 PROJECT	4,079	7,199	-3,120
GENIE PROJECT	629	4,848	-4,219
PASSIVE AWARE PROJECT	723	7,500	-6,777
PASSIVE AWARE AT HOME PROJECT	20,406	13,296	7,110
A DAY IN THE LIFE PROJECT	17,000	9,357	7,643
CABHI - DISCOVER & ADOPT	35,314	31,150	4,164
PHAC ISAF - HUMAN RIGHTS	32,157	60,504	-28,348
INTEREST INCOME	5,659	2,700	2,959
STUDENT FUNDING	0	2,514	-2,514
TOTAL UNRESTRICTED REVENUE	127,217	150,318 *1	-23,101
OPERATING EXPENSES			
WAGES & BENEFITS	0	2,514 *2	2,514
ADMINISTRATION	14,461	20,922 *3	6,460
PROJECT RELATED EXPENDITURES	110,307	133,855 *4	23,548
TOTAL EXPENSES	124,768	157,290	32,522
NET EARNINGS (LOSS)	2,449	-6,972	9,421

Notes:

- *1. Lower than budget due to overall lower Project Income \$14.0K (reduced staff resources), no Student Funding \$1.8K, offset by higher Interest Income \$3.0K.
- *2. Lower than budget as no Summer Students \$2.5K , (Other Employee Wages charged to projects \$88.2K).
- *3. Lower than budget due to no audit fees \$7.3k offset by insurance \$0.9K.
- *4. Project expenditures align with project revenue above (in grey).



REPORT TO THE FINANCE & ADMINISTRATION COMMITTEE

April 1 – June 30, 2024
Quarter 1 Activity

The purpose of this report is to apprise the Board's Finance & Administration Committee of key activities within each quarter of the fiscal year, including an update on key performance indicators and the two strategic pillars: Resources and Environment. Accordingly, the Committee receives four reports per year with content from the following senior leaders.

Senior Leader

Shelley Kenny, Vice President, People and Culture
Heather Harris-Jones, Chief Financial Officer
Michel Boyer, Director, Facilities & Infrastructure

Key Areas of Reporting

Human Resources
Financial Services
Facilities, Building and Infrastructure

1. Human Resources

- The HR department had a successful Spring Quarter (April-June) in terms of onboarding staff. We welcomed **35 new staff members**. Twenty-eight are members of the Care Services team and 7 are members of the Support Service team. Additionally, 4 staff experienced a change in classification; 1 LPN obtained her RN designation and 3 RA's obtained their GPN/LPN designation.
- In Q1: 67 interviews were scheduled.
- In the Q1, 12 employees resigned.
- We welcomed 12 students from NBCC as part of their clinical placement.
- 5 students from the local high schools were enrolled in the Long-Term Care Co-op program.
- An Internal Resident Attendant Training course was coordinated. We conducted 27 interviews for the course and 18 offers were extended, 4 declined and 1 withdrew. Therefore 13 participated in the course and are a part of our staff team.
- IEN Recruitment: 2023 Mission we welcomed 2 candidates, with 1 more to arrive, which will be the final candidate for the 2023 mission. For the 2024 mission I am working through the required paperwork.
- In June we held our annual retirement celebrations and Years of Service award ceremony. We congratulated 5 employees on their retirement from YCC and recognized 2 employees for their 25 years of service and 35 years of service. Activities coordinated amongst the Get Inspired Team and Human Resources included: Staff barbeque (always well attended), Admin Professionals day, Care services Week, Mental health week.
- A 'Wellness Day' was hosted on June 12 for all staff to participate. This wellness day provided 3 workshops for employees to attend: a NIA Movement and Sound Bath, Carpe Diem/Seize the Day, Empowerment and Choice (Self-reflect and take charge) and as well we hosted a smoothie bar.
- Some members of the team participated in UNB Mentorship program discussing the RN faculty within LTC, and Jamie R and I attended the NBCC graduation ceremonies.
- Eight CPR training courses were provided for Care Services staff as well as a Gentle Persuasive Approach workshop.
- Last fiscal year we conducted quarterly employee pulse surveys. This fiscal year we conducted a 'yearly' employee pulse survey which will be reported in the Q2.

