

Introduction

Primary care is the foundation of any high functioning health system. It is the first point of entry into the health system, and ensures continuous, comprehensive, coordinated, and person-centered care.

To continue to implement *Your Health: A Plan for More Connected and Convenient Care*, the Government of Ontario established a Primary Care Action Team, in the Ministry of Health (Ministry), with an objective to connect every person in Ontario to primary care.

In alignment with the *Primary Care Act, 2025*, the goal is to build a high-performing primary care system that meets the following objectives of care: (1) province-wide, (2) connected, (3) convenient, (4) inclusive, (5) empowered, and (6) responsive.

Primary Care Action Plan

In January 2025, the Government of Ontario (Government) announced its Primary Care Action Plan, with the goal of attaching everyone in Ontario to a family doctor or primary care team by 2029. This plan is supported by a \$3.4 billion investment. Through the 2027-2028 Call for Proposals, the Government will invest more than \$250 million to attach 600,000 more people to primary care.

[The 2027-2028 Call for Proposals](#) builds on the momentum and successes of the 2024 Primary Care Expression of Interest and the 2025-2026 and 2026-2027 Call for Proposals, all of which demonstrated the strength of local primary care planning, collaboration and innovation across the province.

The Ministry and Ontario Health will co-manage intake and assessment to allocate multi-year funding for new and expanded interprofessional primary care teams.

2027-2028 Call for Proposals

All Ontario Health Teams (OHTs) and their Primary Care Networks (PCNs) are eligible to submit proposals that align with the strategic evaluation priorities of the Call for Proposals. There is no limit on the number of proposals that each OHT and their PCN can submit. Completing this proposal form is a requirement to be considered for the 2027-2028 funding.

Proponents may apply to create or expand one of the following approved interprofessional primary care team models: Family Health Teams (FHTs), Community Health Centres (CHCs), Nurse Practitioner-Led Clinics (NPLCs), and Indigenous Primary Health Care Organizations (IPHCOs).

These interprofessional primary care team models will be expected to meet the strategic evaluation priorities specified below. The deadline for all submissions is **November 20th, 2026, at 5pm Eastern Standard Time (EST)** to primarycareexpansion@ontariohealth.ca

For more information on the Call for Proposals, please visit this [link](#).

Strategic Evaluation Priorities

The Ministry and Ontario Health are inviting proposals that demonstrate alignment with the following four priorities. **Proposals will be evaluated against these** priorities:

- A. **Primary Care Attachment:** Provide net-new, ongoing attachment to primary care, prioritizing communities with high rates of unattachment.
- B. **Readiness to Implement:** Demonstrating the ability to be operational and begin to attach people to a primary care clinician or team starting in Spring 2027 and the ability to achieve attachment targets by Spring 2028. Longer implementation timelines may be considered for establishing new teams, particularly in areas with limited or no existing team capacity.
- C. **Supporting Geographic Coverage:** Partnering with OHTs and their PCNs to develop and submit proposals that reflect the unique needs of local communities and support comprehensive geographic coverage for the attributed population across the OHT.
- D. **Meeting Primary Care Objectives:** Commitment and demonstrated ability to meet the objectives described in the [Primary Care Act, 2025](#) over time:
 - 1. **Province-Wide:** Ontarians should have the opportunity to have a documented and ongoing relationship with a primary care clinician or team.
 - 2. **Connected:** Ontarians across the province should have the opportunity to receive primary care services that are co-ordinated with existing health and social services.
 - 3. **Convenient:** Ontarians should have access to timely primary care services.
 - 4. **Inclusive:** Ontarians should have the opportunity to receive primary care services that are free from barriers and free from discrimination prohibited by the *Human Rights Code* or the *Canadian Charter of Rights and Freedoms*.
 - 5. **Empowered:** Ontarians should have the opportunity to access their personal health information through a digitally integrated primary care system that connects insured persons to primary care clinicians or teams involved in their care.
 - 6. **Responsive:** The primary care system should respond to the needs of the communities it serves, and Ontarians should have access to information about how the system is performing and adapting.

Submission of Proposal

For more information about the proposal submission process, please refer to the 2027/28 Call Instructions.

