

# Appendix 1



## MUNICIPALLY OWNED WATER AND/OR SEWER UTILITIES APPLICATION FOR APPROVAL OF and ACTION(S) TO ADDRESS OPERATING DEFICIT\*

\*Please check the appropriate box to indicate the type of deficit being applied for: .....

(year of deficit)

BUDGETED DEFICIT ☐

ANTICIPATED DEFICIT ☐

ACTUAL DEFICIT \*\*☐

s. 164(4) of *The Municipal Act*

s. 165(2) of *The Municipal Act*

For definitions of the type of deficit you may be applying for, please refer to Board Order No. 151/08

**\*\* Note - this application only required if: no prior submission for the deficit year: or, if cause or amount of deficit differs from previous submission. Information must encompass the entire deficit for the year, including any prior approval.**

MUNICIPALITY: \_\_\_\_\_ UTILITY NAME (if different): \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

1. Attachments Required, where applicable:		Check box
i.	Statement of reasons for the deficit.	
ii.	Copy of utility financial plan (approved, if available) for year of deficit.	
iii.	Copy of current and prior years' financial statement w/budgeted and actual results.	
iv.	Council Resolution with respect to deficit and proposed recovery.	
v.	Statement of rationale supporting proposed method of recovery.	
vi.	Report on water quality (Does it meet provincial standards?)	
vii.	Statement that environmental licensing conditions are being met, if applicable.	
viii.	Statement on rate adequacy.	

2. Details of Deficits, etc.		Amount
i.	Amount of Revenue Deficit:	\$
ii.	Accumulated Surplus (Deficit) at December 31 of prior year:	\$
iii.	Utility Reserve Fund Balance at December 31 of prior year:	\$

3. Proposed approach to addressing deficit:		Amount
i.	Increase rates over 1, 2 or 3 years in the amount of:	\$
	and/or	\$
ii.	Draw-down from the accumulated cash surplus account of the utility in the amount of: and/or	\$

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**Municipal**

iii.	Withdrawal from reserves: and/or	\$
iv.	Tax levy against ratepayers in the full amount of the deficit: or	\$
	Tax levies against ratepayers in ____ calendar year(s) commencing _____ in the amount of:	\$

<b>4. Background Information:</b>			
i.	Effective Date of last rate revision:		
ii.	Current rate structure: Please attach: a) details on current rate structure (flat rates or metered) and minimum quarterly charge, if any; and b) an indication of rate increases on flat rates or minimum quarterly bills in the last five years.		
iii.	Prior revenue deficits within last 5 years:	Year	Amount
			\$
			\$
			\$
iv.	Expected date of next rate review		

<b>5. Other Basic information:</b>			
i.	Total number of ratepayers connected to the system:		
ii.	Capital expenditures:		
	Prior fiscal year		\$
	Current year and 5 year plan (10-year forecast, if available)		\$
iii.	Unaccounted water, as a percentage of total production:		
	Prior year		%
	Forecast, current year		%
	(If in excess of 10%, please indicate factors resulting in unaccounted water and proposed actions to reduce.)		

Send to:	Or email to:
The Public Utilities Board	
400 – 330 Portage Avenue	publicutilities@gov.mb.ca
Winnipeg MB R3C 0C4	
CANADA	

**Note: Please note the following filing deadlines of:**

**Budgeted Deficit – April 1<sup>st</sup>**

**Anticipated Deficit – As soon as known**

**Actual Deficit – April 1<sup>st</sup> in following year**

**Processing time is greatly influenced by the quality and completeness of the application. To allow your deadlines to be met, please allow a minimum of 45 days for the Board to review and conclude on your submission.**

## Appendix 2



<b>NON-MUNICIPALLY OWNED WATER AND/OR SEWER UTILITIES APPLICATION FOR APPROVAL OF and ACTION(S) TO ADDRESS OPERATING DEFICIT*</b>
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\*Please check the appropriate box to indicate the type of deficit being applied for: .....  
(year of deficit)

BUDGETED DEFICIT ☐      ANTICIPATED DEFICIT ☐      ACTUAL DEFICIT \*\*☐

For definitions of the type of deficit you may be applying for, please refer to Board Order No. 151/08

**\*\* Note - this application only required if: no prior submission for year: or, if cause or amount of deficit differs from previous submission. Information must encompass the entire deficit for the year, including any prior approval.**

UTILITY NAME: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

1. Attachments Required, where applicable:		Check box
i.	Statement of reasons for the deficit.	
ii.	Copy of utility financial statements for previous year.	
iii.	Copy of budget for the deficit year.	
iv.	Statement of rationale supporting proposed approach to address deficit.	
v.	Report on water supply quality (does it meet provincial standards?) and conditions of environmental licensing.	
vi.	Statement on rate adequacy.	

2. Details of Deficits, etc.		
i.	Amount of Revenue Deficit:	\$
ii.	Accumulated Surplus (Deficit) at prior fiscal year end:	\$
iii.	Utility Reserve Fund Balance at prior fiscal year:	\$

3. Proposed approach to addressing deficit:		Amount
i.	Increase rates over 1, 2 or 3 years (rate study required), in the amount of: and/or	\$ \$ \$
ii.	Draw-down from the accumulated cash surplus account of the utility in the amount of: and/or	\$
iii.	Withdrawal from reserves: and/or	\$

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**Non-Municipal**

<b>4. Background Information:</b>		
i.	Effective Date of last rate revision:	
ii.	Current rate structure: Please attach: a) details on current rate structure (flat rates or metered) and minimum quarterly charge, if any; and, b) an indication of rate increases on flat rates or minimum quarterly bills in the last five years.	
iii.	Prior revenue deficits, within the last 5 years:	
	Year	Amount
		\$
		\$
		\$
iv.	Expected date of next rate review	

<b>5. Other Basic information:</b>		
i.	Total number of ratepayers connected to the system:	
ii.	Capital expenditures:	
	Prior fiscal year	\$
	Current year (10-year forecast, if available)	\$
iii.	Unaccounted water, as a percentage of total production:	
	Prior year	%
	Forecast, current year	%
	(If in excess of 10%, please indicate factors resulting in unaccounted water and proposed actions to reduce.)	

Send to: The Public Utilities Board	Or email to:
400 – 330 Portage Avenue Winnipeg MB R3C 0C4 CANADA	publicutilities@gov.mb.ca

**Note: Please note the following filing deadlines of:**

**Budgeted Deficit – As soon as budget prepared**

**Anticipated Deficit – As soon as known**

**Actual Deficit – within 90 days after year end**

**Processing time is greatly influenced by the quality and completeness of the application. To allow your deadlines to be met, please allow a minimum of 45 days for the Board to review and conclude on your submission.**