



ANNUAL OPERATING BUDGET

SERVICE PROVIDER: _____ PROGRAM NAME: _____
FISCAL YEAR: _____ TO _____

NO.	ACCOUNT NAME	PREVIOUS YEAR ACTUALS	THIS YEAR'S BUDGET	BUDGET CHANGE	BUDGET CHANGE EXPLANATION / COMMENTS
REVENUE					
1	The Manitoba Housing and Renewal Corporation	0	0		
2	Total Revenue (line 1)	0	0		
PROGRAMING					
3	Food and Beverages	0	0		
4	Prizes	0	0		
5	Honorariums	0	0		
6	Equipment	0	0		
7	Other (please specify)	0	0		
8	TOTAL EXPENSES (lines 3 thru 7)	0	0		
9	NET OPERATING SURPLUS/(LOSS) (lines 2 - 8)	0	0		

PROPOSED SURPLUS DETAILS:

Please describe how the agency intends to allocate surplus funds to cover the CWI Program operating costs. Please note that surplus funds should be carried over and applied to the following fiscal year.

Date: _____ Prepared By: _____
Position: _____