- This proposal stream is available to proponents seeking to expand an existing, or establish a new Family Health Team (FHT), Nurse Practitioner-Led Clinic (NPLC), or Community Health Centre (CHC). Proponents seeking to establish a new Indigenous Primary Health Care Organization (IPHCO) or expand an existing IPHCO may refer to the Indigenous Proposal Form, which has been specifically developed to address the unique needs, priorities, and service delivery considerations of Indigenous populations.
- This is **not** a procurement process. This is a request for proposal process for the evaluation and selection of Transfer Payment recipients, and the Ministry has full discretion and decision-making power in the evaluation and approval process. The Ministry may prefer any proposal over another proposal and is not required to select a funding recipient through this process.
- The Ministry, in its sole discretion, may deem a Proposal Form incomplete or unclear and discontinue consideration of the proposal if the information provided in the Proposal Form is considered incomplete or unclear.
- The Proposal Form and any other supporting materials with the submission of the Proposal Form, and/or other material in connection with the request for proposals, do not create any contractual or other legally enforceable obligation on the Ministry, the proponent, or anyone.
- Failure to adhere to the requirements outlined in this document may result in the removal of the proposal from consideration.
- Any costs associated with preparing and/or submitting the Proposal Form are solely the responsibility of the proponent. Neither the Ministry nor any agency of the Government of Ontario is responsible under any circumstances whatsoever for any expenses incurred by the proponent related to the request for proposal process.

Submission Reminders

- Applicants must not alter the format, font, or word count of the proposal form. Submissions that do not adhere to these specifications will not be accepted or reviewed.
- Only letters of commitment may be submitted as supplementary materials. All other attachments or documents not explicitly requested as part of the application will not be reviewed.
- Late proposals will not be accepted.

Glossary

- **Attachment:** A documented and ongoing relationship with a primary care clinician (i.e., physician or nurse practitioner) or team working in a publicly funded system. The documentation could be through formal registration or signed enrolment and consent form. A patient is considered attached as soon as the ongoing, documented relationship is established and does not require the first visit.
- **Net-new attachment:** The number of patients attached to the team *above* the number of patients attached at baseline (i.e., April 1, 2027). Net-new attachment means there is growth in the overall size of the team's total patients attached.
- **Lead Organization:** The IPCT that will be responsible for serving as the primary point of contact with Ontario Health or the Ministry for implementation, reporting, accountability, and issue escalation. For collaborative proposals involving more than one IPCT, if funded, the Lead Organization may also act as the recipient of all 27/28 expansion funding from Ontario Health (however, collaborative proposals may also request to receive separate funding agreements between Ontario Health and each partnering IPCT). For the purposes of this document, Lead Organization does not refer to the Lead Organizations that have been identified by each OHT to access Health Care Connect (HCC) data systems.

Proposal Form

Proposal ID:

(to be completed by Ontario Health)

Section A. Proponent Information

This section should be completed with information on the proposed lead organization for the expansion of an existing interprofessional primary care team or the creation of a net new interprofessional primary care team.

1. Name of the OHT this proposal is associated with

--- (No Associated OHT)

2. Name of the Ontario Health Region

3. Lead Organization and Partner Organizations

Please complete the table below for the Lead Organization as well as any partner organizations (if applicable).

To identify affiliated physician groups (e.g., FHOs, FHNs, RNPAGs), please refer to question 4.

Letters of commitment from partnering organizations are recommended and can be attached as supplementary materials.

Lead Organization's Legal Name:			
City:	Postal Code:	Type of Organization: (FHT, NPLC, CHC, IPHCO)	
Main Contact's Name:	Main Contact's Phone Number:	Main Contact's Email:	
Offers comprehensive primary care in French: (Yes / No / N/A)	N/A	Attaching patients as part of this proposal: (Yes / No)	Yes

Partner Organization's Legal Name:			
City:	Main Contact's Name:	Main Contact's Email:	
Postal Code:	Type of Organization: (OHT, FHT, NPLC, CHC, IPHCO, Indigenous organization / community, etc.)	Offers comprehensive primary care in French: (Yes / No / N/A)	Attaching patients as part of this proposal: (Yes / No)
		N/A	Yes

Partner Organization's Legal Name:			
City:	Main Contact's Name:	Main Contact's Email:	
Postal Code:	Type of Organization: (OHT, FHT, NPLC, CHC, IPHCO, Indigenous organization / community, etc.)	Offers comprehensive primary care in French: (Yes / No / N/A)	Attaching patients as part of this proposal: (Yes / No)
		N/A	Yes

