

IPCT Expansion 2027-2028 OHT and PCN Context and Endorsement Form

Instructions:

This form enables Ontario Health Teams (OHTs) and their Primary Care Networks (PCNs) to identify and endorse the proposals they support, while providing additional context regarding how the proposals align with their broader approach to primary care attachment. OHTs and their PCNs are expected to align with the roles and responsibilities outlined in the Call Instructions document, [available here](#).

One form is required per OHT and must identify all proposals being submitted with their support.

The completed form must include signatures from:

- The Chair/Co-chair(s) or authorized representative of the OHT Executive or Steering Committee /Leadership Council
- Primary Care Network (PCN) Clinical Lead.

Additional OHT and PCN representatives may sign the form where appropriate. Please submit the completed and signed form, together with the associated proposals, by **November 20, 2026, 5:00 PM Eastern Time** via email to: primarycareexpansion@ontariohealth.ca.

The information provided through this form is intended to give Ontario Health and the Ministry additional local and strategic context, as well as confirmation of endorsement. The form will not be scored as part of the proposal evaluation.

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1. OHT and PCN Information

Name of Ontario Health Team:

Primary OHT Contact: Enter name, title and email address

Primary PCN Contact: Enter name, title and email address

2. Supported Proposals

On behalf of *[name of OHT]*, we confirm that the OHT Executive or Steering Committee and PCN Clinical Lead(s) have reviewed, selected, and support the submission of the following IPCT Expansion Proposal(s), in accordance with our OHT's Collaborative Decision-Making Arrangement (CDMA):

Proposal Identifier	Lead Organization

3. Alignment with Long-Term Attachment Plan

How do the submitted proposal(s) align with your OHT / PCN's strategy to support 100% attachment of your local population by 2029? (200-300 words)

Where applicable, consider:

- How these proposals address geographic areas or underserved populations with the highest number or rate of unattached patients;

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- How these proposals complement existing primary care capacity in the OHT's geography;
- How these proposals complement each other as well as any proposals submitted in the 2026/27 call for proposals;
- How these proposals contribute to a coordinated approach to support geographic planning and attachment across the OHT;
- How these proposals support attachment to French-speaking providers within designated areas under the French Language Services Act; and
- Any remaining attachment needs or gaps that will require future planning beyond the scope of these proposals.

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4. OHT and PCN Confirmation and Endorsement

On behalf of Insert name of OHT , we confirm that:

- The proposals identified in this form have been reviewed through our OHT and PCN's local governance and collaborative decision-making processes;
- Our OHT and PCN support the submission of these proposals to Ontario Health;
- Our OHT and PCN have engaged broadly with local primary care providers and teams, and supported a fair and collaborative local proposal development process, consistent with the roles and responsibilities outlined in the 2027-2028 IPCT Expansion Call for Proposals Instructions and the OHT's Collaborative Decision-Making Arrangement; and
- Any known actual, potential or perceived conflicts of interest related to the review or endorsement of the proposals have been appropriately managed.

Signatures

By signing below, our OHT and PCN representatives confirm our support for the submission of the proposals identified in this form.

Signed at City, Ontario, on .

X Insert First Name, Last Name Insert OHT Title here (e.g., OHT Executive Lead,	X Insert First Name, Last Name Insert PCN Clinical Lead Title Here (e.g., PCN Cl
X Insert First Name, Last Name Insert additional signatory title here (optional)	X Insert First Name, Last Name Insert additional signatory title here (optional)