

COMMITTEE OF THE WHOLE COUNCIL
August 20, 2024

The meeting was called to order by the Chair at 7:00 p.m., in the Conference Room, in the Administrative Centre, in Barrington, N.S., with the following members present:

- Jody Crook, Chair
- Lindsay (Eddie) Nickerson
- George El-Jakl
- Andrea Mood-Nickerson
- Shaun Hatfield

- Chris Frotten, CAO
- Debbie Mader, Municipal Clerk

APPROVAL OF AGENDA

Being duly moved and seconded that the agenda be approved as circulated.

Motion carried unanimously.

APPROVAL OF MINUTES

Being duly moved and seconded that the minutes of the last meeting held August 13, 2024, be approved as circulated.

Motion carried unanimously.

PRESENTATION RE: PATIENT CARE PRIORITY AND CODE ORANGE

Paula Sutherland and Paul Harnish gave a presentation on a Paramedicine Program. This proposal will be presented to the Nova Scotia Government/Nova Scotia Health. The program, if approved, would only be utilized when no doctor is available in the emergency department. It would hopefully keep the ER opened more hours. The presentation is attached and forms part of the minutes.

PRESENTATION RE: CONNECT2

Joel d'Entremont, Physical Activity Coordinator, gave a presentation on CONNECT2 project. Funding for this project was originally denied by the province but has since been approved. Since funding had been denied this project was removed from the budget deliberations.

The project would connect Barrington Bay Trail and Island View Park. This connector would be for walking and cycling only. The province has committed to \$38,812.00 (75%) for the project. The remaining \$12,938.00 would need to be covered by the Municipality. The presentation is attached and forms part of the minutes.

Resolution COW240803

Being duly moved and seconded to recommend to Council to move forward with the RFP process for the CONNECT2 project.

028.

Page 2, Committee of the Whole Council Meeting, August 20, 2024

Motion carried unanimously.

FINANCIAL REPORT

Leah d'Eon, Director of Finance, provided committee with a financial report summary up to the end of June 2024. A copy of the summary is attached and forms part of the minutes.

MILE HIGH OFFROAD RACING ASSOCIATION GRAVEL REQUEST

Members from Mile High Offroad Racing Association, a registered not for profit association, was in attendance to provide an overview of their proposed offroad racetrack. They are requesting to use the Municipal gravel pit on Goose Lake Road.

It was suggested to the group that they apply for a grant through the grants to organization policy, due to the dollar amount of in-kind donations they are requesting. As the policy states their request will need to be applied for prior to December 1st so that it can be considered in next years budget process.

Direction was given to staff to contact the Municipal Solicitor to ask if there would be any stipulations about granting a not-for-profit organization an in-kind donation for use on private property not owned by the organization.

GOOSE LAKE ROAD ASSOCIATION CAMP LEASE PETITION

Correspondence had been received from Goose Lake Road Association concerning camp lease holders using the Goose Lake Road for access to their camp sites.

Direction was given to staff to write letters to all camp lease holders reminding them of the terms and conditions of their lease.

The camp lease policy will be reviewed at a future committee meeting.

COST SHARE AGREEMENT 2023-2024 ON THE PAVING OF SUBDIVISION (J CLASS) STREETS

The list for paving of subdivision (J Class) streets will be submitted as previously decided.

NOVA SCOTIA PROVINCIAL HOUSING AGENCY

No action is required at this time from the correspondence received from Nova Scotia Provincial Housing Agency concerning the Port LaTour properties that are no longer in use.

MUNICIPAL AFFAIRS AND HOUSING- CANADA COMMUNITY-BUILDING FUND (CCBF)

Correspondence received from Municipal Affairs and Housing – Canada Community-Building Fund (CCBF) stating the province has signed a new 10-year agreement with the federal government under the CCBF, formally called Gas Tax. No action is required at this time.

029.

