Council Attachment 1

2005/2006 ANNUAL RECONCILIATION REPORT
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Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Community Programs - Day Centres

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Ontario

Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

2005/2006 ANNUAL RECONCILIATION REPORT

SECTION I: IDENTIFICATION

Line		
1	Official (Legal) Name of Corporation:	The Regional Municipality of York
2	MOHLTC ID:	103283
3	Service Provider Name:	The Regional Municipality of York - Adult Day Centre
4	Address:	194 Eagle Street
5	City:	Newmarket, ON
6	Postal Code:	L3Y 1J6
7	Name and Title of individual who will respond to questions about this report:	Christy Tosh Business Services Manager
8	Telephone Number:	(905) 895-3628 ext. 280
9	Fax Number:	(905) 895-5368
10	For the Year Ended:	December 31st, 2005

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Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

2005/2006 ANNUAL RECONCILIATION REPORT
SECTION II, PART A
BUDGET VS. ACTUAL: EXPENDITURES AND REVENUES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES (Proxy Pay Equity wages to be disclosed on line 14b)	$ 906,855	$ 719,373	$ 187,482	20.67%
2. EMPLOYEE BENEFITS	$ 159,125	$ 161,610	(2,485)	(1.56%)
3. STAFF TRAINING	$ 16,050	$ 5,164	10,886	67.83%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	$ 9,400	$ -	9,400	100.00%
5. TRAVEL	$ 100,902	$ 117,952	(17,050)	(16.90%)
6. BUILDING OCCUPANCY	$ 85,500	$ 81,334	4,166	4.87%
7. OFFICE EXPENSES	$ 44,722	$ 29,393	15,329	34.28%
8. PURCHASED CLIENT SERVICES	$ 219,366	$ 207,736	11,630	5.30%
9. MEALS (Food Costs)	$ 50,064	$ 68,237	(18,173)	(36.30%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	$ 21,547	$ 49,261	(27,714)	(128.62%)
11. PURCHASED ADMINISTRATION SERVICES		$ -	-	
12. CENTRAL AGENCY CHARGES	$ 74,355	$ 74,355	-	0.00%
13. OTHER OPERATING		$ -	-	
14a. OTHER (specify)	$ 1,400	$ 7,949	(6,549)	(467.79%)
14b. Proxy Pay Equity		$ -	-	
		$ -	-	
15. EXPENDITURE RECOVERIES	$ -	$ (6,527)	6,527	
18. TOTAL EXPENDITURES (Total lines 1 to 15)	$ 1,689,286	$ 1,515,837	$ 173,449	10.27%
19. REVENUES-CLIENT FEES	$ 72,903	$ 144,076	(71,173)	(97.63%)
20. REVENUES - OTHER	$ -	$ 2,772	(2,772)	
21. MINISTRY BASE SUBSIDY REQUESTED (line 18 - line 19 - line 20)	$ 1,616,383	$ 1,368,989	$ 247,394	15.31%
22. ONE-TIME/NON-RECURRING EXPENDITURES		$ -	$ -	
23. Total Subsidy Requested (Total lines 21and 22)	$ 1,616,383	$ 1,368,989	$ 247,394	15.31%

Approved Budget: is the amount per Form 2 of signed Service Agreement, subject to amendments per MOHLTC approval letters.
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2005/2006 ANNUAL RECONCILIATION REPORT
SECTION II, PART B
EXPLANATION OF VARIANCES > 5% OF BUDGET ITEMS

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

Line Item	Explanation
Salaries	As per CUPE Collective Agreement
Staff Training	Reflected under salaries
Travel	Gas costs have escalated
Office expenses	Total costs may vary year by year dependent on inventory on hand
Meals	Due to prices, delivery and service costs increases
Service Supplies	Total costs may vary year by year dependent on inventory on hand

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2005/2006 ANNUAL RECONCILIATION REPORT
SECTION II, PART C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

