

HEALTHY CHILD MANITOBA OFFICE 2018–2019 Budget Notes

Name of Organization: ____

Name of Program: ____

BUDGET CATEGORY	NOTES AND CALCULATIONS	Prior Year 2017-2018	Current 2018-2019
PERSONNEL – SALARIES List staff positions & Salary or Hours/Wage <u>Note: Please list as EFT positions</u> (i.e. 1 facilitator @ .7 EFT or .5 EFT Dietitian)			
PERSONNEL – Benefits Show %			
OCCUPANCY COSTS Rent Utilities (i.e., telephone, heat, etc.) Insurance			
PROGRAM RESOURCES Food Materials/Supplies Child minding Fees/Honorariums Other (specify)			

BUDGET CATEGORY	NOTES AND CALCULATIONS	Prior Year 2017-2018	Current 2018-2019
OFFICE EXPENSES			
Equipment			
Office Supplies			
TRAVEL			
Staff Mileage			
Participant – bus tickets to attend program			
TRAINING & DEVELOPMENT			
Workshops Fees			
Travel – to attend training, meetings, etc.			
COMMUNICATIONS			
Marketing/Advertising			
CORPORATE COSTS			
Accounting/Bank Fees			
Insurance (Liability)			
OTHER (specify)			
TOTAL			

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

Planned Report	Due: June 25, 2018
Semi-Annual Report	Due: October 29, 2018
Year End Report	Due: April 29, 2019