Page 3, Committee of the Whole Council Meeting, August 20, 2024

GRANTS TO ORGANIZATIONS

Applications from the following associations have been received.

Parkdale Cemetery Association

Resolution COW240804

Being duly moved and seconded that it be recommended to Council to provide a grant in the amount of \$500.00 to Parkdale Cemetery Association.

Motion carried unanimously.

Barrington Area Soccer Association

Conflict of Interest

Councillor Andrea Mood-Nickerson declared a conflict of interest and vacated her seat.

Councillor Mood-Nickerson is a member of Barrington Area Soccer Association.

Resolution COW240805

Being duly moved and seconded that it be recommended to Council to provide a grant to Barrington Area Soccer Association in the amount of \$500.00.

Motion carried unanimously.

Councillor Mood-Nickerson returned to her seat.

Barrington Cemetery Association

Conflict of Interest

Deputy Warden Jody Crook declared a conflict of interest, turned the chair over to Warden Eddie Nickerson and vacated his seat.

Deputy Warden Crook's wife is a member of this association.

Resolution COW240806

Being duly moved and seconded that it be recommended to Council to provide a grant to Barrington Cemetery Association in the amount of \$500.00.

Motion carried unanimously.

Deputy Warden Jody Crook returned to his seat and chair position.

030.

Page 4, Committee of the Whole Council Meeting, August 20, 2024

Yarmouth Hospital Foundation

Resolution COW240807

Being duly moved and seconded that it be recommended to Council to provide a grant to Yarmouth Hospital Foundation in the amount of \$1500.00.

Motion carried unanimously.

BUILDING OFFICIAL & SPECIAL CONSTABLE APPOINTMENT- DEVAN WAYBRET

Resolution COW240808

Being duly moved and seconded that it be recommended to Council to appoint Devan Waybret as a building official and special constable.

Motion carried unanimously.

RFP EVALUATION REPORT – MODB 2402 SANDY WICKENS MEMORIAL ARENA CANTEEN SERVICES

The CAO provided an update on the two proposals received for Sandy Wickens Memorial Arena Canteen Services. The two proposals received were from Darlene Smith – Twisted Sisters and Shawn and Paula Landry – Wheely Good Grub.

Resolution COW240809

Being duly moved and seconded that it be recommended to Council to award the contract to Shawn and Paula Landry – Wheely Good Grub, with an added clause of there being a one-year probation period added to the contract.

Motion carried unanimously.

NSFM UPDATE

An update was provided on NSFM activities.

ADJOURNMENT

The meeting was adjourned at 10:05 p.m.

Chair

Secretary for the Meeting

A group of healthcare professionals including NS Minister of health sat in Shelburne at the Community Health Matters meeting and stated that every proposal would be looked at and encouraged the community to come up with a plan that would help the residents of Shelburne County. More than one proposal has been brought forward and still our services continue to decline.

I would like to present this proposal for Roseway but could be implemented in other rural ED settings, this is not a new concept but one used throughout Canada in northern remote areas as well as in other countries with success. Some of the concepts are already in place in Nova Scotia. We can no longer wait or standby as rural areas lack the basics of healthcare. People are waiting 24 hours in an ED due to no family physician for a UTI, prescription refills, lyme disease, even the basics of having a medical done for a license is now a concern. True emergencies where time is critical such as with a cardiac problem, MVC's. Waiting hours for an ambulance and it is still happening in rural NS as larger areas are stripping rural areas of ambulances.

