



OPERATING BUDGET / STAFFING REPORT

SERVICE PROVIDER: _____

PROGRAM NAME: **HOM**

FISCAL YEAR: _____ TO _____

NO.	ACCOUNT NAME	PREVIOUS YEAR BUDGET	THIS YEAR'S BUDGET	BUDGET CHANGE	BUDGET CHANGE EXPLANATION / COMMENTS
REVENUE					
1	Manitoba Housing Renewal Corporation			\$0	
2	Total Revenue (line 1)	\$0	\$0	\$0	
STAFFING					
3	Wages			\$0	
4	Benefits			\$0	
5	Mandatory Employment Related Costs (CPP, EI, WC)			\$0	
6	Pension			\$0	
7	Training			\$0	
8	Mileage			\$0	
9	Other (please specify)			\$0	
10	Other (please specify)			\$0	
11	Total Staffing (lines 3 thru 10)	\$0	\$0	\$0	
ADMINISTRATION (up to 15%)					
16	Rent			\$0	
17	Office Supplies & Equipment			\$0	
18	Phone/Fax/Internet			\$0	
19	Professional Fees (Financial, Legal)			\$0	
20	Administrative Fees (ED, Supervisor, Finance, Admin staff)			\$0	
21	Insurance			\$0	
22	Advertising & Promotions			\$0	
23	Vehicle			\$0	
24	Other (please specify)			\$0	
25	Other (please specify)			\$0	
26	Total Program & Administration (lines 16 thru 25)	-	-	-	
27					
31	TOTAL EXPENSES (lines 11+26)	-	-	-	
32	NET OPERATING SURPLUS/(LOSS) (line 2 subtract 31)	-	-	-	

PROPOSED STAFFING DETAILS:

Position Title	Annual Salary

Date: _____ Prepared By: _____

Position: _____