Partner Organization's Legal Name:			
City:	Main Contact's Name:	Main Contact's Email:	
Postal Code:	Type of Organization: (OHT, FHT, NPLC, CHC, IPHCO, Indigenous organization / community, etc.)	Offers comprehensive primary care in French: (Yes / No / N/A)	Attaching patients as part of this proposal: (Yes / No)
		N/A	Yes

Partner Organization's Legal Name:			
City:	Main Contact's Name:	Main Contact's Email:	
Postal Code:	Type of Organization: (OHT, FHT, NPLC, CHC, IPHCO, Indigenous organization / community, etc.)	Offers comprehensive primary care in French: (Yes / No / N/A)	Attaching patients as part of this proposal: (Yes / No)
		N/A	Yes

Partner Organization's Legal Name:			
City:	Main Contact's Name:	Main Contact's Email:	
Postal Code:	Type of Organization: (OHT, FHT, NPLC, CHC, IPHCO, Indigenous organization / community, etc.)	Offers comprehensive primary care in French: (Yes / No / N/A)	Attaching patients as part of this proposal: (Yes / No)
		N/A	Yes

Partner Organization's Legal Name:			
City:	Main Contact's Name:	Main Contact's Email:	
Postal Code:	Type of Organization: (OHT, FHT, NPLC, CHC, IPHCO, Indigenous organization / community, etc.)	Offers comprehensive primary care in French: (Yes / No / N/A)	Attaching patients as part of this proposal: (Yes / No)
		N/A	Yes

4. Affiliated Physician Groups

Please complete the table below for any affiliated physician groups.

Letters of commitment from physician groups are recommended and can be attached as supplementary materials.

Affiliated Physicians [e.g., Family Health Organization (FHO), Family Health Network (FHN), Rural and Northern Physician Group Agreement (RNPGA)] <i>An Affiliated Physician Group must agree to be affiliated with the Recipient and act as the physician service provider. This information is to identify the affiliated group with the new team and <u>not</u> for funding purposes.</i>	Name of the physician group(s) (i.e., FHO # BA xxxx) that will be affiliated with the team [existing and new group(s) affiliating with the FHT].	Letter of Commitment from the Physician Lead (Y/N) Include Start Date in Letter, if Applicable	Is the physician group attaching net-new patients as part of this proposal? (Y/N)

5. Please confirm that your team will commit to attaching patients from the Health Care Connect wait list.

Section B. Proposal Type and Team Model

6. Please indicate whether the proposal is to:

- ☐ Expand an existing interprofessional primary care team
- ☐ Create a new interprofessional primary care team

Refer to the Call Instructions document for definitions of “expanded” and “new” interprofessional primary care teams.

7. Please identify the interprofessional primary care team model of the Lead Organization for expansion or creation: Community Health Centre (CHC), Family Health Team (FHT), Indigenous Primary Health Care Organization (IPHCO) or Nurse Practitioner-Led Clinic (NPLC).

Please refer to the Call Instructions document for descriptions of interprofessional primary care team models.

Both expansion and creation of new teams may be considered through this Call for Proposals. Proponents should demonstrate how the proposed model best addresses the identified attachment need, local population needs, and implementation considerations in the proposed service area(s). Collaborative proposals are encouraged.

- ☐ FHT
- ☐ CHC
- ☐ IPHCO
- ☐ NPLC

Section C. Proposal Summary and Rationale for Need

8. Please provide a short summary of the proposal.

9. Within your OHT, please identify the geographic area(s) you and your partner organizations (if applicable) are planning to serve. Please use one type of geographic unit (i.e., FSA(s) or ADA(s) or CSD(s) available in the OHT data package: Forward Sortation Areas (FSAs; the first 3 digits of the postal code), Aggregate Dissemination Areas (ADAs; 8-digit codes) or Census Sub-divisions (CSDs; 7-digit codes).

☐ **FSA(s):**

1)	5)	9)
2)	6)	10)
3)	7)	11)
4)	8)	12)

☐ **ADA(s):**

1)	5)	9)
2)	6)	10)
3)	7)	11)
4)	8)	12)

☐ **CSD(s):**

1)	5)	9)
2)	6)	10)
3)	7)	11)
4)	8)	12)

10. Describe the primary care attachment need within the OHT geographic area(s) identified and explain why this geography was selected for the proposed expansion or new interprofessional primary care team. Your response should:

- Describe why ADAs or CSDs are more appropriate units of geography for planning your proposal (only if you did not select FSAs as the unit);
- Describe the local attachment need, including available information on unattached populations;
- Identify populations experiencing barriers to primary care attachment, where applicable;

- Explain any relevant local planning considerations, geographic coverage considerations or service gaps, including considerations for designated areas under the French Language Services Act; and
- Identify any limitations of the OHT data package or other local factors that should be considered when interpreting the available data

11. Briefly describe why the proposed organization(s) are best positioned to serve the geographic area(s) identified. Your response should describe how the proposal complements existing primary care capacity in the area.

