



Notice of Meeting and Meeting Agenda Capital Regional Hospital District Board

Wednesday, October 7, 2026

12:05 PM

6th Floor Boardroom
625 Fisgard Street
Victoria, BC

Special Meeting

The Capital Regional District strives to be a place where inclusion is paramount and all people are treated with dignity. We pledge to make our meetings a place where all feel welcome and respected.

1. TERRITORIAL ACKNOWLEDGEMENT

2. APPROVAL OF THE AGENDA

3. ADOPTION OF MINUTES

- 3.1. [26-1095](#) Minutes of the Capital Regional Hospital District Board Meeting of September 9, 2026

Recommendation: That the minutes of the Capital Regional Hospital District Board meeting of September 9, 2026 be adopted as circulated.

Attachments: [Minutes - September 9, 2026](#)

4. REPORT OF THE CHAIR

5. PRESENTATIONS/DELEGATIONS

The public are welcome to attend CRD meetings in-person.

Delegations will have the option to participate electronically. Please complete the online application at www.crd.ca/address no later than 4:30 pm two days before the meeting and staff will respond with details.

Alternatively, you may email your comments on an agenda item to the CRD Board at crdboard@crd.bc.ca.

6. CONSENT AGENDA

7. ADMINISTRATION REPORTS

7.1. [26-1084](#) Pender Islands Health Care Society Request for Non-Traditional Project Funding

Recommendation: That the Pender Islands Health Care Society (PIHCS) receive \$98,000 of the Non-Traditional Project funding to support priority capital improvements at the Pender Islands Health Centre, conditional upon PIHCS securing an additional \$100,000 through donations/fundraising, be approved.
(WA)

Attachments: [Staff Report: PIHCS Req for Non-Traditional Project Funding](#)
 [Appendix A: PIHCS Proposal](#)
 [Appendix B: Non-Traditional Project Funding Guidelines](#)

7.2. [26-1004](#) Revenue Anticipation Borrowing Resolution for Current Capital Regional Hospital District Operating Expenditures

Recommendation: That the Revenue Anticipation Resolution be adopted to allow the temporary borrowing of up to \$11 million for current Capital Regional Hospital District operating expenditures.
(WA)

Attachments: [Staff Report: Rev Anticipation Resolution CRHD](#)
 [Appendix A: Rev Anticipation Resolution CRHD](#)

8. REPORTS OF COMMITTEES

9. BYLAWS

10. NOTICE(S) OF MOTION

10.1. [26-1087](#) Motion with Notice: Capital Funding Advocacy for Electoral Area Health Centres (Director Holman)

Recommendation: 1. That the Capital Regional Hospital District (CRHD) advocate to Island Health and Ministry of Health for capital funding support of community health centres and clinics in Electoral Areas; and
(NWA)
2. Subject to that funding support, that CRHD include 30% funding for such health centres and clinics in the CRHD 10 year capital plan.
(WP - All)

11. NEW BUSINESS

12. ADJOURNMENT

Voting Key:

NWA - Non-weighted vote of all Directors

NWP - Non-weighted vote of participants (as listed)

WA - Weighted vote of all Directors

WP - Weighted vote of participants (as listed)

Meeting Minutes

Capital Regional Hospital District Board

Wednesday, September 9, 2026

12:05 PM

6th Floor Boardroom
625 Fisgard Street
Victoria, BC

PRESENT

DIRECTORS: K. Murdoch (Chair), S. Goodmanson (Acting Chair), M. Alto, P. Brent, J. Brownoff, J. Caradonna, C. Coleman, Z. de Vries, B. Desjardins, G. Holman, D. Kobayashi, M. Little, C. McNeil-Smith, D. Murdock, C. Plant (EP), S. Riddell, M. Tait, S. Tobias, Alt. M. Wagner, A. Wickheim, K. Williams

STAFF: T. Robbins, Chief Administrative Officer; N. Chan, Chief Financial Officer/General Manager, Finance and Technology; A. Fraser, General Manager, Infrastructure and Water Services; G. Harris, Acting General Manager, Parks, Recreation and Environmental Services; S. Henderson, General Manager, Electoral Area Services; K. Lorette, General Manager, Housing, Planning and Protective Services; K. Morley, Corporate Officer/General Manager, Corporate Services; R. Tooke, Acting General Manager, Parks, Recreation and Environmental Services; M. Barnes, Senior Manager, Health and Capital Planning Strategies; D. Elliott, Senior Manager, Regional Housing; K. Hamilton, Senior Manager, Corporate Communications; P. Klassen, Senior Manager, Regional Planning & Transportation; C. Vernon, Senior Manager, First Nations Relations; A. Prisniak, Manager, Strategic Initiatives, First Nations Relations; M. Lagoa, Deputy Corporate Officer/Senior Manager, Legislative Services; M. Miklea, Deputy Corporate Officer/Manager, Legislative Services; T. Pillipow, Senior Committee Clerk (Recorder)

EP - Electronic Participation

Regrets: Directors S. Brice, P. Jones, D. Thompson

The meeting was called to order at 12:35 pm.

1. TERRITORIAL ACKNOWLEDGEMENT

A Territorial Acknowledgement was provided in the preceding meeting.

