

# CENTRE ANNUAL OPERATING BUDGET

Manitoba Family Services & Housing  
Child Care  
219-114 Garry Street  
Winnipeg Manitoba R3C 4V6  
Phone: (204) 945-2672  
Fax: (204) 948-2625  
Toll free: 1-888-213-4754  
Website: www.gov.mb.ca/childcare



Please print clearly or type

<b>Facility Information:</b> <span style="float: right;"><i>Primary Reporting Facility</i> <input type="checkbox"/></span>  Facility ID Number: _____  Facility Name: _____ _____	<b>Combined Financial Reporting:</b>  <div style="text-align: center;"><input type="checkbox"/> Subsidy                      <input type="checkbox"/> Budget</div> <i>If your facility submits a combined budget, please submit a copy of this cover sheet for each affiliated facility and indicate which is the "Primary Reporting" facility.</i>
--	--

**Budget Period:** \_\_\_\_\_ to \_\_\_\_\_

<b>Licensed Space Information:</b>	Please indicate if facility has extended hour care: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please complete the following space information:				
	<i>Infant</i>	<i>Preschool</i>	<i>School Age</i>	<i>Nursery School</i>
<i>Funded</i>				
<i>Unfunded</i>				

<b>Months Not Open:</b> (Please check <input checked="" type="checkbox"/> all that apply)											
JAN <input type="checkbox"/>	FEB <input type="checkbox"/>	MAR <input type="checkbox"/>	APR <input type="checkbox"/>	MAY <input type="checkbox"/>	JUN <input type="checkbox"/>	JUL <input type="checkbox"/>	AUG <input type="checkbox"/>	SEP <input type="checkbox"/>	OCT <input type="checkbox"/>	NOV <input type="checkbox"/>	DEC <input type="checkbox"/>

<b>Hours of Operation:</b>							
Please check <input checked="" type="checkbox"/> the days the facility operates and complete the regular hours for each day open. The start and end times should be entered using the 24-hour clock. (Example: End Time 5:00 p.m. should be entered as 17:00)							
Days/Hrs. Open	SUN <input type="checkbox"/>	MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>
(Start Time, e.g. 7:00)	:	:	:	:	:	:	:
	TO	TO	TO	TO	TO	TO	TO
(End Time, e.g. 18:00)	:	:	:	:	:	:	:
<b>Irregular Hours of Operation and Other Comments:</b>							
If you are unable to report all hours of operation using the schedule above, please provide further information here; also any other budget comments.							

<b>Nursery Sessions: (Complete only if your facility provides a nursery component)</b>				
For this facility will the session(s) change each week? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete week 1 only)				
<b>Week 1</b>				
Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM	Friday <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Week 2</b>				
Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Monday <input type="checkbox"/> AM <input type="checkbox"/> PM

**CENTRE ANNUAL  
OPERATING BUDGET**

**Budget Summary & Declaration**

**Please print clearly or type**

Manitoba Family Services & Housing  
Child Care  
219-114 Garry Street  
Winnipeg Manitoba R3C 4V6  
Phone: (204) 945-2672  
Fax: (204) 948-2625  
Toll free: 1-888-213-4754  
Website: www.gov.mb.ca/childcare



**Facility Information:**

Facility ID Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

**Budget Period:** \_\_\_\_\_ to \_\_\_\_\_

<b>BUDGET SUMMARY</b>	<b>Actual Prior Year \$</b>	<b>Budget This Year \$</b>	<b>Budget First Six Months \$</b>
<b>REVENUE</b>			
Requested Operating Grant			
<b>Total Revenue</b>			
<b>EXPENDITURES</b>			
Salaries and Benefits			
Program			
Office and Building			
Administrative			
<b>Total Expenditures</b>			
Annual Surplus (Deficit)			

Accumulated Surplus (Deficit) from most  
recent Audited Financial Statements

Audit End Date  
YYYY / MM / DD

**Board Budget Contact Representative:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Declaration**

The Board of Directors and management of the child care centre has read and agrees to the *Funding Policies and Procedures: Child Care Centres* and understands that funded centres must comply with *Manitoba Regulation 62/86*, Part F, Financial Assistance, Sections 36 to 39. The Board of Directors approves and submits this budget and **attached is the minutes of the board meeting approving the budget**. The Board of Directors Information is up to date with Manitoba Child Care and the Companies Office. Signed on behalf of the Board of Directors.