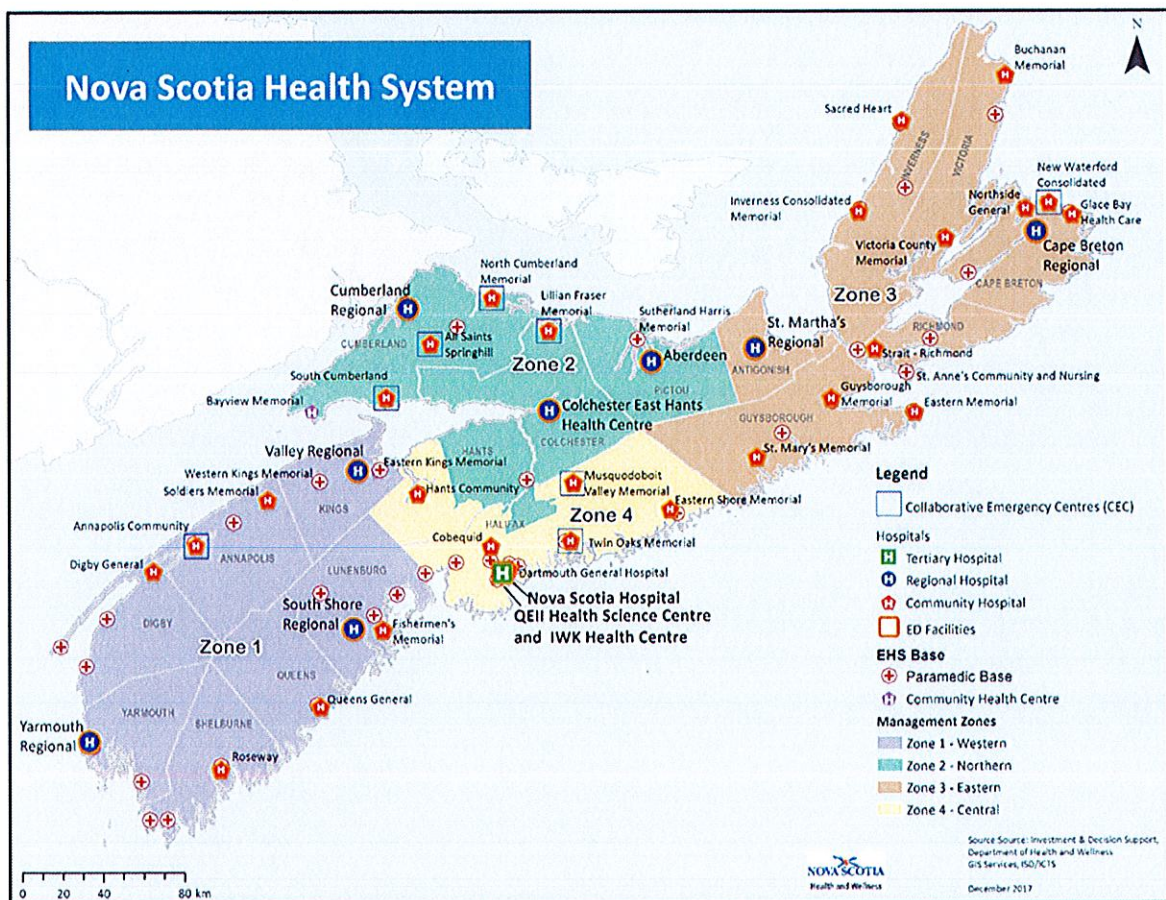
Emergency Care in Nova Scotia

EDs and their staff are an essential part of the province's healthcare system, quickly assessing and managing patients with unexpected illness or injury. EDs in NS are part of a single integrated network of emergency care consisting of:

- Two tertiary care EDs
- Ten geographically distributed Level 2 EDs
- And a series of community Level 3 and 4 EDs

97% of Nova Scotians live within a one-hour drive of a Level 1, 2, or 3 ED, with 88% living within 30 minutes. Further resilience is built into this system with multiple smaller rural Level 4 facilities, and a world class 911, ambulance and communication centre to coordinate pre-hospital care, inter-facility transport and tele-health support.

While certain smaller sites (Level 3 or 4) can be closed from time to time, the overall emergency system is always expected to respond to emergencies (24 hours a day/7 days a week). NSHA and IWK work with their teams in specific sites and zones, and across the province to achieve coverage when faced with a site closure.