Section D. Proposed Model and Attachment Approach

12. How many net new patients will be attached when the team is at full complement? Please note: *Net new attachment refers to the number of patients attached to the team above the number of patients attached at baseline. Net-new attachment means there is growth in the overall size of the team's total patients attached. For Francophone focused applications, please identify proposed Francophone attachment targets (e.g., # of Francophone/French speaker attachment targets vs total attachments). Attachment obligations will be outlined in funding letters for successful candidates.*

13. Please briefly describe how the expanded/new team will directly enable net new patient attachment in the identified geographic area(s). Your response should describe:

- The physicians, nurse practitioners and team members who will hold or support the ongoing primary care relationship; and
- How interprofessional team members will be integrated into care delivery.

Section E. Primary Care Objectives and Expected Outcomes

The objectives below represent a long-term, aspirational vision for the future of the primary care system. Specific expectations and outcomes related to these objectives will be integrated into funding accountabilities and deliverables for the recipient.

14. Please describe how the team will meet the objectives over time through the design and delivery of specific programs and services.

Objective 1: Province wide

Description: Ontarians across the Province should have the opportunity to have a documented and ongoing relationship with a primary care clinician or team.

Please describe how the team will identify unattached patients to attach to your new or expanded team. In your response, please outline:

- How you plan to work collaboratively with your Ontario Health Team (OHT), Primary Care Network (PCN), OHT's Lead Organization responsible for accessing HCC data systems, and assigned HCC Care Connector to attach patients from HCC, including the anticipated referral mechanism (e.g., batch referrals, individual referrals, etc.), if applicable.*
- Whether the providers involved in your proposal have existing sources of unattached patients who may be considered for attachment (e.g., HCC, clinic-maintained waitlists, existing intake processes).*

Objective 2: Connected

Description: Ontarians should have the opportunity to receive primary care services that are co-ordinated with existing health and social services.

Please describe how the proposed team will deliver coordinated, comprehensive primary care. Explain intended workflows, connections and partnerships with relevant local health, community and social services, and how the proposed approach will complement existing services without duplication.

Objective 3: Convenient

Description: Ontarians should have access to timely primary care services.

Please describe:

- *How the team will support patients to have timely access to necessary primary care services, including after-hours, on evenings and weekends.*
- *How the team will address barriers related to transportation, geography, technology, language, mobility, or other access challenges.*

Objective 4: Inclusive

Description: Ontarians should have the opportunity to receive primary care services that are free from barriers and free from discrimination prohibited by the *Human Rights Code* or the *Canadian Charter of Rights and Freedoms*.

Please describe how the proposal will support equitable access and attachment for priority populations within the proposed service area. Identify any populations experiencing barriers to primary care access or attachment and describe the strategies that will be implemented to address those barriers, including access to primary care services in French, approaches to serving Indigenous communities, newcomers, Black or other racialized communities, 2SLGBTQIA+ populations, people experiencing homelessness, rural/remote populations, or other groups experiencing barriers to primary care.

This should include any plans for hiring bilingual staff, staff that are representative of the community, as well as plans for working with community partners to support access, attachment and the provision of culturally responsive care.

For teams located in or serving a designated area under the French Language Services Act, what is the plan to ensure access to French language care, including the plan to attach French-speaking patients to French-speaking providers?

Objective 5: Empowered

Description: Ontarians should have the opportunity to access their personal health information through a digitally integrated primary care system that connects insured persons to primary care clinicians or teams involved in their care.

The Ministry recognizes that digital integration may be more constrained for providers operating in remote and/or Northern regions.

Please describe:

- *How the team will utilize and enhance digital solutions to support service delivery.*
- *Any infrastructure, connectivity, or geographic factors that may limit digital integration and describe how these challenges will be managed.*
- *The strategies the team will implement to address barriers that patients may face in accessing digital technologies.*

Objective 6: Responsive

Description: The primary care system should respond to the needs of the communities it serves, and Ontarians should have access to information about how the system is performing and adapting.