Human Resources Key Performance Indicators

	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24	Q1 2024-25
Retention Rate (%) – 12 month look-back Number of employees who remain on staff as percentage of those who were on staff 1 year ago.	82%	82%	80%	78%	78%
Resignations Within One Year (#) Number of resignations within the first year of employment	8	8	6	6	9
Sick Time Sick days / FTE (standardized - # of days/1957.5 hours worked within the quarter.)	12.74	14.32	13.60	13.56	11.58
Sick Time (%) - Sick hours as a percentage of total paid hours	4.9%	5.5%	5.2%	5.1%	4.4%
Overtime Hours (%) Overtime hours as a percentage of total worked hours.	5.3%	7.6%	7.2%	6.0%	5.0%
Care Hours (Short) Average # hours worked per day below the target (RN,LPN,RA)	-41.00	-92.79	-44.85	-4.53	+13.13
% RN Hours # of RN hours worked as a percentage of the target.	94%	74%	84%	87%	93%
% hours of professional care (RN/LPN) Number of RN/LPN hours worked as a percentage of the target.	91%	83%	89%	96%	98%

2. Facilities, Building, and Infrastructure

- There were 26 refurbished rooms in YCC and 4 units in YDI.
- Planning is underway for the replacement of the Nurse Call System and portable phone system. Social Development has engaged RSEI Consultants (Electrical) to design and provide project plans and specifications. York Care Centre will provide the project management with support by RSEI. The project was offered to 3 NB contractors, and we received 2 proposals. (Atlantic Sound and Alarm with the Rauland/Spectralink solution and QSA/DC Electric with the Ascom Solution). Site visits are planned, and it is anticipated that a proposal of choice will be finalized no later than September 30.
- Planning is underway for the resident room air conditioning project – To date, Michel Boyer has met with representatives from Englecorp (HVAC Engineering Services) and RSEI Consultants on a few occasions to complete a plan to better manage the temperature of resident rooms. In essence, they are proposing to include cooling to resident rooms either through the currently supplied air or through a VRF (Variable refrigerant flow) system. This project is assumed to be done in phases with phase one being Tower and Birch Grove. This project is still in the design project and currently is being managed by DTI.
- The Disaster and Emergency Plan received its yearly revision.
- Another Flood in YDI (91 Sunset) – On May 27, Michel was made aware of water damage that had occurred in 91 Sunset. The water source was found to be from an unattended and overflowing sink from unit 18. Unit 18 is found on the 3rd floor and the damage extended through the 2nd floor (unit 10) and to the 1st floor (unit 2). The bulk of the damage was found in unit 10. First Onsite

was engaged immediately to help minimize damage by providing air movers and dehumidifiers. Testing confirmed a trace amount of asbestos was contained in the drywall compound. Unit 18 saw the partial replacement of flooring, baseboard and sheetrock. Unit 10 saw the partial replacement of ceiling, insulation, wall, baseboard and flooring while unit 2 saw partial replacement of the ceiling. Tenants in units 10 and 18 were displaced for approximately 6 weeks. Unit 2 was unoccupied at the time however, a delay in renting the unit did occur as a result. This damage is processed through our insurance provider at a cost of \$47,575.31

- Replacement of A-wing flooring – Subsequent to water damage in A-wing, we noticed that floor tiles were starting to lift. Upon closer inspection, it was discovered that minimal traces of asbestos were contained in the tiles requiring full remediation and replacement of flooring in that area.
- IT Initiatives implemented
 - Beauceron Cybersecurity training – A roll-out of this training program to 17 admin users,
 - Multi-factor authentication (MFA) for admin users,
 - MDR (Huntress) – Implementation of a Managed Detection and Response solution
 - IT Incident Response Plan as part of our Disaster and Emergency Plan

Facilities, Building and Infrastructure Key Performance Indicators

	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24	Q1 2024-25
Food Cost per Resident Day	\$12.26	12.32	12.19	12.40	12.61

3. Financial Services

Below are the highlights of the quarter end results.

