

APPENDIX C - ATTESTATION

Prepared in accordance with section 15 of the *Broader Public Sector Accountability Act, 2010 (BPSAA)*

TO: The Board of Red Lake Margaret Cochenour Memorial Hospital, (the “Board”)
FROM: **Sumeet Kumar**
President & Chief Executive Officer
Red Lake Margaret Cochenour Memorial Hospital
DATE: **Red Lake Margaret Cochenour Memorial Hospital**
RE: **April 1, 2023 – March 31, 2024 (“the Applicable Period”)**

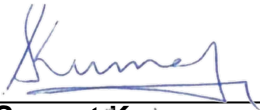
On behalf of the Red Lake Margaret Cochenour Memorial Hospital (the Hospital) I attest to:

- the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- the Hospital’s compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- the Hospital’s compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- [to be added once ss. 15(1)(c.1) of the Act is proclaimed into force] the Hospital’s compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- the Hospital’s compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet, during the Applicable Period.

In making this attestation, I have exercised care and diligence that would reasonably be expected of the CEO in these circumstances, including making due inquiries of Hospital staff that have knowledge of these matters.

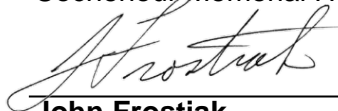
I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at Red Lake, Ontario this June 25, 2024.



Sumeet Kumar
President & Chief Executive Officer
Red Lake Margaret Cochenour Memorial Hospital

I certify that this attestation has been approved by the board of the Red Lake Margaret Cochenour Memorial Hospital on June 25, 2024.



John Frostia
Board Chair
Red Lake Margaret Cochenour Memorial Hospital

SCHEDULE A to Attestation

Instructions:

If, on behalf of your Hospital, you have no material exceptions to declare, please include a “no known exceptions” statement in each section to this schedule.

If, on behalf of your Hospital, you have material exceptions to declare with respect to any of the matters set out below, please:

- a) List them accordingly
 - b) Provide a rationale for each exception in respect of why the Hospital did not comply with the requirement, and
 - c) Describe what actions have been, or will be taken, to address each exception.
1. Exceptions to the completion and accuracy of reports required in section 6 of the BPSAA on the use of consultants; **no exceptions**
 2. Exceptions to the Hospital’s compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds; **no exceptions**
 3. Exceptions to the Hospital’s compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet; **no exceptions**
 4. Exceptions to the Hospital’s compliance with the perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and **no exceptions**
 5. Exceptions to the Hospital’s compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet. **no exceptions**

Survey: Hospital Related Organizations

Step 1

Please identify all organizations that are related to the hospital. For the purposes of this survey, a person or entity is considered to be related to a hospital (“Related Organization”) if that person or entity:

- (a) meets the criteria of a related party transaction for financial reporting purposes as defined in your respective financial accounting standards used to prepare the annual financial statements of the hospital (e.g., The financial statements have been prepared by management in accordance with Canadian public sector accounting standards including accounting standards that apply only to government not-for-profit)
- (b) was incorporated or established for the purpose of supporting hospital operations, whether or not it meets the related party criteria specified in paragraph (a). This could include a hospital foundation, research institute, shared service organization, or any other for-profit or not-for-profit organization that was created for the purpose of supporting the hospital.

Step 2

- For every Related Organization, please identify if any hospital employees received any compensation or other direct benefit from the Related Organization in fiscal year 2023/24. This may include salary/wages, honorariums or gifts-in-kind.

Step 3

- Specify the number of hospital employees who received compensation or any type of benefit from the Related Organization in fiscal year 2023-24.

Voluntary Survey

Name of Hospital: Red Lake Margaret Cochenour Memorial Hospital

Name of Related Organization: _____

Did any individuals who are employed by the hospital receive compensation/benefit from the Related Organization during the 2023/24 fiscal year? **Yes or No**

If yes, how many hospital employees?

Hospital Title	Compensation / Benefit (\$)	Description of Compensation / Benefit	Comments

Please add rows as needed to each table and create one table for each related organization.