In addition, the province has a telecare service (811) to provide nursing advice and help callers determine the most appropriate level of care for their needs, a mobile mental health line to support people in crisis, urgent care centres, and virtual care.

Public Consultation: Roseway Hospital, Shelburne

Date	Chair/Speakers	Attendance
June 6, 2022*	Warden, Hospital Site Leader, Zone Vice President, Executive Medical Director, Primary Health Care Director, Emergency Services Director	16
Summary of discussion: <ul style="list-style-type: none">• Community partner conversation on improving access to care, virtual care, recruitment activity, Need a Family Practice registry, and COVID-19. ED dashboard data discussed, including closure frequency, causes and impact, and patient demo data.• Better understanding of community needs identified, as local industries (ex. Shipbuilding) have workplace safety plans tied to local ED.		
Action (specific to EDs): <ul style="list-style-type: none">• Utilize other health professionals, i.e., Advance Care Paramedics, to provide care in ED.• Maximize scope of other health care providers, such as pharmacists.• Enhanced promotion of other care options, such as virtual care, to reduce burden on ED.• Explore how incentives for ED physician shifts might be offered earlier in scheduling process.• Make it as easy as possible for international medical graduates to practice.		

June 6, 2022 there was with Public Consultation. The outcome was to utilize other healthcare professionals, maximize scope and better understand community needs.

Healthcare does not need to be non-existent or of lesser quality in rural Nova Scotia, we need to change our approach. The pandemic has forced us to adapt to be ever-changing and improving. We have an opportunity to be creative and innovative in our approach to healthcare in rural areas.

As healthcare leaders you face continual uncertainty, new leadership challenges that warrant ideas for ongoing service delivery to best serve patients, families, healthcare workers, and essential partners.

Agile and adaptive leadership is required to move systemic change forward more quickly. Taking an inclusive and partnered approach to planning and designing health services with all involved will assist in implementing effective and responsive policies and practices. Maintaining focus on the features and needs of a community will lead to better outcomes and optimal use of the resources at hand.

Proposal – Outpatient ER Hybrid – Roseway

This proposal is used only if no physician is staffing the ER. Only to be utilized in event of rural ED closure so services can continue to be available. This would be a pilot project, starting with a 2 year window to see what worked and what didn't, what could be improved what could be

revamped. I am proposing 2 years as this time frame will allow for data collection and provide reference materials for benefit vs risk.

The OER (Outpatient ER model) enables rural Emergency Departments remain open and operational to provide care for life threatening and non-life-threatening emergencies, in rural communities when no Emergency physician is available

The OER model staffs the Emergency Dept with a Nurse Practitioner, an Advanced Care Paramedic, possibly a Primary Care Paramedic (Triage), two Registered Nurses, 2 Licensed Practical Nurses. With an on-call Physician in event of further discussion for treatment options.

Benefits

- Ensures timely access to primary and emergency care in rural areas.
- Cost effective solution to an ever-increasing issue in NS, no in-person physician availability due to shortages.
- Decreases fatigue and overworked staff, leading to fewer missed diagnoses and better patient outcomes
- Lessens the burden on regional facilities.
- Lessens the burden on EHS. With local ED's open, transport time to facility is decreased and rural availability increases.
- Increased patient satisfaction, faster service and ability for care expectations to be met.

The Nurse Practitioner is the team lead, and the other healthcare professionals take direction from the team lead, but all work within their (expanded) scope of practice. For this model an on call or virtual physician is used when consultation is needed. As with current models, any patients, based on CTAS, if critical or need immediate physician intervention will be transported to a higher-level hospital.

- Creates a pathway for healthcare professionals to increase skills as well creates spots for nurses and paramedics that can no longer work on ambulance or busy ED's. This opens up a pathway for highly trained paramedics/nurses that are leaving the profession or the province to stay in the province and continue practicing.
- More satisfaction in people that are seeking care.
- Reduces wait time in regional facilities.
- Retains staff in Nova Scotia.
- Decreases staff burnout.
- Creates confidence or will in taxpayers that this government is committed to provide alternative solutions to an ever-increasing problem.
- Allows for time for more physicians to be trained.
- Can be used in other rural facilities facing closures.