- **YCC** finished Q1 slightly better than budget; Surplus \$346,825, Budget \$308,985 resulting in a small positive variance of \$38,765. Due to the change to base depreciation on the asset useful life for buildings with mortgages, our budget reflects a surplus. However, the surplus is the positive variance of \$38,765, (surplus better than budget). The surplus is mainly due to lower salary/payroll costs \$68.1K, utility \$21.2K and accounting fees \$18.4K that was offset by higher supply costs \$32.2K (food and laundry), Maintenance \$19.5K.
- **YDI** finished Q1 better than budget; Net Earnings \$35,588, Budget \$6,070 resulting in a positive variance of \$29,518. The positive variance is mainly with Supportive Housing \$24,253, due to higher care revenue and interest that was offset by slightly overall lower expenses. ADP finished slightly better than budget by \$4,545 due to higher revenue. Independent living finished basically on budget. They continue to encounter maintenance issues and encountered damage that resulted in an insurance claim. NHWW reflects no net income as revenue is recognized to match expenses incurred.
- **CIRA** finished Q1 better than budget; Net Earnings \$2,449, Budget -\$6,972 resulting in a positive variance of \$9,421. The positive variance is due to higher interest revenue and lower Admin expenses (no audit fees). Projects spends and matching revenue are lower mainly due to the reduction in available staff.

4. Operating Plan Progress Report

Pillar 2: Resources – People, Financial, Technological

For YCC to be a Centre of Excellence, it is essential that continued attention be given to our resources which include human, financial and technological resources.

Key Results
<p>A. Satisfied workforce through wellness and a safe workplace.</p> <p>B. Improve staffing processes to enhance overall care; more time with residents / clients.</p> <p>C. Responsible fiscal management with a focus on continuous quality improvement.</p> <p>D. Enhance training to staff, clarify roles and ensure adequate supervision across YCC.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Improve resident / client outcomes through efficient use of current funding model and resources	Negotiate a new Pharmacy Services contract.	<ul style="list-style-type: none"> New Contract in place by March 2025 	<ul style="list-style-type: none"> In-progress – RFP issued. <p>Resp - Heather Harris-Jones and Jamie Roy</p>
	Conduct an administration process review to address areas for improving efficiency and reducing overlap.	<ul style="list-style-type: none"> Processes reviewed and updated by March 2025 	<ul style="list-style-type: none"> Not Started <p>Resp - Heather Harris-Jones and Shelley Kenny</p>
	To improve management control, review the following processes: <ul style="list-style-type: none"> - shipping and receiving, - credit card policy, - inventory count procedure, - procurement process - financial statement format 	<ul style="list-style-type: none"> Processes reviewed and updated by March 2025 	<ul style="list-style-type: none"> In-progress <p>Resp - Heather Harris-Jones and Michel Boyer</p>
	To improve the knowledge and expertise of budget managers, provide education and support for the budget manager role.	<ul style="list-style-type: none"> Quarterly meetings with each budget manager, aiming for monthly meetings in Q3 and Q4 	<ul style="list-style-type: none"> In-progress <p>Resp - Heather Harris-Jones</p>
	To ensure employees have access to up-to-date policies and procedures, initiate a 3-year policy review process.	<ul style="list-style-type: none"> 33% of all administrative and clinical policies will be reviewed and updated within the fiscal year. 	<ul style="list-style-type: none"> In-progress – Inventory complete. “Policy on policies” complete. Review targets set. <p>Resp - Geri Geldart and Jennifer Vos</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Enhance the staff experience, increase recruitment and improve retention.	To improve the workplace experience by developing and implementing a staff engagement framework	<ul style="list-style-type: none"> Finalize the draft engagement framework developed in 23/24 by August 2024. Establish implementation milestones for 24/25 and 25/26 by September 2024 	<ul style="list-style-type: none"> In progress <p>Resp - Geri Geldart and Shelley Kenny.</p>
Enhance the staff experience, increase recruitment and improve retention (continued)	To support the development of a positive workplace culture, introduce the 20 Tenets Program from “Better Culture”	<ul style="list-style-type: none"> Program to be introduced by September 2024 Achieve and maintain at least 65% participation in the program 	<ul style="list-style-type: none"> Complete – Introduced in August. In-progress <p>Resp - Geri Geldart and Shelley Kenny</p>
	Evaluate the effectiveness of the mentorship program introduced in 2024.	<ul style="list-style-type: none"> Evaluation complete by December 2024 	<ul style="list-style-type: none"> Not started <p>Resp- Shelley Kenny</p>
	Complete a staff rotation review for the Support Services departments.	<ul style="list-style-type: none"> Review to be complete by December 2024. 	<ul style="list-style-type: none"> Not started <p>Resp - Shelley Kenny and Michel Boyer</p>
	To increase engagement of management staff, introduce a monthly management forum focused on alignment, communication and collaboration.	<ul style="list-style-type: none"> Management Forum to be established by September 2024. 	<ul style="list-style-type: none"> COMPLETE First meeting held in July 2024 <p>Resp - Geri Geldart</p>
	Provide two professional development workshops for leaders.	<ul style="list-style-type: none"> Workshops to be delivered in Fall 2024 and Winter 2025 	<ul style="list-style-type: none"> Not started <p>Resp - Shelley Kenny</p>
	Offer one wellness education day focused on personal well-being	<ul style="list-style-type: none"> Workshop to be delivered by June 2024 	<ul style="list-style-type: none"> COMPLETE Wellness Day held in May 2024 <p>Resp - Geri Geldart</p>
		To improve work-life balance, increase the amount of paid vacation taken.	<ul style="list-style-type: none"> Vacation hours taken in Q2 and Q3 will be at least 5% higher than previous years.

