

**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

<p><b>Facility Information:</b> <span style="float:right">Primary Reporting Facility <input type="checkbox"/></span></p> <p>Facility ID Number: _____</p> <p>Facility Name: _____</p> <p>_____</p>	<p><b>Combined Financial Reporting:</b></p> <p style="text-align: center;"><input type="checkbox"/> Subsidy      <input type="checkbox"/> Budget</p> <p><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></p>
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**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>				

**Months Not Open:** (Please check  all that apply)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<input type="checkbox"/>											

**Hours of Operation:**

Please check  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"/>
<i>(Start Time, e.g. 7:00)</i>	:	:	:	:	:	:	:
	TO						
<i>(End Time, e.g. 18:00)</i>	:	:	:	:	:	:	:

**Irregular Hours of Operation and Other Comments:**

If you are unable to report all hours of operation using the schedule above, please provide further information here; also any other budget comments.

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**Nursery Sessions: (Complete only if your facility provides a nursery component)**

For this facility will the session(s) change each week?  Yes  No (If no, complete week 1 only)

**Week 1**

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
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**Week 2**

Monday <input type="checkbox"/> AM <input type="checkbox"/> PM				
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**CENTRE ANNUAL  
OPERATING BUDGET**

**Budget Summary & Declaration**

Please print clearly or type

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**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

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

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

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 <i>(Show detail on schedule)</i>					
	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 <i>(Show detail on schedule)</i>					
21	Other <i>(Show detail on schedule)</i>					
<b>E2 Total Program</b> <i>(Copy amounts to Budget Summary)</i>						

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

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 <i>(Show detail on schedule)</i>				
<b>E4 Total Administration</b> <i>(Copy amounts to Budget Summary)</i>					
<b>TOTAL EXPENDITURES</b> <b>(Total of E1–E4)</b>					





## 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) <i>(Full Time, 30 hours/week or more)</i>						
	13 Child Care Employee(s) <i>(Part Time, less than 30 hours/week)</i>						

## 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:**

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**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

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Copy Totals to Account Line

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**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

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Copy Totals to Account Line

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**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

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Copy Totals to Account Line

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**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			