2. APPROVAL OF THE AGENDA

MOVED by Director Goodmanson, **SECONDED** by Director Coleman,
That the agenda for the Capital Regional Hospital District Board meeting of
September 9, 2026 be approved.

CARRIED

3. ADOPTION OF MINUTES

- 3.1. [26-0948](#) Minutes of the Capital Regional Hospital District Board meeting of July 8, 2026

MOVED by Director Goodman, **SECONDED** by Director Coleman,
That the minutes of the Capital Regional Hospital District Board meeting of July 8, 2026 be adopted as circulated.
CARRIED

4. REPORT OF THE CHAIR

Chair Murdoch noted that over the summer he was able to meet with interested parties regarding the Oak Bay Lodge project.

5. PRESENTATIONS/DELEGATIONS

There were no presentations or delegations.

6. CONSENT AGENDA

There were no Consent Agenda items.

7. ADMINISTRATION REPORTS

- 7.1. [26-0863](#) Reserve Strategy for Health Capital, Long-Term Debt and Requisition Stability

N. Chan presented Item 7.1. for information.

Discussion ensued regarding:

- funding source(s) of the non-traditional projects reserve
- clarification of proposed debt management options

8. REPORTS OF COMMITTEES

- 8.1. [26-0608](#) Capital Regional Hospital District Capital Contribution Funding Model

Discussion ensued regarding:

- legislation that prevents funding a municipal health facility
- total requisition of Island Health partnered projects
- the role of the Victoria Hospitals Foundation in regards to capital funding

MOVED by Director Plant, **SECONDED** by Alternate Director Wagner,
That the Capital Regional Hospital District maintains the current capital contribution funding model as follows:

Maintain a 30% contribution for major capital projects;
Maintain a 40% contribution for minor capital projects; and
Maintain current annual allocations for medical equipment.

CARRIED

9. BYLAWS

There were no bylaws for consideration.

10. NOTICE(S) OF MOTION

10.1. 26-1085 Notice of Motion: Capital Funding Advocacy for Electoral Area Health Centres (Director Holman)

Director Holman proposed the following Notice of Motion for consideration at the next meeting of the Capital Regional Hospital District Board:

"That the Capital Regional Hospital District (CRHD) advocate to Island Health and Ministry of Health for capital funding support of community health centres and clinics in Electoral Areas. Subject to that funding support, that CRHD include 30% funding for such health centres and clinics in the CRHD 10 year capital plan."

11. NEW BUSINESS

There was no new business.

12. ADJOURNMENT

MOVED by Director Coleman, **SECONDED** by Director Williams,
That the Capital Regional Hospital District Board meeting of September 9, 2026
be adjourned at 1:33 pm.
CARRIED

CHAIR

CERTIFIED CORRECT:

CORPORATE OFFICER

**REPORT TO CAPITAL REGIONAL HOSPITAL DISTRICT BOARD
MEETING OF WEDNESDAY, OCTOBER 07, 2026**

SUBJECT **Pender Islands Health Care Society Request for Non-Traditional Project Funding**

ISSUE SUMMARY

To consider a funding request from the Pender Islands Health Care Society (PIHCS) for \$98,000 from the Non-Traditional Projects (NTP) reserve to support priority capital improvements at the Pender Islands Health Centre (Appendix A).

BACKGROUND

The PIHCS is a community-owned, non-profit organization that owns and operates the Pender Islands Health Centre, the primary healthcare facility serving the Pender Islands community. The Health Centre provides space for physicians, nurse practitioners, community health nurses and allied health professionals, as well as a primary care medical clinic and urgent treatment room. The Health Centre is more than 40 years old and requires ongoing investment in renewal, modernization, accessibility, safety and regulatory compliance. PIHCS has identified four priority capital projects: main entrance canopy renovation, building security and access upgrades, medical office assistant space accessibility renovations, and laboratory accessibility improvements.

The total estimated value of the priority projects is approximately \$298,000, including contingencies where applicable. The PIHCS is a designated health facility and meets the NTP funding guidelines (Appendix B).

ALTERNATIVES

Alternative 1

That the Pender Islands Health Care Society (PIHCS) receive \$98,000 of the Non-Traditional Project funding to support priority capital improvements at the Pender Islands Health Centre, conditional upon PIHCS securing an additional \$100,000 through donations/fundraising, be approved.

Alternative 2

That this report be referred back to staff for additional information based on Capital Regional Hospital District Board direction.

IMPLICATIONS

First Nations Implications

There are no anticipated implications for First Nations associated with this report. The report does not introduce new policy, land use changes, or operational impacts that would affect First Nations interests at this time.

Financial Implications

The Capital Regional Hospital District established the Non-Traditional Funding program to support the provision of community-based health care services by not-for-profit agencies that are unable to secure capital funding from Island Health. Funding contributions from the NTP program are intended to leverage ongoing service delivery funding from Island Health as well as capital and support service contributions from multiple community sources including non-profit societies. PIHCS owns the Health Centre property and buildings and reports an insured replacement value of approximately \$4.5 million, with no loans or mortgages. The Society advises that access to capital funding for facility improvements is limited, with donations and federal grants being its primary sources of capital funding. The proposed funding for the approximately \$298,000 capital program is:

Funding Source	Amount
PIHCS donations/fundraising	\$100,000
Grants	\$100,000
CRHD Non-Traditional Project funding	\$ 98,000
Total	\$298,000

The NTP reserve has a balance of \$1.05M and can absorb a \$98,000 contribution to the proposed capital improvements at the Pender Islands Health Centre.