Training

- ACP's increase training in house. NS already has an Extended Care, Community Care, as well as ACP's working in Regional hospitals with Expanded Scopes of Practice. These models and training could be utilized to increase the scope of ACP's hired into OED roles.
- Allow Scope of practice to be fully utilized. (See attached charts for Expanded Scope information)

Table 1 Matrix of rural and remote specific paramedic role developments

Ambulance Service	Role title	Role description	Clinical skills/description	Education requirements
Remote Alberta ,BC, Yellowknife	Extended Care Paramedic (ECP)	<ul style="list-style-type: none"> • Treat patients on scene, provide self-management advice; and where available and appropriate, to refer to other health services. • ECPs have multiple referral options and thereby provide a greater choice for patients regarding the most appropriate access to health care service/s. • In addition to current emergency management capacity, ECPs have greater access to pharmaceuticals and interventions that better meet the needs of patients with subacute / non-acute needs. 	<ul style="list-style-type: none"> • Physical examination and history taking • Administration of IV medications • Phlebotomy • Arterial gas sampling • Urinalysis • Peak flow • C-spine assessment • Aseptic techniques • Wound care and suturing • Tissue adhesives • Local and regional anaesthesia • Gastric tube insertion, catheterisation (IDG/EGC) • Splinting and plastering • Dislocation assessment and management • Multiple system assessments including home, ADL, mobility, falls and cognitive. • Administer several ECP only medications including analgesics, antibiotics, antihistamines, topical medications and vaccinations. 	<ul style="list-style-type: none"> • A nine week highly integrated course conducted within a clinical (medical) school environment involving significant practical experience in acute, subacute, non-acute, primary care and community settings. • There are plans to articulate the ECP program with higher education sector (tertiary) sector qualifications as the program progresses (potentially) to a practitioner model of care.

These are from areas that have adopted and use paramedics in remote rural areas with success, these are their scopes of practice and knowledge base.

Approved skills and medications

Credentialed paramedics receive approval to perform various procedures with additional in-house training and administer a range of medications. The following lists include skills and medications that have been approved, some with stipulations as noted.

Approved skills

- 12-lead ECG acquisition, transmission, interpretation
- 15-lead ECG acquisition
- Airway adjuncts
- Arterial access—blood draw
- Blind insertion airway device
- Capnography (waveform)
- Carbon monoxide measurement (noninvasive)
- Cardiac monitoring and pacing
- Cardiopulmonary resuscitation
- Cardioversion
- Carotid massage
- Central venous pressure line maintenance
- Chest compression (external device and needle)
- Chest tube maintenance
- Childbirth
- Cricothyrotomy (needle and surgical)
- Decontamination
- Defibrillation (automated and manual)
- Endotracheal tube introducer
- Epidural catheter maintenance
- Foreign body airway obstruction
- Gastric intubation
- Glucose measurement
- Hemostatic agent
- Injections (subcutaneous and intramuscular)
- Intraventricular catheter maintenance
- Intubation (nasotracheal and orotracheal)
- Intubation confirmation—Capnography (color)
- Nebulizer inhalation therapy
- Noninvasive positive pressure ventilation
- Orthostatic blood pressure
- Oxygen administration
- Patient assessment
- Pulse oximetry
- Reperfusion checklist
- Respiratory operation
- Restraints
- Specimen collection
- Spinal motion restriction
- Splinting
- Stroke screen
- Swan-Ganz catheter maintenance
- Taser probe removal
- Temperature measurement
- Tourniquet application
- Urinary catheterization
- Venous access (blood draw, existing

- catheters, femoral lines, intraosseous, peripheral)
- Ventilator operation
- Wound care