SERVICE:	**01A**
TYPE:	**COM Community Services**
SITE:	**Maple Adult Day Centre Cognitive**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** **B**	**(Over) Under** **C=A-B**	**% VARIANCE** **D = C/A**
1. EMPLOYEE SALARIES AND WAGES	249,043	216,057	32,986	13.25%
2. EMPLOYEE BENEFITS	30,702	48,469	(17,767)	(57.87%)
3. STAFF TRAINING	3,200	1,324	1,876	58.63%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,200		3,200	100.00%
5. TRAVEL	23,851	38,388	(14,537)	(60.95%)
6. BUILDING OCCUPANCY	26,600	26,669	(69)	(0.26%)
7. OFFICE EXPENSES	10,341	4,298	6,043	58.44%
8. PURCHASED CLIENT SERVICES	37,564	46,637	(9,073)	(24.15%)
9. MEALS (Food Costs)	19,772	26,695	(6,923)	(35.01%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	9,547	11,679	(2,132)	(22.33%)
			-	
			-	
			-	
14a. OTHER (specify) Advertising & Audit fees		1,565	(1,565)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES		-2,176	2,176	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	413,820	419,605	(5,785)	(1.40%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	35,225	35,225	-	0.00%
18. TOTAL EXPENDITURES	449,045	454,830	(5,785)	(1.29%)
19. CLIENT FEES	33,760	69,757	(35,997)	(106.63%)
20. REVENUES - OTHER		0	-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	415,285	385,073	30,212	7.28%

Total for each line item Lines 1-21 (total for all services) must equal amounts reported in Section II, Part A.

EXPLANATION IF VARIANCE ON LINE 21 IS GREATER THAN 5%

CCAC SERVICE AREA	**Approved Budget** **Number of Units** A	**ACTUAL** **Number of Units** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A	**ACTUAL** client E
Maple Adult Day Centre Cognitive	4,000	5,105	(1,105)	(27.63%)	
Saturday program @ 345 included			-		
			-		
			-		

EXPLANATIONS OF VARIANCES GREATER THAN 5% FROM APPROVED UNITS OF SERVICE:

Reviewed by Program Consultant

Date

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2005/2006 ANNUAL RECONCILIATION REPORT
SECTION II, PART C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

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MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

SERVICE:	**01A**
TYPE:	**COM Community Services**
SITE:	**Adult Day Centere - Keswick - Cognitive Disorder**

EXPENDITURES / REVENUES	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
1. EMPLOYEE SALARIES AND WAGES	169,335	165,170	4,165	2.46%
2. EMPLOYEE BENEFITS	33,083	43,647	(10,564)	(31.93%)
3. STAFF TRAINING	3,200	2,375	825	25.78%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,200		3,200	100.00%
5. TRAVEL	28,701	28,372	329	1.15%
6. BUILDING OCCUPANCY	33,100	33,100	-	0.00%
7. OFFICE EXPENSES	8,810	11,489	(2,679)	(30.41%)
8. PURCHASED CLIENT SERVICES	33,851	36,586	(2,735)	(8.08%)
9. MEALS (Food Costs)	18,272	15,134	3,138	17.17%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	5,500	8,249	(2,749)	(49.98%)
			-	
			-	
			-	
14a. OTHER (specify) Legal & Audit fees		2,495	(2,495)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES		0	-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	337,052	346,617	(9,565)	(2.84%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	15,350	15,350	-	0.00%
18. TOTAL EXPENDITURES	352,402	361,967	(9,565)	(2.71%)
19. CLIENT FEES	21,713	36,641	(14,928)	(68.75%)
20. REVENUES - OTHER		2,772	(2,772)	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	330,689	322,554	8,135	2.46%

Total for each line item Lines 1-21 (total for all services) must equal amounts reported in Section II, Part A.