CONCLUSION

The PIHCS provides primary and urgent healthcare services to a remote island community and is an important local healthcare resource. The facility is more than 40 years old and requires capital investment to maintain safe, accessible and functional healthcare space. The project meets all the criteria of the Non-Traditional Project funding guidelines and makes an important contribution toward community health care services within the electoral areas.

RECOMMENDATION

That the Pender Islands Health Care Society (PIHCS) receive \$98,000 of the Non-Traditional Project funding to support priority capital improvements at the Pender Islands Health Centre, conditional upon PIHCS securing an additional \$100,000 through donations/fundraising, be approved.

Submitted by:	Michael Barnes, MPP, Senior Manager, Health and Capital Planning Strategies
Concurrence:	Kevin Lorette, P. Eng., MBA, General Manager, Housing, Planning and Protective Services
Concurrence:	Nelson Chan, MBA, FCPA, FCMA, Chief Financial Officer & General Manager, Finance & Technology
Concurrence:	Ted Robbins, B. Sc., C. Tech., Chief Administrative Officer

ATTACHMENTS

Appendix A: PIHCS Proposal

Appendix B: Non-Traditional Project Funding Guidelines



Intention to Apply to Capital Regional Hospital District Non-Traditional Project (NTP) Pender Islands Health Care Society

The **Pender Islands Health Care Society (PIHCS)** is a community-owned, non-profit organization that supports the health and wellbeing of Pender Islands' residents and visitors. Serving a year-round population of approximately 3,000 people, which grows significantly during the summer season, PIHCS owns and operates the **Pender Islands Health Centre**, the sole healthcare hub for this remote rural island community.

The Health Centre provides clinical space for physicians, nurse practitioners, community health nurses, and a range of allied health professionals, including mental health counsellors, dentists, chiropractors, massage therapists, naturopaths, and audiologists. By bringing diverse healthcare providers together under one roof, PIHCS helps improve local access to comprehensive, coordinated care close to home.

The facility includes a primary care medical clinic and an Urgent Treatment Room, providing assessment and treatment for urgent health concerns for both residents and visitors. In more serious situations, the Urgent Treatment Room supports triage, stabilization, and coordination of medical evacuation to higher levels of care.

Through its stewardship of the Health Centre, PIHCS plays a critical role in ensuring the Pender Islands' community has access to essential healthcare services, promoting health, wellness, and resilience in an island setting where access to Vancouver Island or mainland health resources is limited.

Our community has 2.5 fulltime equivalent (FTE) Family Practice physicians, contracted on the Alternative Payment Program, and 1.8 FTE Island Health Nurse Practitioner employees assigned to Pender Island.

- In addition to their longitudinal primary care medical practice, the physicians also cover after-hours and weekend call for emergencies under the Medical On-Call Availability Program (MOCAP). On-call coverage is provided 24/7/365 either in-person or by telephone consultation for Pender, Galiano and Mayne.
- Twenty seven (27%) of the primary care services provided are to address urgent care visits which would otherwise have required the patient to seek off-island emergency-room care involving ferry travel and, in many cases, the expense of unexpected overnight accommodation, meals and transportation.

Financial Overview: PIHCS owns the land and buildings of the Health Care Centre. The buildings' insured replacement value is about \$4.5 million. PIHCS has no loans or mortgages.

PIHCS financial activity is about \$1.5M per year. Approximately 40% of this activity comprises funding arrangements that involve either Island Health (IH) or the Ministry of Health (MoH). The remaining activity relates to the Society's activities of running Health and Wellness Programs, Allied Health Services, advocacy and building operations and maintenance.

Access to capital funding to maintain and upgrade the facility is limited. At present there are no reliable sources of funding for capital projects, other than donations and Federal Grants.

- CRD stipulates that the property tax funds that PIHCS receives cannot be used for Capital expenditures.
- Most government or non-profit funding agencies including BC Gaming, Island Coastal Economic Trust, Victoria Foundation, Vancouver Foundation, Van City Community Foundation, etc., do not support requests for capital infrastructure or if they do, not for Health Care infrastructure.
- There are BC Government funding opportunities, but they are only available exclusively to BC government agencies and Indigenous groups. BC societies do not qualify for this funding stream.

- As a non-traditional Community-based Health Care facility we are not eligible for traditional capital funding.

With respect to federal grants, we have a strong track record of securing support through the Federal Enabling Accessibility Fund, including two grants that have funded accessibility projects. These investments have significantly improved access to our facility for patients, staff, and visitors, while also enhancing patient flow throughout the building. By reducing physical barriers and improving the movement of people within the facility, these projects have contributed to a safer environment for both patients and employees, increased operational efficiency, and improved the overall patient experience and satisfaction. Our success with these grants demonstrates our ability to effectively leverage external funding to create meaningful, lasting improvements in accessibility, safety, and quality of care.

