



**APPENDIX
OPERATING BUDGET / STAFFING REPORT**

Resource Assistance for
SERVICE PROVIDER: Youth PROGRAM NAME: REST

FISCAL YEAR: TO

Only complete the line items that are applicable to the above named program.

NO.	ACCOUNT NAME	PREVIOUS YEAR BUDGET	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		
STAFFING & PROGRAMMING					
3	Wages & Benefits				
4	Unit Phone/Internet/TV	\$0	\$0		
5	Moving Expenses	\$0	\$0		
6	Furniture	\$0	\$0		
7	Unit Small Maintenance, Repair and Supplies	\$0	\$0		
8	Unit Turnover Costs	\$0	\$0		
9	Life Skills Programing	\$0	\$0		
10	Vehicle Expenses (gas and insurance)	\$0	\$0		
11	Travel	\$0	\$0		
12	Training	\$0	\$0		
13	Other (please specify):	\$0	\$0		
	Total Staffing & Programming (lines 3 thru 13)	\$0	\$0		
ADMINISTRATION (up to 15%)					
14	ADMINISTRATION (up to 15%)				
15	Office Rent	\$0	\$0		
16	Office Supplies & Equipment	\$0	\$0		
17	Office Phone/Fax/Internet	\$0	\$0		
18	Administration Fees (ED, Supervisor, Secretary Salary)				
19	Professional Fees (Financial, Legal)	\$0	\$0		
20	Insurance	\$0	\$0		
21	Advertising & Promotions	\$0	\$0		
22	Other (please specify):	\$0	\$0		
23		\$0	\$0		
24	Total Administration (lines 15 thru 23)	\$0	\$0		
	NET OPERATING SURPLUS/(LOSS) (lines 2 - 24)	\$0	\$0		

PROPOSED STAFFING DETAILS:

Position Title	Annual Salary

Date: _____

Prepared By: _____

Position: _____