



**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			\$0	
2	Total Revenue (line 1)	\$0	\$0	\$0	
ADMINISTRATION					
3	Rent			\$0	
4	Office Supplies & Equipment			\$0	
5	Phone/Fax/Internet			\$0	
6	Professional Fees (Financial, Legal)			\$0	
7	Wage & Benefits			\$0	
8	Administration Fees			\$0	
9	Staff Training			\$0	
10	Advertising & Promotions			\$0	
11	Food			\$0	
12	Household Supplies			\$0	
13	Travel			\$0	
14	Other (please specify)			\$0	
15	Total Administration (lines 3 thru 14)	\$0	\$0	\$0	
REPAIRS & MAINTENANCE					
16	Building Interior/Exterior			\$0	
17	Mechanical Systems - Maintenance			\$0	
18	Plumbing - Maintenance			\$0	
19	Janitorial			\$0	
20	Fire Protection			\$0	
21	Equipment			\$0	
22	Grounds Expense			\$0	
23	Waste Removal			\$0	
24	Security			\$0	
25	Other (please specify)			\$0	
26	Total Repairs & Maintenance (lines 16 thru 25)	\$0	\$0	\$0	
27	Utilities			\$0	
28	Property Taxes			\$0	
29	Amortization			\$0	
30	Insurance			\$0	
31	TOTAL EXPENSES (lines 15+26+27+28+29+30)	\$0	\$0	\$0	
32	NET OPERATING SURPLUS/(LOSS) (line 2 subtract 31)	\$0	\$0	\$0	

PROPOSED STAFFING DETAILS:

Position Title	Annual Salary

Date: _____ Prepared By: _____

Position: _____