Donations to PIHCS, including bequests, have averaged between \$65,000 and \$100,000 annually since 2021. A key factor in attracting donor support has been our proactive approach to facilities management and capital planning. Through an annual forecasting process, we identify and prioritize major infrastructure projects, allowing us to develop detailed project scopes, timelines, and budgets well in advance. This level of preparedness gives donors the opportunity to support specific, well-defined projects that align with their interests and values, while providing confidence that funds will be used effectively and transparently. Several Pender Islands residents have made significant restricted donations toward priority infrastructure projects, including funding for a complete septic system replacement. These contributions have enabled PIHCS to address critical facility needs while preserving operational resources.

Supported by a committed Executive Leadership team and an engaged Board of Directors, PIHCS has developed a disciplined and sustainable fundraising philosophy grounded in realistic needs assessment and long-term planning. This strategic approach ensures that funding requests are well supported, transparent, and justifiable, giving donors confidence that their contributions are directed toward projects with clearly defined outcomes, measurable value, and lasting impact on healthcare services for the Pender Islands community.

Over the last 5 years these sources of funding have allowed us to invest 1.6M in improvements to the Health Center. A comprehensive list of these projects is included as appendix 1.

While the organization remains strong, the facility itself is now more than 40 years old, creating growing demands for renewal, modernization, and regulatory compliance. As healthcare standards, accessibility requirements, and safety expectations continue to evolve, maintaining and upgrading an ageing building has become increasingly complex and costly. Two major emergency repairs that we have experienced over the last three years have consumed most of our contingency funds. Emergency events have created a significant challenge in balancing urgent infrastructure needs with planned investments that support accessibility, safety, and community service growth.

Through careful planning and responsible stewardship, we are committed to ensuring that every square foot of our facility contributes to a safe, accessible, efficient, and welcoming environment for patients, families, staff, and visitors.

Our focus is not simply on preserving the building, but on continuously improving the spaces in which healthcare is delivered. Investments in infrastructure, accessibility, safety, and energy efficiency help us maximize the value of our facility while supporting the health and wellbeing of the community we serve.

Funding through the Capital Regional Hospital District Non-Traditional Project mechanism will assist us in making these important changes.

The following capital projects represent our current priority initiatives for maintaining and enhancing the facility's ability to meet present and future healthcare needs.

Priority Capital Projects

Note: Due to the age and complexity of our 40-year-old facility, PIHCS includes a 20% contingency allowance on all building improvement projects to account for unforeseen conditions that may be identified during construction.

1. Main Entrance Canopy Renovation Estimated Cost: \$16,800 (includes 20% contingency)

The original glass canopy roof failed and has been removed. The supporting structure remains in good condition and is ready for refurbishment. The project will replace the former glazing with a more durable translucent roofing product that will provide weather protection, improve safety, and enhance the appearance of the facility entrance.

2. **Building Security and Access Upgrades** Estimated Cost: \$42,000 for materials (includes a 20% contingency - labour costs to be finalized)

This project includes the installation of security cameras and FOB-controlled exterior access systems. These upgrades are increasingly considered standard for healthcare facilities that house medications, confidential patient records, and sensitive equipment. The project will strengthen security, improve access management, and enhance the safety of patients, staff, and visitors.

3. **Medical Office Assistant (MOA) Space Accessibility Renovation** Estimated Cost: \$160,000 (includes 20% contingency, pending feedback from architect)

The current MOA workspace no longer meets evolving operational and accessibility requirements. An architect has been engaged to evaluate the space and develop renovation options. The project is expected to improve workflow efficiency, accessibility, staff safety, and the overall patient experience. We have met with the architect (awaiting drawings) and if funding and availability allows, we would engage a Victoria-based construction crew to complete the work. We have completed two (2) successful projects with this company, both of which have been completed within timeframes with minimal disruption to the operation of the building.

4. **Laboratory Accessibility Improvements** Estimated Cost: \$80,000. PIHCS is planning accessibility improvements to the laboratory to ensure that patients and staff can safely and comfortably access these important confidential services. Project scope and costing are currently under development based on architect's review and recommendations. This project will require input from the provincial Diagnostic Accreditation Program and Island Health. This will be on the agenda for the architect meeting on Sept. 17th.

Estimated Project Value Including Contingency (where applicable):

Main Entrance Canopy Renovation: \$16,800

Building Security and Access Upgrades: \$42,000 (materials estimate only)

MOA Space Accessibility Renovation: Approximately \$160,000

Laboratory Accessibility Improvements: Approximately \$80,000

Total Capital Projects: \$298,000

These projects represent key investments in maintaining a safe, accessible, and functional healthcare facility that can continue serving the Pender Islands community. Investing in our future growth and wellbeing.