Pillar 3: Environment – Building, Grounds and Equipment.

The internal and external environments are essential to ensure the well-being of our residents and ensure that staff and volunteers are functioning within a supportive and safe environment.

Key Results
<p>Continuous improvements in the internal and external surroundings.</p> <p>Positive feedback from residents, clients and families regarding our efforts to maintain our infrastructure in a “near new” state.</p> <p>Positive feedback from residents, clients and families articulating our ability to create a “home-like” atmosphere.</p> <p>Number of incidents are reduced/eliminated</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Maintain the internal / external surroundings of all our residential facilities at a “near new” state.	Complete a 5- and 10-year maintenance plan for 91, 95, 116 and 120 to ensure the buildings remain viable and sustainable.	<ul style="list-style-type: none"> • A maintenance plan completed by December 2024 	<ul style="list-style-type: none"> • In-progress – NB Housing agreements in place. Building inspections will be scheduled. Awaiting results of inspection of 95 Sunset. Maintenance plans will follow. <p>Resp - Michel Boyer</p>
Ensure a safe and secure environment for residents, clients and staff.	In collaboration with DTI and Infrastructure, replace the Nurse Call System.	<ul style="list-style-type: none"> • A new nurse call system has been installed in the LTC facility by end of March 2025 	<ul style="list-style-type: none"> • In-progress – RFP issued. Selection will occur in Sept/Oct. <p>Resp - Michel Boyer</p>
	In collaboration with the DTI, assist with the completion of the engineering study for cooling in resident rooms.	<ul style="list-style-type: none"> • Study to be completed, conditional on schedule established by DTI 	<ul style="list-style-type: none"> • In-progress – Engineering plans in development with expected due date of mid-Sept. Anticipate a three phase project. <p>Resp - Michel Boyer</p>
	Engage engineers to develop options to improve flow at the front entrance. If feasible, carry out the recommendations	<ul style="list-style-type: none"> • Study completed and recommendation submitted for consideration to proceed. 	<ul style="list-style-type: none"> • Complete – plans completed. Contractor engaged. Construction nearing completion. <p>Resp - Michel Boyer</p>
Explore options to expand the senior’s housing program.	Establish operating agreements with DSD to take advantage of the financial benefits available for non-profit housing	<ul style="list-style-type: none"> • Operating Agreements to be in place by September 2024. • Assessment of potential participation in the provincial rent supplement program complete by Dec. 2024 	<ul style="list-style-type: none"> • Complete – operating agreements signed in <p>Resp - Heather Harris-Jones</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
	Assess the viability of the seniors housing development proposal	<ul style="list-style-type: none"> • Report on viability of project to be presented by March 2025 	<ul style="list-style-type: none"> • Not started <p>Resp - Geri Geldart and Heather Harris-Jones</p>
	Assess the potential to convert Hawkins House to a Level 2 Special Care Home.	<ul style="list-style-type: none"> • Analysis to be presented by March 2025 	<ul style="list-style-type: none"> • Not started <p>Resp - Geri Geldart, Heather Harris-Jones and Jamie Roy.</p>
Develop and implement a comprehensive risk management plan.	To develop a comprehensive risk matrix to identify and prioritize potential risks	<ul style="list-style-type: none"> • Risk matrix to be completed by December 2024 	<ul style="list-style-type: none"> • In-progress <p>Resp - Geri Geldart</p>
	Risk mitigation plans to be developed	<ul style="list-style-type: none"> • Risk mitigation plans to be in place by March 2025 	<ul style="list-style-type: none"> • Not started <p>Resp - Geri Geldart</p>