Approved skills with stipulations

- Drug-assisted intubation
- Suction (basic and advanced)
- Tracheostomy tube change

Approved medications

- ACE inhibitors
- Acetaminophen
- Adenosine
- Aminophylline
- Amiodarone
- Anti-arrhythmic
- Antibiotics
- Anti-emetic preparations
- Antivirals
- Aspirin
- Atropine
- Barbiturates
- Benzodiazepine preparations
- Beta agonist preparations
- Beta-blockers
- Bretylium
- C1 Esterase-inhibitors
- Calcium channel blockers
- Calcium chloride/gluconate
- Charcoal
- Clonidine
- Clopidogrel
- Crystalloid solutions
- Cyanide poisoning antidote kit
- Digoxin
- Diphenhydramine
- Diuretics
- Dobutamine
- Dopamine
- Droperidol
- Epinephrine
- Etomidate
- Flumazenil
- Glucagon
- Glucose oral and solutions
- Haloperidol
- Heparin (unfractionated and low molecular weight)
- Histamine H2 blockers
- Hydroxocobalamin
- Immunizations
- Insulin
- Ipratropium
- Isoproterenol
- Levetiracetam
- Lidocaine

- Magnesium sulfate
- Mannitol
- N-acetylcysteine
- Narcotic analgesics and antagonists
- Nasal spray decongestant

- Nitroglycerin
- Nitroprusside sodium
- Nitrous oxide
- Nonprescription medications
- Nonsteroidal anti-inflammatory
- Norepinephrine
- Octreotide
- Oxygen
- Oxytocin
- Phenothiazine preparations
- Phenylephrine
- Phenytoin preparations
- Plasma protein fraction
- Platelet g-II/IIIa inhibitors
- Potassium chloride
- Pralidoxime
- Rocainamide
- Rocaine
- Proparacaine
- Phenothiazine preparations
- Phenylephrine
- Phenytoin preparations
- Plasma protein fraction
- Platelet g-II/IIIa inhibitors
- Potassium chloride
- Pralidoxime
- Rocainamide
- Rocaine
- Proparacaine
- Proton pump inhibitors
- Sodium bicarbonate
- Steroid preparations
- Thiamine
- Thrombolytic agents
- Tropical hemostatic agents
- Total parenteral nutrition
- Tranexamic acid
- Tuberculosis skin test
- Valproic acid
- Vasopressin
- Vasopressor
- Whole blood and components

Approved medications with stipulations

- Ketamine
- Paralytic agents
- Propofol

- Registered Nurses and Licensed Practical Nurses— training in Sutures, casting, increased knowledge of all scopes that work together.
- Orders for medical reasons aka bloodwork, diagnostics etc...

Barrington Bay Trail-Island View Park Connector Project

Background

- Community engagement (permission by public landowner)
- Looking at building a 185 meter path to connect Barrington Bay Trail to Island View Park. This will create a connected pathway that will allow citizens to walk from Barrington Bay Trail- North East Point Beach. This will also enhance Island Views Park experience



Benefits of Path Connector



Get Barrington Moving Strategy- Improving outdoor spaces



Enhancement on Island View Park



Connects North East Point Beach- Barrington Bay Trail in a more safer and greener manner.