Please describe:

- *The indicators that will be used to monitor implementation*
- *Any sociodemographic data that will be collected*
- *Who will be responsible for data collection and evaluation*
- *How the model will be adapted in response to implementation challenges, patient or community member input, and emerging population needs.*

Section F. Implementation Readiness and Milestones

In the section below, please outline a plan detailing when the team will start attaching people to a regular primary care provider or team, beginning **April 1, 2027**.

Note: New teams will be provided with additional time (i.e., up to 18 months) to become operational and begin attaching patients.

15. Recruitment readiness

Describe your planned recruitment approach, including key roles required to achieve the proposed attachment target (i.e. family physicians and nurse practitioners). For Francophone focused applications, please indicate existing and planned bilingual capacity to ensure the offer of primary care in French.

16. Infrastructure and space readiness

a. Has a service location or delivery model (i.e., mobile) been identified?

b. What is the anticipated readiness status of the proposed location(s) or delivery model? Select all that apply.

- ☐ Existing operational space with no required modifications
- ☐ Existing space requiring minor modifications
- ☐ New/satellite site
- ☐ Mobile service model
- ☐ Other – please describe

- c. Describe any infrastructure, capital, renovation or facility-related factors that may affect implementation timelines. Where applicable, describe any mitigation strategies or interim approaches that will support readiness to begin attachment by April 1, 2027.**

17. Governance and Accountability

Briefly describe the proposed governance and accountability structure, including how decisions will be made during expansion project implementation and how key partners will be represented.

18. Operationalization

A) What is the estimated month when first patient(s) will be attached to the new or expanded team? For your responses, consider the timing of activities such as partnership agreement development, recruitment, and locations being move-in ready, etc.

B) What is the estimated month when your team will be at its full FTE complement? For your responses, consider the timing of activities such as partnership agreement development, recruitment, locations being move-in ready, etc.

Section G. Implementation Risks and Mitigations

19. Identify the most significant risks or barriers that could affect implementation or achievement of the proposed attachment target in the table below.

Consider the following factors: recruitment, retention, partnerships, location or readiness, digital or information-management requirements, approvals or agreements, patient identification and outreach, team capacity and wellbeing, timeline assumptions, funding assumptions (e.g., what if the project were funded at less than the requested amount); etc.

Risk or barrier	Mitigation or contingency

Section H. Endorsements and Required Attachments

Required Attachments

- ✓ Proponent Signature and Board Acknowledgement form
- ✓ OHT and PCN Context and Endorsement Form (one per OHT)
- ✓ Budget template
- ✓ Letters of commitment from individuals, physician groups or partner organizations that have agreed to participate in the proposal if funding is approved. The letter ideally describes the anticipated role, contribution, and any resources being committed.

Appendix A – Proponent Signature and Board Acknowledgement

Appendix B – OHT and PCN Context and Endorsement Form (one per OHT)

Appendix C – Budget Template

Appendix D: French Designated Areas in Ontario

Designated areas in Ontario are shown on this [map](#) and are also listed below:

- City of Toronto – all
- City of Hamilton – as boundaries existed on Dec. 31, 2000
- Cities of Port Colborne and Welland in Regional Municipality of Niagara
- City of Ottawa – all
- Cities of Mississauga and Brampton – Regional Municipality of Peel
- Sudbury – city and greater Sudbury area
- Township of Winchester – Dundas County
- Essex County:
 - City of Windsor
 - Towns of Belle River and Tecumseh
 - Townships of Anderdon, Colchester North, Maidstone, Sandwich South, Sandwich West, Tilbury North, Tilbury West and Rochester
- Glengarry County – all
- Kent County:
 - Town of Tilbury
 - Townships of Dover and Tilbury East
- Prescott County – all
- Renfrew County:
 - City of Pembroke
 - Townships of Stafford and Westmeath
- Russell County – all
- Simcoe County
 - Town of Penetanguishene
 - Townships of Tiny and Essa
- Stormont County – all
- District of Algoma – all
- District of Cochrane – all
- Township of Ignace in District of Kenora
- District of Nipissing – all
- District of Sudbury – all
- District of Thunder Bay
 - Towns of Geraldton, Longlac and Marathon
 - Townships of Manitouwadge, Beardmore, Nakina and Terrace Bay
- District of Timiskaming – all
- City of London
- Municipality of Callander in District of Parry Sound
- City of Kingston
- City of Markham in Regional Municipality of York
- County of Lambton
- City of Sarnia