Revenue Sources:

1. \$100,000 Donations: We have over \$80,000 in targeted and unrestricted donations that can be applied to these projects. In addition, we are in discussions with a generous donor who has expressed interest in supporting the MOA accessibility project. We are confident that we can exceed \$100,000 in donations for these projects. Audited financial statements (attached) indicate that we have capacity for matching funds as required.
2. \$100,000 Grants: Our primary source for accessibility work is the Federal Enabling Accessibility Fund. Although this is a competitive granting process, we are confident that we can make a good case for this support as we have done in the past. To the best of our knowledge, applications for this grant will be available in early 2027 with awards announced later that same year. If we are unsuccessful in this grant competition 2027 donations will be applied to this project.
3. \$98,000 The Capital Regional District Non-Traditional Project Fund

Total: \$298,000

APPENDIX 1 - COMPLETED PROJECTS 2021-2025

PIHCS Capital & Major Replacement & Improvement Projects

1. Generator Replacement Project 100K
2. Septic System – complete replacement – 100K
3. HVAC Replacement Project – Main Building – 67K (includes new split mini heat pumps for dental office (1) and Urgent Treatment Room (2))
4. Attic Mould Abatement – \$160K
5. Accessibility Project 1 and Building Improvements – 413K
6. Replacement of the Front Accessibility Door – 18K
7. IT Upgrade – 95K
8. Lab Accreditation – 4K
9. Accessible Exam Table for Exam Room 23 – 8K
10. Hot Water Tank Replacements (2) – 2K
11. Exterior Building Improvements – 5K
12. Fire Suppression - Smoke Detector Replacement – Main Building 6K
13. Bike Rack, Pergola & Platform Installed – 2K
14. Inner Courtyard Repairs and Cleanup – Labour
15. Fire Suppression - Fire Alarm Communication Panel – 4K
16. Fire Suppression – Glycol Replacement & Recharge– 4.5K
17. Exterior Building Lighting Project – 9K
18. Exterior Parking Lot Lighting Project – 15K
19. Accessibility Project 2 – 153K
 - a. Urgent Care Area Ramp and Healing Arts Accessible Door & Ramp
 - b. Visitor Parking and Concrete Slab on Grade Landings & Drainage Project
20. Ergonomic Assessment & Furniture Replacement – 32K
21. Clinic Expansion & Remodel – 210K
22. Privacy Fence behind Ambulance Building – 3K
23. Replace Skylight in the Dentist Office – 6K
24. Targeted Repairs to the Gutters & Downpipes Facia and Barg Boards – 3K
25. Water Filtration Upgrade – 32K
26. Fire Suppression – Main Fire Suppression Pump – 87K – emergency replacement
27. Modular Facility for Medical Equipment Loaner Program (MELP) – 67K
28. Interior Refresh & Space Utilization / Healing Arts Tenant Spaces & Facility Managers Office/Workshop – 40K

\$1,645,500.00

Pender Islands Health Care Centre

Timeline: Non-Traditional Funding Project (s)

<i>Project</i>	<i>2026 Q4</i>	<i>2027 Q1</i>	<i>2027 Q2</i>	<i>2027 Q3</i>	<i>2027 Q4</i>	<i>2028 Q1</i>
Main Entrance Canopy						
Security & Access Upgrades						
Medical Office Assistant Clinic Space Accessibility Upgrades						

Central Glass (Duncan) Ltd.



2856 Roberts Rd. Duncan, B.C.V9L 6W3
Tel: 250-748-2575 Fax: 250-748-3562
Website: www.centralglass.ca

QUOTATION

DATE: August 19th, 2026.

Quote #: Q011858

Customer: Dave [Harrison\(dave.harrison@telus.net\)](mailto:dave.harrison@telus.net)

PROJECT: PENDER ISLAND HEALTH CENTRE
CANOPY PROJECT

QUOTE - Total Supply & Installation: \$ 13,261.00 + (GST)

Central Glass Skywall system material list:

- R100 Rafter assembly.
- White or Rideau brown finish for aluminum framing
- 0.026" flashing to match the finish.

Glazing:

- 6mm- Clear Annealed Laminated – Canopy

****Ferry & Barging costs included****

****If site measurements are required to be conducted by Central Glass (Duncan) Ltd., an additional charge of \$1,000.00 + GST will apply****

NOTE:

- PST included & GST not included.
- Shop drawing and engineering services are not included.
- Standard frame colors are Rideau Brown and White. Additional charges may apply for any non-standard color, and the quotation will be revised accordingly.
- Flashing and gaskets are included.
- Glazing only for Elevation mentioned.
- All site measurements are to be verified and provided by the GC. Central Glass (Duncan) Ltd. will fabricate the materials based on the measurements provided by the GC.
- All construction-related work (e.g., drywall, new decking, building permits) is the customer's responsibility.
- Accepted payment methods: E-Transfer, Cheque, Direct Deposit, Credit card: 2.4% Processing fee will be applied (Only VISA and Mastercard Accepted).
- A 2% monthly interest (24% annually) applies to balances over 30 days past due. Late payment charges will be invoiced separately.
- A deposit of 30% of the quoted price is required to confirm and initiate the project. The remaining balance is due upon completion.
- If you agree to all the above, please sign below to confirm.

Tariff Clause: This quotation does not include any tariff charges. Should any tariff be imposed on our products at any point during the project timeline, this quotation will be subject to revision to reflect the applicable tariff costs.

The quote is only valid for 30 days.

Customer:

Central Glass (Duncan) Ltd.