EXPLANATION IF VARIANCE ON LINE 21 IS GREATER THAN 5%

CCAC SERVICE AREA	Approved Budget Number of Units A	ACTUAL Number of Units B	(Over) Under C=A-B	% VARIANCE D = C/A	ACTUAL No. of individual client E
Adult Day Centere - Keswick - Cognitive Disorder	3,000	2,622	378	12.60%	
			-		
			-		
			-		

EXPLANATIONS OF VARIANCES GREATER THAN 5% FROM APPROVED UNITS OF SERVICE:

Reviewed by Program Consultant

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ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

SERVICE:	**01C**
TYPE:	**COM Community Services**
SITE:	**Adult Day Centre - Maple - Physically Disabled**

EXPENDITURES / REVENUES	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
1. EMPLOYEE SALARIES AND WAGES	117,937	104,992	12,945	10.98%
2. EMPLOYEE BENEFITS	16,340	11,398	4,942	30.24%
3. STAFF TRAINING	5,000	300	4,700	94.00%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,000		3,000	100.00%
5. TRAVEL	27,850	36,507	(8,657)	(31.08%)
6. BUILDING OCCUPANCY	19,500	15,265	4,235	21.72%
7. OFFICE EXPENSES	4,950	3,736	1,214	24.53%
8. PURCHASED CLIENT SERVICES	52,951	29,513	23,438	44.26%
9. MEALS (Food Costs)	12,020	26,383	(14,363)	(119.49%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	6,200	4,418	1,782	28.74%
			-	
			-	
			-	
14a. OTHER (specify) Legal & Audit	500	2,490	(1,990)	(398.00%)
14b. Proxy Pay Equity			-	
14c. OTHER (specify)	900		900	100.00%
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	267,148	235,002	32,146	12.03%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	6,125	6,125	-	0.00%
18. TOTAL EXPENDITURES	273,273	241,127	32,146	11.76%
19. CLIENT FEES	11,230	31,478	(20,248)	(180.30%)
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	262,043	209,649	52,394	19.99%

Total for each line item Lines 1-21 (total for all services) must equal amounts reported in Section II, Part A.

EXPLANATION IF VARIANCE ON LINE 21 IS GREATER THAN 5%

CCAC SERVICE AREA	Approved Budget Number of Units A	ACTUAL Number of Units B	(Over) Under C=A-B	% VARIANCE D = C/A	ACTUAL No. of individual client E
Adult Day Centre - Maple - Physically Disabled	2,000	1,666	334	16.70%	
			-		
			-		
			-		

EXPLANATIONS OF VARIANCES GREATER THAN 5% FROM APPROVED UNITS OF SERVICE:

Reviewed by Program Consultant

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MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

SERVICE:	**01D**
TYPE:	**COM Community Services**
SITE:	**Adult Day Centre Maple A.B.I.**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES		0	-	
2. EMPLOYEE BENEFITS			-	
3. STAFF TRAINING			-	
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL			-	
6. BUILDING OCCUPANCY	6,300	6,300	-	0.00%
7. OFFICE EXPENSES			-	
8. PURCHASED CLIENT SERVICES	95,000	95,000	-	0.00%
9. MEALS (Food Costs)			-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	300	300	-	0.00%
			-	
			-	
			-	
14a. OTHER (specify)			-	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	101,600	101,600	-	0.00%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	1,000	1,000	-	0.00%
18. TOTAL EXPENDITURES	102,600	102,600	-	0.00%
19. CLIENT FEES	6,200	6,200	-	0.00%
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	96,400	96,400	-	0.00%

Total for each line item Lines 1-21 (total for all services) must equal amounts reported in Section II, Part A.

EXPLANATION IF VARIANCE ON LINE 21 IS GREATER THAN 5%

CCAC SERVICE AREA	**Approved Budget** **Number of Units** A	**ACTUAL** **Number of Units** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A	**ACTUAL** No. of individual client E
Adult Day Centre Maple A.B.I.	1,200	1,193	7	0.58%	
			-		
			-		
			-		

EXPLANATIONS OF VARIANCES GREATER THAN 5% FROM APPROVED UNITS OF SERVICE:

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SECTION II, PART C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

SERVICE:	**09D**
TYPE:	**COM Community Services**
SITE:	**Psychogeriatric Consulting Services**