Finance and Administration Committee - Annual Work Plan 2024/25

Introduction

The purpose of this document is to provide committee members with background and context information to support their plans for the upcoming board year. Each standing committee of the board is asked to establish a proposed workplan for the upcoming board year. A workplan will ensure that staff are prepared to bring appropriate information to the committee to support its work.

Section 1 provides excerpts from the committee terms of reference, specifically the purpose and scope statements. These terms of reference were reviewed and approved by the board in the 2022/23 year.

Section 2 provides excerpts from the Board's Strategic Plan which are aligned with the mandate of the Finance and Administration Committee. Work of the committee should support the organization in achieving the objectives of the strategic plan.

Section 3 provides excerpts from Management's operating plan which are aligned with the mandate of the Finance and Administration Committee. The CEO and the executive team are responsible for the developing and implementing the operating plan in support of the overall strategic plan. The Committee can expect progress updates from the leadership team.

Section 4 is a summary of the accomplishments of the Finance and Administration Committee in the previous year, as well as an issues which were considered / addressed.

Section 5 is a list of issues which might be of interest / concern to the Committee when planning for the upcoming year.

Section 6 is a list of committee members.

Section 7 is a proposed workplan for the committee. This is a draft and should be discussed at the September meeting. The committee is asked to present a final workplan to the board of directors at the October meeting.

Section 1 - Excerpts from the Terms of Reference

The purpose of the Committee is to make recommendations to assist the Board in fulfilling financial oversight and to help govern management administration related to financial budgeting and reporting, human resources, and overall administration.

The Committee will provide advice and/or recommendations in relation to the development and operation of relevant policies, processes and/or procedures, which may include:

1. Reviewing and recommending approval of an annual operating and capital budget.
2. Reviewing regular and ad hoc financial statements and recommending their approval, or other action, to the Board and monitoring implementation and operation of any approved actions.
3. Reviewing, together with the Chair of the Governance and Audit Committee, the financial audit results, and external auditors' recommendations with the President & CEO, leading to the development of a plan of action in response to the results and recommendations to bring forward to the Board.
4. Reviewing human resource policies and programs, and when applicable, recommending action to the Board and monitoring implementation and operation of any approved actions.
5. Reviewing and recommending approval of remuneration and benefits packages associated with non- bargaining personnel to the Board.
6. Recommend approval of collective agreements as negotiated through the New Brunswick Association of Nursing Homes and the New Brunswick Nurses Union and the Canadian Union of Public Employees to the Board.
7. Reviewing environmental services and housing reports regarding the maintenance, replacement and/or upgrade of infrastructure and equipment, and when applicable, recommending action to the Board.
8. Reviewing information technology and any other administration and/or care support services reports, and when applicable, recommending action to the Board and monitoring the implementation and operation of any approved actions.

Section 2 - Excerpts from the Strategic Plan which align with the Finance and Admin Committee Mandate

The Resources Pillar

- Continued attention to our resources, including our people, financial and technological resources.
- For YCC to be a Centre of Excellence, it is essential that continued attention be given to our resources, which include human, financial and technological resources.