Connect2



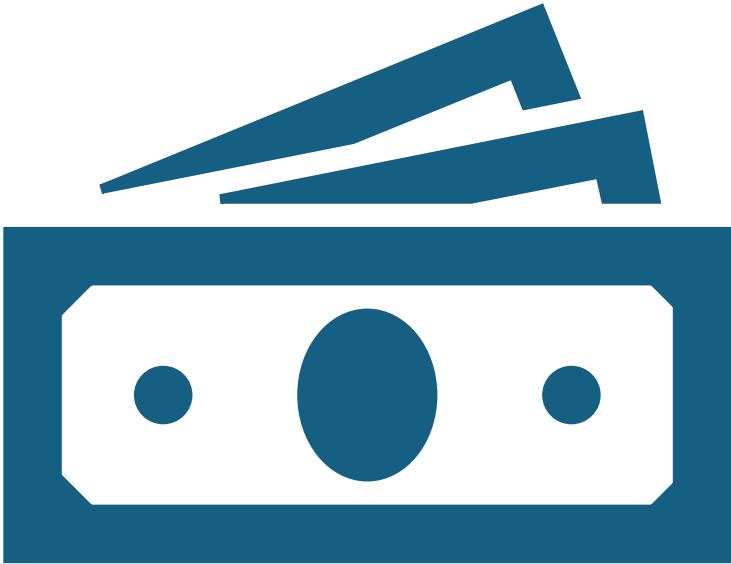
- Connect2 is provincial grant focusing on Active Transportation
- Originally applied funding for 2024-2025 fiscal year, however, was denied due to high demand of applications
- June 2025, province calls and says our application has been approved (\$38,812.00)
- Through consultation with provincial public works staff, project will cost around \$51,750. Connect2 will cover 75% (\$38,812.00), which means the Municipality will have to cover for the rest of the project (\$12,938.00).



Timeline

- September(RFP is submitted, applicants are reviewed, and most suitable applicant is selected)
- October-March (project is underway, and is completed)

Suggested Motion



Spend the \$12,938.00 for the path connector project



**2024-2025 Financial Report
Summary
June 30, 2024**

Type	Group Type	Section	24/25 Budget	24/25 YTD Budget	Actuals June 30, 2024	YTD Variance	
Revenue	Property & Other Taxes	Business Property	305,358	106,250	107,194	944	
		Health Services - Sewer	357,534	178,767	179,217	450	
		Taxes	7,552,251	3,777,540	3,775,114	- 2,426	
	Property & Other Taxes Total			8,215,143	4,062,557	4,061,525	- 1,032
	Grants in Lieu of Taxes	Federal Government	52,503	-	-	-	
		Provincial Government	122,425	3,287	3,444	157	
	Grants in Lieu of Taxes Total			174,928	3,287	3,444	157
	Services to Other Governmer	Services to Other Governments		147,971	64,375	73,555	9,180
	Services to Other Governments Total			147,971	64,375	73,555	9,180
	Sale of Services	General Government Services		166,200	24,051	31,239	7,188
		Municipal Arena		121,500	10,422	11,535	1,113
		Recreation Programs		77,170	22,770	21,409	- 1,361
		Swimming Pool		22,320	5,000	5,354	354
	Sale of Services Total			387,190	62,243	69,538	7,295
	Other Revenue	Admin Revenue		28,000	10,751	8,895	- 1,856
		Interest on Investments		200,000	50,001	112,515	62,514
		Interest on Taxes		155,000	38,751	43,007	4,256
		Licenses and Permits		45,000	11,247	21,909	10,662
		Rentals		135,299	29,577	30,039	462
		Wind Turbine Revenue		50,000	12,501	-	- 12,501
	Other Revenue Total			613,299	152,828	216,365	63,537
	Unconditional Transfers	Provincial Government		192,204	44,801	44,801	-
	Unconditional Transfers Total			192,204	44,801	44,801	-
	Conditional Transfers	Federal Government		371,635	-	-	-
		Provincial Government		6,679,965	49,929	49,927	- 2
	Conditional Transfers Total			7,051,600	49,929	49,927	- 2
	Other Transfers	Debenture Receipts		2,500,000	-	-	-
Other		1,630,450	-	-	-		
Special Reserve Fund		1,025,000	-	-	-		
Other Transfers Total			5,155,450	-	-	-	
Revenue Total			21,937,785	4,440,020	4,519,155	79,135	