\_\_\_\_\_  
Board Member's Signature

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Print Board Member's Name  
(Other than the Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Director's Name

\_\_\_\_\_  
Date

REVENUE					
Acc. No.	Account	Actual Prior Year \$	Budget This Year \$	Budget First Six Months \$	For Office Use Only
1	Fees (Show detail on schedule)				
2	Start Up Grant				
3	Children with Disabilities				
4	Fundraising				
5	Donations				
6	Interest and Investment Income				
7	Other (Show detail on schedule)				
8	Operating Grant (Show detail on schedule)				
<b>TOTAL REVENUE</b> (Copy amounts to Budget Summary)					

EXPENSES					
Acc. No.	Account	Actual Prior Year \$	Budget This Year \$	Budget First Six Months \$	For Office Use Only
<b>STAFF SALARIES &amp; BENEFITS</b>					
9-14	Total Salaries (Show detail on schedule)				
15	Benefits				
	a. Canada Pension Plan				
	b. Employment Insurance				
	c. Worker's Compensation				
	d. Group Insurance				
	e. Other (Show detail on schedule)				
<b>E1 Total Salaries &amp; Benefits</b> (Copy amounts to Budget Summary)					

Acc. No.	Account	Actual Prior Year \$	Budget This Year \$	Budget First Six Months \$	For Office Use Only
<b>PROGRAM</b>					
16	Children's Activity Supplies				
17	Children's Program a. Equipment & Furniture (Show detail on schedule)				
	b. Equipment Repairs				
18	Food – Indicate Type(s) of Program: <input type="checkbox"/> Snack <input type="checkbox"/> Supplement <input type="checkbox"/> Full Meals <input type="checkbox"/> None @ \$_____ per child/day				
19	Kitchen, Cleaning and Sundry Supplies				
20	Special Events/Outings (Show detail on schedule)				
21	Other (Show detail on schedule)				
<b>E2 Total Program</b> (Copy amounts to Budget Summary)					

<b>OFFICE &amp; BUILDING</b>					
22	a. Rent				
	b. Mortgage				
	c. Utilities				
	d. Taxes				
23	Contract Cleaning Services				
24	Equipment and Furniture (Show detail on schedule)				
25	Repairs and Maintenance				
26	Leasehold Improvements (Show detail on schedule)				
27	Other (Show detail on schedule)				
<b>E3 Total Office &amp; Building</b> (Copy amounts to Budget Summary)					

Acc. No.	Account	Actual Prior Year \$	Budget This Year \$	Budget First Six Months \$	For Office Use Only
<b>ADMINISTRATIVE</b>					
28	Accounting/Payroll Fees				
29	Advertising				
30	Annual Meeting				
31	Annual Return				
32	Association Dues & Memberships				
33	Audit Fee				
34	Computer Software and Supplies				
35	Financial Service Charges				
36	Insurance				
37	Internet				
38	Postage, Stationery and Office Supplies				
39	Staff Training/Conferences				
40	Telephone				
41	a. Travel – Employee(s)				
	b. Travel – Child(ren)				
42	Other (Show detail on schedule)				
<b>E4 Total Administration</b> (Copy amounts to Budget Summary)					
<b>TOTAL EXPENDITURES</b> (Total of E1–E4)					

## Schedule

### Account No. 1 – FEES

Please provide calculation detail(s):

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Actual Prior Year**  
**\$**

--

**Budget This Year**  
**\$**

--

**First Six Months**  
**\$**

--

## Schedule

**Account No. 8 – OPERATING GRANT**

Please indicate funded and unfunded spaces: (If combined budget reporting facility enter total spaces of all facilities)

	Infant	Preschool	School Age	Nursery School
Funded				
Unfunded				

Centre Usage of Spaces	%
------------------------	---

Please provide calculation detail(s):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Actual Prior Year**  
**\$**

**Budget This Year**  
**\$**

**First Six Months**  
**\$**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Schedule

### Account No. 9-14 – TOTAL SALARIES

#### Facility Information:

Facility ID Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

\_\_\_\_\_

#### Combined Financial Reporting:

*If your facility submits a combined budget, please submit a copy of this schedule for each affiliated facility*

#### Facility Union Information:

Is your Centre unionized? Yes ☐ No ☐ (If yes, please complete the following questions)