Goals

1. To improve resident/client outcomes by efficiently using the current funding model and resources.
2. To enhance staff experience, increase recruitment and improve retention.
3. To develop and implement a quality improvement framework.
4. To develop and implement a leadership development program.

The Environment Pillar

- A safe and supportive environment for residents, staff, and volunteers
- Maintenance of the internal and external environments is essential to ensure the well-being of our residents and ensure that staff and volunteers are functioning within a supportive and safe environment.

Goals

1. To maintain the internal and external surroundings of our residential facilities at a "near new state"
2. To ensure a safe and secure environment for residents, clients, and staff.
3. To explore options to expand the seniors' housing program.
4. To develop and implement a comprehensive risk management program.

Section 3 – Excerpts from Mgmt’s Operating Plan which align with the Finance & Admin Comm. Mandate

The Resources Pillar

- 1a. Negotiate a new Pharmacy Services contract
- 1b. Conduct an administrative process review to address areas for improving efficiency and reducing overlap.
- 1c. To improve management control, review the following processes (shipping and receiving, credit card policy, inventory count procedure, procurement process, financial statement format).
- 1d. To improve the knowledge and expertise of budget managers, provide education and support for the budget manager role.
- 1e. To ensure employees have access to up-to-date policies and procedures, initiate a three-year policy review process.

- 2a. To improve workplace experience by developing and implementing a staff engagement framework.
- 2b. To support the development of a positive workplace culture, introduce the 20 Tenets Program from Better Culture”.
- 2c. Evaluate the effectiveness of the mentorship program introduced in 2024.
- 2d. Complete a staff rotation review for the Support Services departments.
- 2e. To increase engagement of management staff, introduce a monthly management forum focused on alignment, communication and collaboration.
- 2f. Provide two professional development workshops for leaders.
- 2g. Offer one wellness education day focused on personal well-being.
- 2h. To improve worklife balance, increase the amount of paid vacation taken.

The Environment Pillar

- 1a. Complete a 5- and 10-year maintenance plan for 91, 95, 116 and 120 Sunset Drive to ensure the buildings remain viable and sustainable.

- 2a. In collaboration with DTI, replace the Nurse Call System.
- 2b. In collaboration with DTO, assist with the completion of the engineering study for cooling in resident rooms.
- 2c. Engage engineers to develop options to improve flow at the front entrance. If feasible, carry out the recommendations.

- 3a. Establish operating agreements with DSD to take advantage of the financial benefits available for non-profit housing.
- 3b. Assess the viability of the seniors housing development proposal.
- 3c. Assess the potential to convert Hawkins House to a Level 2 Special Care Home.

- 4a. To develop a comprehensive risk matrix to identify and prioritize potential risks.
- 4b. Risk mitigation plans to be developed.

Section 4 - Issues & Accomplishments from 2023/24

- Review of the Quarterly Financial Statements and the Year End Financial Statements.
- Review of the 2024-25 Annual Budget
- Quarterly reporting from the Chief Financial Officer, the VP People and Culture and the Director, Facilities and Infrastructure.
- Supported the CEO in the recruitment of a new Chief Financial Officer.
- Modified the method for recognition of depreciation in the financial statements. YCC received an audit report *without qualification* for the first time in several years.
- Monitored the following:
 - Human resource indicators regarding recruitment, turnover, sick time, training, care hour compliance
 - Resolution of the significant staffing crisis which developed in late summer 2023.
- Received reports regarding:
 - Facility & Infrastructure improvements – wireless infrastructure, IT equipment upgrades, exterior lighting.
 - International Recruitment mission
 - Cybersecurity risk assessment and recommended risk mitigation strategies.
 - Potential fundraising projects for York Care Foundation.

Section 5 - Issues to Consider for Upcoming Year

- Generally strong results on committee evaluation.
- The committee has initiated a review of the finance KPIs which should be reported quarterly.
- This committee should develop the monitoring framework for the “Employer of Choice” ends policy
- There is concern that the workload for this committee is too broad. We may wish to consider how to streamline the degree of detail in the quarterly reports.
- The Risk Management Plan development was deferred last year but should be completed in the coming year.
- Housing – we will be considering the potential of various housing projects/ opportunities. (Hawkins, Wetlands, Non-profit operational agreements).