Print Name: _____

Operations Manager: 

Signature: _____

Project Coordinator: 

Date: _____

Date: 19th Aug 2026



WORK ESTIMATE

DATE: July 20, 2026

Prepared by: Scott Dry

Customer	
Name:	Pender Island Medical Clinic
Address:	
City:	
Province:	
Postal:	
Phone:	
Contact:	
Email:	

Notes:

Strikes supplied and installed by others
Cable and installation by others
Network connection required for access control, camera and intrusion systems

30 Day Terms

ID	Part #	DESCRIPTION	Quantity
1	HART-HC-ATOM-OD	Embedded Network communication controller	1
2	HART-PRS-8DR	8 Door Kit with 4 TDM mounted in steel, vented and lockable enclosure. Ideal for retrofits and where controllers cannot be mounted at door.	1
3	HART-PRS-4DR	4 Door Kit with 2 TDM's mounted in steel, vented and lockable enclosure. Includes 2 x PRS -STRIPs for additional expansion Ideal for retrofits and where controllers cannot be mounted at door.	1
4	HART-PROX3	PROX3 Mullion/Gang Box Combo Proximity Reader (4" to 6" Max Read Range);Indoor/Outdoor; HID/AWID/HARTMANN Wiegand Compatible	10
5	LIB-L12DC4C5AB	5 Amp Power supply adjustable	2
6	TRI-SLA127CA	12 Volt 7 amp back up battery	2
7	ALEG-7610-37BIT FC	7610 PROXIMITY KEYFOB,37BIT,125KHZ with Facility Code 10 for Troy	50
8	APC-BN450M-CA	UPS Battery, APC BACK-UPS NS 6 OUTLET 450VA, 120V, RETAIL, CANADA	1
9	SPEC-N16NRX4TB	16 CHANNEL FACIAL RECOGNITION RECORDER WITH SMART ANALYTICS - 194Mb Bandwidth- 4TB	1
10	SPEC-O4T9	4MP H.265 AI IP Turret Camera, IR, 2.8mm Lens, Included Junction Box, White Housing, NDAA	4
11	SPEC-O4T9M	4MP H.265 AI IP Turret Camera, IR, 2.8-12mm Motorized Lens, Included Junction Box, White Housing	6
12	TRE-TPE-TG80G	8-port Gigabit PoE+ Switch	1
13	DSC-HS32612TLLEC	HS2032 with GSM/Network V1.33/HS2LCD N V1.35 F1F5/TL2080LE/4050CR/2X7-12PRE-MNT TRANSF/T-1/L-1	1
14	DSC-HS2064PCB	NEO HS2064 Printed Circuit Board Only	1
15	DSC-HS2LCDENG N	Full Message LCD Hardwired Keypad	1
16	DSC-HS2LCDRF9	Full Message LCD Hardwired Keypad with wireless reciever built in	1
17	DSC-PG9945	NEO Wireless door contact	12
18	DSC-PG9984P	PowerG 915Mhz Wireless Dual Tech Motion Detector with Pet Immunity up to 85lbs.	30
19	MISC	Miscellaneous parts such as connectors, clips screws and programming	3
20			

SUBTOTAL \$32,304.93

Applicable Sales Tax

SALES TAX \$3,876.59

TOTAL \$36,181.52

Capital Regional Hospital District Non-Traditional Project (NTP) Funding Guidelines

BACKGROUND

The Capital Regional Hospital District (CRHD) Board has endorsed the use of CRHD funds to contribute towards the capital costs of non-traditional healthcare facilities.

Traditional healthcare projects funded by the CRHD involve facilities owned by the Vancouver Island Health Authority (VIHA) used primarily for the reception and treatment of persons:

- (a) suffering from the acute phase of illness or disability;
- (b) convalescing from or being rehabilitated after acute illness or injury; or
- (c) requiring extended care at a higher level than that generally provided in a private hospital.¹

Non-Traditional Projects (NTPs) category was established by the CRHD to support the provision of community-based healthcare services by not-for-profit agencies (other than VIHA) for facilities providing:

- i) primary healthcare; and
- ii) residential-types of care.

STRATEGIC CONTEXT

The CRHD is a subsidiary of the Capital Regional District (CRD). The NTP Fund is an example of how the CRD recognizes that social resilience and wellbeing are vital elements of a healthy and sustainable region, as outlined in the CRD's *Regional Sustainability Strategy*.

Consistent with the authority of the CRHD to provide capital for 'traditional' healthcare projects, the NTP Fund contributes capital to community-based healthcare projects that provide health-related services but are unable to secure sufficient capital funding from VIHA or other sources. CRHD capital funding to selective projects is intended to leverage ongoing service delivery funding from VIHA, as well as capital and support service contributions from multiple community sources, including proponent non-profit societies.

The NTP Fund was established by the CRHD for the following purposes:

1. To assist in significant capital costs associated with non-traditional, community-based provision of healthcare related services.
2. To contribute to projects throughout the entire Region, as CRHD funds are requisitioned annually through property taxes provided by businesses and residents of the Region.
3. To facilitate social and economic investment in community healthcare facilities.
4. To assist people in core housing need requiring physical and emotional care and services, particularly seniors, and persons who are: physically disabled; developmentally challenged; with chronic mental health issues; and, other with special needs identified as a priority for community response.
5. To leverage capital and ongoing operational and service funding from other levels of government, community groups and the private sector.
6. To address strategic directions outlined in VIHA service plans or in the CRD's *Regional Sustainability Strategy*.

¹ In accordance with Provincial statutes, these categories of use are defined under the *Hospital Act* and applied under the authority granted to Hospital Districts under the *Hospital District Act*.