**2024-2025 Financial Report
Summary
June 30, 2024**

Type	Group Type	Section	24/25 Budget	24/25 YTD Budget	Actuals June 30, 2024	YTD Variance
Expense	General Government Service	Financial Management	32,000	7,386	5,929	- 1,457
		General Administrative	991,138	222,355	233,029	10,674
		Legislative	165,682	38,622	33,402	- 5,220
		Other General Government	152,000	54,001	52,777	- 1,224
		Property Services	496,598	128,451	134,569	6,118
		Taxation	308,435	87,851	90,224	2,373
		General Government Services Total		2,145,853	538,666	549,930
	Protective Services	Building Inspection Services	224,405	37,764	36,714	- 1,050
		By-Law Enforcement	7,000	1,752	1,200	- 552
		EMO	14,470	8,661	7,762	- 899
		Fire Services Coordinator	87,034	20,268	19,909	- 359
		Law Enforcement	12,000	3,000	3,000	-
		Police Protection	1,292,053	321,888	321,888	-
	Protective Services Total		1,636,962	393,333	390,473	- 2,860
	Transportation Services	Community Clean-up Program	10,000	10,000	10,853	853
		Road Transportation	96,850	32,949	45,217	12,268
		Street Lighting	180,000	45,000	43,217	- 1,783
	Transportation Services Total		286,850	87,949	99,287	11,338
	Environmental Health	Landfill	310,652	75,243	79,198	3,955
		Sewage Collection and Disposal	5,000	1,251	821	- 430
		Sewage System - Barrington	235,587	91,186	132,178	40,992
		Sewage System - Woods Harbour	140,237	67,350	81,706	14,356
		Sewer System - Sherose Island	26,100	6,525	4,303	- 2,222
		Solid Waste Management	1,148,307	287,079	291,718	4,639
	Environmental Health Total		1,865,883	528,634	589,923	61,289
	Public Health and Welfare	Housing	-	-	-	-
		Public Health	104,000	37,248	31,134	- 6,114
Public Health and Welfare Total		104,000	37,248	31,134	- 6,114	
Environmental Development	Community Development	2,718	1,108	846	- 262	
	Planning Advisory Committee	10,000	5,000	4,317	- 683	
	Regional Enterprise Network	43,000	21,500	22,483	983	
	Senior Services Coordinator	140,353	58,303	57,842	- 461	
	Tourism and Community	222,587	43,911	44,277	366	



**2024-2025 Financial Report
Summary
June 30, 2024**

Type	Group Type	Section	24/25 Budget	24/25 YTD Budget	Actuals June 30, 2024	YTD Variance	
Expense	Environmental Development	Tourism and Community Development	-	-	-	-	
		Visitor Information Centre	39,454	9,459	9,108	-	
		Wind Turbine Generator	15,000	3,750	-	-	
	Environmental Development Total			473,112	143,031	138,873	-
	Recreation and Cultural	Arena Canteen	-	-	-	-	
		CED Centre/Library	31,400	7,848	12,461	-	
		Curling Club	18,000	1,399	1,496	-	
		Learning Centre	-	-	-	-	
		MPAL	73,219	17,112	16,446	-	
		Municipal Arena	408,668	94,657	90,322	-	
		Municipal Swimming Pool	72,879	16,241	14,873	-	
		Recreation Centre	-	-	-	-	
		Recreation Department	99,031	23,076	22,962	-	
		Recreation Facilities	125,000	53,750	62,832	-	
		Recreation Programs	135,752	52,873	46,413	-	
		Summer Staff	77,946	5,549	4,086	-	
	Western County Regional Library	54,000	13,500	13,400	-		
	Recreation and Cultural Total			1,095,895	286,005	285,290	-
	Education	Education	1,672,000	417,999	417,699	-	
	Education Total			1,672,000	417,999	417,699	-
Financing	Debt Charges	30,000	-	-	-		
	Transfers to Own Reserves	12,627,230	373,000	373,769	-		
Financing Total			12,657,230	373,000	373,769	769	
Expense Total			21,937,785	2,805,865	2,876,379	70,514	
Grand Total			-	1,634,155	1,642,776	8,621	