Section 6 - Committee Membership

- Pierre LeBlanc, Chair
- Lyne St-Pierre-Ellis
- Wayne Snowdon
- Deborah Wybou
- Dana Bursey
- Marjorie Belzile, ex officio
- Doug Holt, Community Member
- Geri Geldart, ex officio
- Heather Harris-Jones, Shelley Kenny, Michel Boyer, staff

Section 7 - Proposed Workplan

Meeting	Date	Reports and Documents
Q1	Monday, Sept. 23, 2024 @ 5:30 PM	<ul style="list-style-type: none">• Review of Annual Workplan• Review of Financial Statements• Report from the CFO, VP People & Culture and Director of Facilities/Infrastructure• Review of current terms of reference for committee education and preparation for strategic plan discussions.
Q2	Monday, Nov 4, 2024 @ 5:30 PM	<ul style="list-style-type: none">• Review of Financial Statements• Report from the CFO, VP People & Culture and Director of Facilities/Infrastructure• Introduction of the Risk Matrix• Review of Annual Employee Survey• Review of Employee Engagement Framework
Q3	Monday, Feb 10, 2025 @ 5:30 PM	<ul style="list-style-type: none">• Review of Financial Statements• Report from the CFO, VP People & Culture and Director of Facilities/Infrastructure• Introduction of the Risk Management Plan for high priority risks.• Monitoring Framework for “Employer of Choice” Ends Policy• Review of potential YCF Projects• Finalize format of financial statements and KPIs
March	Monday, March 24, 2025 @ 5:30PM	<ul style="list-style-type: none">• Annual Budget Meeting
Q4	Monday, April 28, 2025 @ 5:30PM	<ul style="list-style-type: none">• Review of Financial Statements• Report from the CFO, VP People & Culture and Director of Facilities/Infrastructure



FINANCE AND ADMINISTRATION COMMITTEE

Terms of Reference

Background

The Finance & Administration Committee is a standing committee established by the Board of Directors in compliance with its corporate bylaws.

Purpose

The purpose of the Committee is to make recommendations to assist the Board in fulfilling financial oversight and to help govern management administration related to financial budgeting and reporting, human resources, and overall administration.

Scope

The Committee will provide advice and/or recommendations in relation to the development and operation of relevant policies, processes and/or procedures, which may include:

1. Reviewing and recommending approval of an annual operating and capital budget.
2. Reviewing regular and ad hoc financial statements and recommending their approval, or other action, to the Board and monitoring implementation and operation of any approved actions.
3. Reviewing, together with the Chair of the Governance and Audit Committee, the financial audit results, and external auditors' recommendations with the President & CEO, leading to the development of a plan of action in response to the results and recommendations to bring forward to the Board.
4. Reviewing human resource policies and programs, and when applicable, recommending action to the Board and monitoring implementation and operation of any approved actions.
5. Reviewing and recommending approval of remuneration and benefits packages associated with non-bargaining personnel to the Board.
6. Recommend approval of collective agreements as negotiated through the New Brunswick Association of Nursing Homes and the New Brunswick Nurses Union and the Canadian Union of Public Employees to the Board.
7. Reviewing environmental services and housing reports regarding the maintenance, replacement and/or upgrade of infrastructure and equipment, and when applicable, recommending action to the Board.
8. Reviewing information technology and any other administration and/or care support services reports, and when applicable, recommending action to the Board and monitoring the implementation and operation of any approved actions.

Structure

Reporting to the Board, the membership of the Committee includes the Treasurer who shall serve as committee chair and a minimum of two additional board members, appointed by the board. The committee may add community members. The President and CEO and other appropriate members of the senior leadership team attend as non-voting members. Other guests may be invited at the discretion of the committee chair.

All committee members will be appointed for a two-year term, with the option to serve additional terms.

Quorum

A quorum shall consist of at least 50% of the members.

Meeting Frequency

The Committee will meet at least quarterly, or at request of the Chair.