

HEALTHY CHILD MANITOBA OFFICE 2018-2019 Cashflow and Expenditure Report <small>(Revised April 9, 2018)</small>										Funded Agency – GM
Name of Program:					Name of Organization:					
HCMO FUNDS TO SUPPORT PROGRAM*	(A)	SUMMARY OF ADJUSTMENTS AND ACTUAL FUNDS ISSUED					FOR INFORMATION ONLY List Other Sources of Revenue			
	Projected (12 month) Apr 1/18 - Mar 31/19	Annual Allocation	Reported Surplus 2017-18	Approved Total Carry-over	Excess Surplus to Hold & Lapse					
		\$0.00	\$0.00	\$0.00	\$0.00	Other Provincial Grants				
						Federal/Municipal Grants				
						NGO Grants				
HCMO Annual Grant Allocation Pending Budget Approval							Fundraising/ Donations			
Actual Surplus (accumulated from previous fiscal year) Note: Deficit amounts cannot be carried forward							Total Other			
Allowable Surplus (up to 10% of annual allocation)	\$0.00	ACTUAL OR ADJUSTED HCMO BUDGET		Actual Funds Issued in 2018-19						
Excess Surplus (to be deducted from annual allocation)	\$0.00	\$0.00		\$0.00						
TOTAL FUNDS AVAILABLE (annual allocation + up to 10% allowable surplus)	\$0.00									
The Expenses below must match the Actual or Adjusted HCMO Budget amount.	(A)	(A)	(B)	(D)	(B)	(C)	(D)	(D)	(D)	
	Projected (12 month) Apr 1/18 - Mar 31/19	Projected (6 month) Apr 1/18 to Sep 30/18	Actual (6 month) Apr 1/18 to Sep 30/18	Variance (6 month) Apr 1/18 to Sep 30/18	Projected (6 month) Oct 1/18 to Mar 31/19	Actual (6 month) Oct 1/18 to Mar 31/19	Variance (6 month) Oct 1/18 to Mar 31/19	Actual (12 month) Apr 1/18 to Mar 31/19	Variance (12 month) Apr 1/18 - Mar 31/19	
EXPENSES										
Salaries & Benefits				\$0.00			\$0.00	\$0.00	\$0.00	
Occupancy Costs (e.g., rent, utilities)				\$0.00			\$0.00	\$0.00	\$0.00	
Program Expenses (e.g., food costs, materials/supplies, child-minding, honorariums)				\$0.00			\$0.00	\$0.00	\$0.00	
Travel (e.g., staff mileage, accommodations, travel to attend meetings)				\$0.00			\$0.00	\$0.00	\$0.00	
Training & Development (e.g., workshop fees, accommodations, travel for participants to attend programming)				\$0.00			\$0.00	\$0.00	\$0.00	
Office Expenses (e.g., equipment, office supplies, telephone/fax)				\$0.00			\$0.00	\$0.00	\$0.00	
Communication (e.g., marketing, advertising, newsletters)				\$0.00			\$0.00	\$0.00	\$0.00	
Corporate (e.g., accounting, fees, insurance, IT expenses)				\$0.00			\$0.00	\$0.00	\$0.00	
Other (enter supplemental info on reverse)				\$0.00			\$0.00	\$0.00	\$0.00	
				\$0.00			\$0.00	\$0.00	\$0.00	
Total Expenses:	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00		

NOTE: This form has formulas which will calculate entries when being completed electronically.
PLEASE SEE GUIDELINES ON REVERSE FOR COMPLETING AND SUBMITTING CASHFLOW AND EXPENDITURE REPORT

Variance Explanation/Supplemental Information:	TOTAL HCMO BUDGET	\$0.00
	TOTAL EXPENSES Actuals (B) + (C) = (D)	\$0.00
	TOTAL SURPLUS/DEFICIT*	\$0.00
	At fiscal year end, this is the Actual Surplus amount that will be reported on next fiscal year's Cashflow and Expenditure Report.	

Certification: I certify that I have legal signing authority and that I have verified that the amounts indicated accurately reflect project activities. I understand that Healthy Child Manitoba Office may, at any time, request supporting documentation.

Name (Please Print):	Position Title:
Telephone:	Email:
Signature:**	Date Prepared:

***ABOUT HCMO FUNDS TO SUPPORT PROGRAM:**

DEFICIT FUNDS: HCMO does not allow agencies to carry-over deficit funds from previous fiscal years. All deficit amounts should be reported as \$0.00 and discussed with your program's HCMO Consultant.

ALLOWABLE SURPLUS FUNDS: HCMO generally allows agencies to carry-over surplus funds of up to 10% of their annual HCMO grant allocation. Any accumulated surplus funds that exceed 10% of an agency's annual HCMO grant allocation will be deducted from the current or next fiscal year's grant payments, unless prior approval is obtained from HCMO for specified one-time costs.

EXCESS SURPLUS FUNDS AND ALLOCATION ADJUSTMENTS: For exceptional circumstances, HCMO may allow an agency to carry-over accumulated surplus funds that exceed 10% of their annual HCMO grant allocation. HCMO also may increase or decrease an agency's grant allocation in accordance with funding needs of the program. In consultation with your program's HCMO Consultant, an adjustment to the Approved Total Carry-over will be made by HCMO and the adjusted Cashflow and Expenditure Report will be returned to the agency for completion, for all allocation adjustments and for any excess surplus funds that are approved for carry-over.

Guidelines for Completing and Submitting Cashflow and Expenditure Report

- Section A** is to be completed at the beginning of the fiscal year. This section involves inputting the HCMO annual grant allocation and actual surplus (accumulated from previous fiscal year), as well as the projected expenses for the 12-month period of April 1 to March 31 and the 6-month period of April 1 to September 30. The total projected expenses for the fiscal year must be equivalent to the total funds available. The HCMO annual grant allocation will remain status quo with the previous fiscal year, pending approval of the budget for the new fiscal year.
- Section B** involves inputting the actual costs associated with the 6-month period of April 1 to September 30 and the projected expenses for the 6-month period of October 1 to March 31.
- Section C** involves inputting the actual costs associated with the 6-month period of October 1 to March 31.
- Section D** formulas included in the form will calculate the variance between your planned and actual expenses at each of the 6 month intervals and at fiscal year end.

Please submit this form by the following due dates to:

Gayle Mager
[Email: gayle.mager@gov.mb.ca](mailto:gayle.mager@gov.mb.ca)
 Healthy Child Manitoba Office
 3rd Floor, 332 Bannatyne Avenue
 Winnipeg MB R3A 0E2
 Phone: (204) 945-3830

Section A	Due: June 25, 2018
Section B	Due: October 29, 2018
Section C	Due: April 29, 2019**

***The final report due on April 29, 2019 requires an authorized signature.*