



**APPENDIX
OPERATING BUDGET / STAFFING REPORT**

SERVICE PROVIDER: _____ PROGRAM NAME: _____

FISCAL YEAR: _____ TO _____

Only complete the line items that are applicable to the above named program.

NO.	ACCOUNT NAME	PREVIOUS YEAR BUDGET	THIS YEAR'S BUDGET	BUDGET CHANGE	BUDGET CHANGE EXPLANATION / COMMENTS
REVENUE					
1	The Manitoba Housing and Renewal Corporation				
2	United Way			\$0	
3	Total Revenue (line 1+2)	\$0	\$0	\$0	
STAFFING AND PROGRAMMING					
4	Wages			\$0	
5	Benefits (includes Pensions)			\$0	
6	Program Management			\$0	
7	Client Supplies			\$0	
8	Elder Fees			\$0	
9	IT Contract			\$0	
10	Motor Vehicle Expense			\$0	
11	Travel-Client			\$0	
12	Travel-Staff			\$0	
13	Furniture			\$0	
14	MGR			\$0	
15	Training				
16	Other (please specify)			\$0	
17	Total Staffing and Programming (lines 4 thru 16)	\$0	\$0	\$0	
ADMINISTRATION (up to 15%)					
18	Property Taxes			\$0	
19	Office Supplies and Equipment			\$0	
20	Phone/Fax/Internet			\$0	
21	Professional Fees (financial and legal)			\$0	
22	Insurance			\$0	
23	Advertising and Promotions			\$0	
24	Other (please specify)			\$0	
23				\$0	
24				\$0	
25	Total Administration (lines 18 thru 24)	\$0	\$0	\$0	
26	TOTAL EXPENSES (lines 17+25)	#REF!	#REF!	#REF!	
27	NET OPERATING SURPLUS/(LOSS) (line 3 subtract 26)	#REF!	#REF!	#REF!	

PROPOSED STAFFING DETAILS:

Position Title	Annual Salary

Date: _____ Prepared By: _____

Position: _____