



**APPENDIX
OPERATING BUDGET / STAFFING REPORT**

SERVICE PROVIDER: _____ PROGRAM NAME: **PHB**

FISCAL YEAR: **2018** TO **2019**

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	
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				\$0	
11				\$0	
12				\$0	
13				\$0	
14				\$0	
15	Total Staffing (lines 3 thru 14)	\$0	\$0	\$0	
ADMINISTRATION (up to 10%)					
16	Rent & Utilities			\$0	
17	Office Supplies & Equipment			\$0	
18	Phone/Fax/Internet			\$0	
19	Professional Fees (Financial, Legal)			\$0	
20	Administration Fees (ED, Supervisor, Secretary Salary)			\$0	
21	Insurance			\$0	
22	Advertising and Promotions			\$0	
23	Vehicle			\$0	
24	Other (please specify)			\$0	
25				\$0	
26	Total Administration (lines 16 thru 25)	\$0	\$0	\$0	
27				\$0	
28				\$0	
29				\$0	
30				\$0	
31	TOTAL EXPENSES (lines 15+26)	\$0	\$0	\$0	
32	NET OPERATING SURPLUS/(LOSS) (line 2 subtract 31)	\$0	\$0	\$0	

PROPOSED STAFFING DETAILS:

Position Title and Classification	Annual Salary

Date: _____ Prepared By: _____

Position: _____