NTP FUNDING GUIDELINES

Proposals for NTP funding will be evaluated based on the following guidelines:

- Proponents must demonstrate:
 - a. The demand for the services to be delivered through the facility.
 - b. The need for capital funding to construct or significantly upgrade the facility.
 - c. A capital funding shortfall exists to construct or significantly upgrade the facility.
 - d. Confirmation of ongoing operational funding.
- To be eligible for NTP funding and comply with regulations governing the Capital Regional Hospital District (namely the *Hospital District Act*), facilities receiving funding must be designated by the Minister of Health as a hospital as defined under the *Hospital Act*.
- That the public interest be served by ensuring facilities receiving CRHD funding continue to be used for their originally intended purpose. To this end, CRHD funding is subject to a Funding Agreement and/or a notation registered against the property, such as a Section 219 covenant.
- Assistance is in the form of a grant that is forgivable - subject to the terms and conditions of the Funding Agreement.
- Projects should assist in the retention of existing or construction of new affordable residential care facilities with healthcare services or other community-based healthcare service facilities.
- Residential-based projects should provide affordable accommodation for tenants within prescribed income target levels.
- The type of health care services provided must be clearly identified.
- CRHD funds are provided on a cost-shared basis only, along with other community contributions from entities such as: other government agencies; private development industry; corporate donors; community agencies; and individuals.
- The CRHD cannot be the primary capital funder.
- CRHD funding is conditional on confirmation that all other funding is secured by the applicant. Proponents must demonstrate committed funding partnerships.
- The NTP Fund is limited (currently set at \$1 million annually), so proposals will only be considered for a portion of the total annual budget and subject to funding availability.

APPLICATION PROCESS

The *Health and Capital Planning Strategies Division* of the Capital Regional District administer NTP funds on behalf of the CRHD (see attached Contacts list). In this role, Division staff apply the NTP guidelines through the following application review and approval process:

1. The project proponent (non-profit applicant) advises the Health and Capital Planning Strategies Division of their intention to apply for NTP funding, describing the project in as much detail as possible.
2. Based on the information provided, staff apply the Fund's Guidelines (eligibility 'test') to determine whether the proposed project meets the basic NTP funding criteria.
3. If the project is deemed to pass the initial 'eligibility test', the proponent is provided with a comprehensive list of proposal requirements that will include:
 - a) A detailed description of the proposed project, including the type of healthcare service provided, the client group, and eligibility criteria for persons to receive services.
 - b) A detailed project expenses budget, preferably based on a qualified cost consultant, engineering or architect report.
 - c) A detailed listing of project revenues, including: sources of applicant equity (land, capital reserves, etc.); contributions in cash or in-kind listed by source; and, the amount of mortgage (if applicable) and source of mortgage payments (tenant rents, operating subsidy from senior government agency such as BC Housing or VIHA, etc.).
 - d) A tentative project schedule (such as a Gantt chart).
 - e) Legal description of the property, including zoning and Official Community Plan information.
 - f) Confirming that the facility is deemed a hospital under the '*Hospital Act*'. If the facility is not already deemed a hospital, CRD staff will assist in obtaining this designation based on the applicant providing:
 - i) a letter from the Vancouver Island Health Authority (VIHA) indicating support in having this facility designated for purposes of capital cost sharing;
 - ii) confirmation in writing affirming the applicant is a non-profit society in good standing under the *Society Act*; and,
 - iii) a copy of the society's constitution and bylaws.
4. Proponent provides the project proposal to the Senior Manager for review and final completion.
5. CRD staff present the proposal and staff recommendations to the Planning and Protective Services (PPS) Committee of the CRD/CRHD Board.
6. The PPS Committee then makes a recommendation to the Board of the CRHD for decision.
7. The CRHD Board of Directors vote on the PPS Committee recommendation.

Please note - applicants are strongly advised to contact the CRD's Health and Capital Planning Strategies Division well in advance of the anticipated need for NTP funds.

HEALTH and CAPITAL PLANNING STRATEGIES DIVISION - CONTACTS

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**REPORT TO CAPITAL REGIONAL HOSPITAL DISTRICT BOARD
MEETING OF WEDNESDAY, OCTOBER 07, 2026**

SUBJECT **Revenue Anticipation Borrowing Resolution for Current Capital Regional Hospital District Operating Expenditures**

ISSUE SUMMARY

Approval of a revenue anticipation borrowing resolution authorizing borrowing up to \$11 million, if required, in advance of 2027 requisition and other anticipated receipts.

BACKGROUND

Under Section 31 of the *Hospital District Act*, the Board may adopt a revenue anticipation borrowing resolution to secure short-term funding needed to meet financial obligations in advance of expected revenues. The section requires that all borrowed funds be repaid within nine (9) months of the date of borrowing.

The Capital Regional Hospital District (CRHD) receives funds annually from multiple revenue sources, primarily requisition and lease revenue. While lease revenues are received monthly, requisition payments are typically received once per year in August. As a result, the timing of revenue receipts varies and, in some periods, expenditures may precede incoming revenues.

Annually, the Capital Regional District (CRD) and the CRHD present a revenue anticipation borrowing bylaw and a resolution, respectively, for Board approval. The benchmark borrowing limit is four-twelfths (4/12) of approved annual budgeted expenditures for the CRHD and two-twelfths (2/12) for the CRD.