EXPENDITURES / REVENUES	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
1. EMPLOYEE SALARIES AND WAGES	195,540	117,710	77,830	39.80%
2. EMPLOYEE BENEFITS	44,000	28,078	15,922	36.19%
3. STAFF TRAINING	3,100	576	2,524	81.42%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL	10,500	7,504	2,996	28.53%
6. BUILDING OCCUPANCY		0	-	
7. OFFICE EXPENSES	12,677	6,832	5,845	46.11%
8. PURCHASED CLIENT SERVICES		0	-	
9. MEALS (Food Costs)		25	(25)	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT		14,245	(14,245)	
		0	-	
			-	
			-	
14a. OTHER (specify) Membership fees		74	(74)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES		-4,351	4,351	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	265,817	170,693	95,124	35.79%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	1,000	1,000	-	0.00%
18. TOTAL EXPENDITURES	266,817	171,693	95,124	35.65%
19. CLIENT FEES			-	
20. REVENUES - OTHER		0	-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	266,817	171,693	95,124	35.65%

Total for each line item Lines 1-21 (total for all services) must equal amounts reported in Section II, Part A.

EXPLANATION IF VARIANCE ON LINE 21 IS GREATER THAN 5%

CCAC SERVICE AREA	Approved Budget Number of Units A	ACTUAL Number of Units B	(Over) Under C=A-B	% VARIANCE D = C/A	ACTUAL No. of individual client E
Psychogeriatric Consulting Services	950	904	46	4.84%	
			-		
			-		
			-		

EXPLANATIONS OF VARIANCES GREATER THAN 5% FROM APPROVED UNITS OF SERVICE:

Reviewed by Program Consultant

Date

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ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

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MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

SERVICE:	**09I**
TYPE:	**COM Community Services**
SITE:	**Support Services for Seniors**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	175,000	115,444	59,556	34.03%
2. EMPLOYEE BENEFITS	35,000	30,018	4,982	14.23%
3. STAFF TRAINING	1,550	589	961	62.00%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL	10,000	7,181	2,819	28.19%
6. BUILDING OCCUPANCY		0	-	
7. OFFICE EXPENSES	7,944	3,038	4,906	61.76%
8. PURCHASED CLIENT SERVICES		0	-	
9. MEALS (Food Costs)		0	-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT		10,370	(10,370)	
			-	
			-	
			-	
14a. OTHER (specify) Audit fees		1,325	(1,325)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	229,494	167,965	61,529	26.81%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	15,655	15,655	-	0.00%
18. TOTAL EXPENDITURES	245,149	183,620	61,529	25.10%
19. CLIENT FEES			-	
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	245,149	183,620	61,529	25.10%

Total for each line item Lines 1-21 (total for all services) must equal amounts reported in Section II, Part A.

EXPLANATION IF VARIANCE ON LINE 21 IS GREATER THAN 5%

CCAC SERVICE AREA	**Approved Budget** Number of Units A	**ACTUAL** Number of Units B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A	**ACTUAL** No. of individual client E
Support Services for Seniors	3,000	2,156	844	28.13%	
Non-client care - service hours consist of travel time, professional		817	(817)		
development, meetings, seminars, admin. & research			-		
			-		

EXPLANATIONS OF VARIANCES GREATER THAN 5% FROM APPROVED UNITS OF SERVICE:

Reviewed by Program Consultant

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Ministère de la Santé et des Soins de longue durée

2005/2006 ANNUAL RECONCILIATION REPORT
SECTION II, PART D
BUDGET VS ACTUAL: PURCHASED SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

NAME OF SERVICE AND PROVIDER	APPROVED BUDGET		ACTUAL		(Over) Under	% VARIANCE
	SERVICE VOLUME	TOTAL COST A	SERVICE VOLUME	TOTAL COST B	C=A-B	D=C/A
					-	
					-	
Day Centre maple Cognitive					-	
Outreach Coordinator - Alzheimers Society of York Region		36,900		37,364	(464)	(1.26%)
					-	
Day Centre Keswick Cognitive					-	
Outreach Coordinator		33,852		36,586	(2,734)	(8.08%)
					-	
Day Centre Maple Phys.					-	
Outreach Coordinator					-	
York Durham Aphasia		40,950		40,992	(42)	(0.10%)
					-	
Day Centre - Maple ABI					-	
York Central Hospital - York Simcoe Brain Injury Services		95,000		90,996	4,004	4.21%
					-	
					-	
					-	
					-	
					-	
					-	
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					-	
					-	
					-	
		-		-	-	
					-	
TOTAL		206,702		205,938	764	0.37%