Is all regular staff included in the Collective Agreement(s)? Yes ☐ No ☐

Who is the Collective Agreement with? \_\_\_\_\_

When was the Collective Agreement Signed? \_\_\_\_\_ Expiry Date: \_\_\_\_\_

#### Please complete the following questions if there is another union associated with the facility:

Who is the Collective Agreement with? \_\_\_\_\_

When was the Collective Agreement Signed? \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**In the Salary Details below enter only regular staff. This will not update your Record of Child Care Employees. Please file any changes directly to the RCCE or contact your DCO.**

**If you require more space to complete this employee section please attach additional sheets.**

#### Salary Details

Actual Prior Year \$	Position	Employee Name (Last name, first name)	Classification	Average Hours Per Week	Rate of Pay Per Hour	Budget This Year \$	Budget First Six Months \$
	9 Director(s)						
	10 Assistant Director(s)						
	11 Supervisor(s)						



## Schedule

### Salary Details

Actual Prior Year \$	Position	Employee Name (Last name, first name)	Classification	Average Hours Per Week	Rate of Pay Per Hour	Budget This Year \$	Budget First Six Months \$
	12 Child Care Employee(s)  (Full Time, 30 hours/week or more)						
	13 Child Care Employee(s)  (Part Time, less than 30 hours/week)						

## Schedule

Salary Details							
Actual Prior Year \$	Position	Employee Name (Last name, first name)	Classification	Average Hours Per Week	Rate of Pay Per Hour	Budget This Year \$	Budget First Six Months \$
	14  Other Employee(s)  <i>Please specify one of the following for each employee:</i> - Substitute - Integration Worker - Administrative Support - Housekeeper - Cook						
	<b>TOTAL (Transfer to Acct. No 9 – 14)</b>						

If this is a combined budget, add total budgeted salaries for all affiliated facilities and enter those totals on the Expenditure table.

**Please provide further comments here, if necessary, that explain information on the Salary Schedule:**

---

---

---

---

---

---

---

---

---

---

Schedule

Account No. 7 – REVENUE: OTHER

Actual Prior Year, Total Only

Actual Prior  
Year

Budget This  
Year

Budget First  
Six Months

Description of Items – Budget This Year

\$

\$

\$




Copy Totals to Account Line

--

--

Account No. 15e – STAFF SALARIES & BENEFITS: OTHER

Actual Prior Year, Total Only

Actual Prior  
Year

Budget This  
Year

Budget First  
Six Months

Description of Items – Budget This Year

\$

\$

\$




Copy Totals to Account Line

--

--

Schedule

Account No. 17a – CHILDREN’S PROGRAM: EQUIPMENT AND FURNITURE

Actual Prior Year, Total Only

Actual Prior  
Year

Budget This  
Year

Budget First  
Six Months

Description of Items – Budget This Year

\$

\$

\$




Copy Totals to Account Line

--

--

Account No. 20 – PROGRAM: SPECIAL EVENTS/OUTINGS

Actual Prior Year, Total Only

Actual Prior  
Year

Budget This  
Year

Budget First  
Six Months

Description of Items – Budget This Year

\$

\$

\$




Copy Totals to Account Line

--

--

**Schedule**

**Account No. 21 – PROGRAM: OTHER**

Actual Prior Year, Total Only

Actual Prior  
Year

Budget This  
Year

Budget First  
Six Months

Description of Items – Budget This Year

\$

\$

\$




Copy Totals to Account Line

--

--

**Account No. 24 – OFFICE & BUILDING: EQUIPMENT AND FURNITURE**

Actual Prior Year, Total Only

Actual Prior  
Year

Budget This  
Year

Budget First  
Six Months

Description of Items – Budget This Year

\$

\$

\$




Copy Totals to Account Line

--

--

**Account No. 26 – OFFICE & BUILDING: LEASEHOLD IMPROVEMENTS**

Actual Prior Year, Total Only

Actual Prior  
Year

Budget This  
Year

Budget First  
Six Months

Description of Items – Budget This Year

\$

\$

\$




Copy Totals to Account Line

--

--

**Schedule**

**Account No. 27 – OFFICE & BUILDING: OTHER**

Actual Prior Year, Total Only	Actual Prior Year	Budget This Year	Budget First Six Months
Description of Items – Budget This Year	\$	\$	\$
Copy Totals to Account Line			

**Account No. 42 – ADMINISTRATIVE: OTHER**

Actual Prior Year, Total Only	Actual Prior Year	Budget This Year	Budget First Six Months
Description of Items – Budget This Year	\$	\$	\$
Copy Totals to Account Line			