The higher ratio for the CRHD reflects the nature of its cashflow cycle. The Hospital District primarily funds capital commitments to Island Health and Municipal Finance Authority (MFA) debt payments, with its principal revenue inflow, the annual requisition, collected once per year in August. In contrast, the CRD has a much larger and more diversified budget, supported by steady inflows from user fees, service charges and grants received throughout the year. Consequently, while the CRHD's borrowing ratio is higher to bridge the longer revenue gap, the CRD's ratio is smaller given its access to multiple ongoing sources of working capital.

The proposed revenue anticipation resolution authorizes short-term borrowing of up to the equivalent of four (4) months of average budgeted expenditures, providing liquidity to ensure uninterrupted operations and cost-effective financing. For 2027, based on current cashflow forecasts, the recommended borrowing limit is \$11 million, equal to four-twelfths (4/12) of the estimated 2027 provisional budget of \$33 million.

When utilized, the CRHD may borrow funds through the MFA or, if required, through an RBC overdraft facility established under its banking arrangements. If required, the CRHD would seek terms consistent with the existing CRD and CRHC arrangements, currently priced at RBC Prime Rate 4.45%, while the MFA's short-term borrowing rate is 2.89% (both are variable rates).

ALTERNATIVES

Alternative 1

That the Revenue Anticipation Resolution be adopted to allow the temporary borrowing of up to \$11 million for current Capital Regional Hospital District operating expenditures.

Alternative 2

That this report be referred back to staff for additional information.

IMPLICATIONS

Financial Implications

Historically, staff have presented the revenue anticipation resolution as an annual fiscal risk management tool. The CRHD has only utilized this facility once in recent history, borrowing \$1.1 million in July 2017 to cover short-term interest payments that were repaid in August upon receipt of requisition revenue. The current economic environment and continued growth of the CRHD highlight an opportunity to optimize short-term financial management practices.

For 2027 the proposed resolution would provide access to short-term borrowing, if required, to bridge timing differences between current operating expenditures, including scheduled debt-servicing payments and receipt of requisition and other anticipated revenues.

Short-term borrowing may provide a cost-effective means of managing temporary cashflow gaps. Funding decisions will consider borrowing costs, investment income retained and liquidity requirements.

Effective January 1, 2027, the proposed revenue anticipation bylaw limit of \$11 million will allow the CRHD to leverage short-term borrowing to address working capital needs based on anticipated requisition and other revenue sources.

Borrowing will only be accessed when necessary and will be repaid within nine (9) months of borrowing, in compliance with Section 31 of the *Hospital District Act*. Adoption of this resolution will provide the CRHD with flexibility to manage revenue timing variations and working capital requirements for the upcoming fiscal year.

CONCLUSION

This resolution is brought forward annually for the Board's consideration as part of sound financial governance and fiscal risk management. Adoption of the resolution will authorize borrowing to cover short-term expenditures in 2027 if required, pending receipt of anticipated revenues.

RECOMMENDATION

That the Revenue Anticipation Resolution be adopted to allow the temporary borrowing of up to \$11 million for current Capital Regional Hospital District operating expenditures.

Submitted by:	Varinia Somosan, CPA, CGA, Senior Manager, Financial Services & Deputy Chief Financial Officer
Concurrence:	Nelson Chan, MBA, FCPA, FCMA, Chief Financial Officer & General Manager, Finance & Technology
Concurrence:	Ted Robbins, B. Sc., C. Tech., Chief Administrative Officer

ATTACHMENT

Appendix A: Revenue Anticipation Resolution

CAPITAL REGIONAL HOSPITAL DISTRICT

RESOLUTION

Victoria, BC, October __, 2026

WHEREAS, pursuant to Section 31 of the *Hospital District Act*, the Board may, by resolution, borrow money for purposes other than capital expenditures by temporary loan such sums as the Board may deem necessary to meet the current operating expenditures for the year, including the amounts required for principal and interest falling due within the year upon any debt of the Board;

AND WHEREAS pursuant to Section 25 of the said *Act*, requisitioned amounts payable by member municipalities and the province must be paid to the Board on or before August 1 of each year;

AND WHEREAS it is anticipated that a maximum of \$11,000,000 of borrowed funds will be required to meet 2027 current operating expenditures of the Board including the amounts required for principal and interest falling due within the year upon any debt of the Board;

NOW THEREFORE BE IT RESOLVED that the Board of the Capital Regional Hospital District borrow pursuant to Section 31 of the *Hospital District Act* a sum not exceeding \$11,000,000 for the purpose of paying the said current operating expenditures;

AND THAT the aforesaid monies or any part thereof may be borrowed for the purpose of aforesaid by means of bank overdrafts, bankers' acceptances, or promissory notes, bearing the Corporate Seal and signed by the Chair or Acting Chair and the Treasurer or Acting Treasurer. All monies borrowed pursuant to this resolution shall be repaid when anticipated revenues for 2027 are received, or as much thereof as may be necessary, provided that all monies borrowed shall be repaid within nine (9) months of the date of borrowing;

AND THAT the Board of the Capital Regional Hospital District hereby pledges as security for liability incurred hereby, that part of current revenues necessary to fully satisfy any liability so created and the money borrowed shall be a first charge against current revenues received.