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2005/2006 ANNUAL RECONCILIATION REPORT
SECTION II, PART E
BUDGET VS. ACTUAL: OTHER REVENUE

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MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

OTHER REVENUE	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
Fund Raising			$ -	
Donations			-	
Municipal Grants/Subsidies			-	
Federal Grants/Subsidies			-	
United Way Grants			-	
Investment Income			-	
Other (Specify)			-	
Other (Specify)			-	
Other (Specify)			-	
Other (Specify)			-	
TOTAL OTHER REVENUE	$ -	$ -	$ -	

Please provide a brief description of Approved and Actual Other Revenue.
Note . Total must agree with amounts reported in Section II, Part A, Line 20.

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2005/2006 ANNUAL RECONCILIATION REPORT
SECTION II, PART F
ACTUAL ADMINISTRATIVE EXPENDITURES

Ministry of Health and Long-Term Care

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MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** **B**	**(Over) Under** **C=A-B**	**% VARIANCE** **D = C/A**
1. EMPLOYEE SALARIES AND WAGES			-	
2. EMPLOYEE BENEFITS			-	
3. STAFF TRAINING			-	
4a. VOLUNTEER TRAINING & RECOGNITION			-	
4b. BOARD TRAINING & RECOGNITION			-	
5. TRAVEL			-	
6. BUILDING OCCUPANCY			-	
7. OFFICE EXPENSES			-	
11. Purchased Administration Services			-	
12. Central Agency Charges	74,356	74,356	-	0.00%
13. Other Operating			-	
14a. OTHER (specify)			-	
14b. OTHER (specify)			-	
14c. OTHER (specify)			-	
15a. EXPENDITURE RECOVERIES (Specify)			-	
15b. EXPENDITURE RECOVERIES (Specify)			-	
15c. EXPENDITURE RECOVERIES (Specify)			-	
16. TOTAL ADMINISTRATIVE EXPENDITURES (Total lines 1 to 15c)	74,356	74,356	-	0.00%

Amount in line 16 must equal sum of line 17 from all section II, Part C forms.

EXPLANATION IF VARIANCE ON LINE 16 IS GREATER THAN 5%

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2005/2006 ANNUAL RECONCILIATION REPORT
SECTI0N III
EXPENDITURES ELIGIBLE FOR ONE-TIME FUNDING

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

DESCRIPTION OF APPROVED ITEMS/PROJECTS	APPROVED EXPENDITURE A	ACTUAL EXPENDITURE B	ELIGIBLE EXPENDITURE C
			$ -
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
TOTAL:	$ -	$ -	$ -

ELIGIBLE EXPENDITURE: LESSER OF APPROVED OR ACTUAL
TOTALS MUST EQUAL SECTION II, PART A, LINE 22
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SECTION IV
ACCRUAL REPORT

Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

		Opening Accrual Balance (1)	Payments/ Settlements in 2005/2006 (2)	Current Period Accrual (3)	Closing Accrual Balance (4)=(1)-(2)+(3)
Line 1	Salaries - Union Negotiation/Arbitration				-
Line 2	Salaries - Vacation Pay				-
Line 3	Salaries - (Proxy Pay Equity)				-
Line 4	Salaries - Other (Specify)				-
Line 5	Salaries - Other (Specify)				-
Line 6	Total Salaries Sum of Lines 1 through 5	-	-	-	-
Line 7	Employee Benefits (Total)				-
Line 8	Other - (Specify)				-
Line 9	Other - (Specify)				-
Line 10	Other - (Specify)				-
Line 11	Total Accrual Sum Lines 6 through 10	-	-	-	-

Details of Closing Accruals

	Salaries Accruals Expenditure Line (List by Union, etc.)	Closing Accrual Balance	Description/Details of Accruals (e.g. contract expiry date, estimated settlement %)
Line 12			
Line 13			
Line 14			
Line 15			
Line 16			
Line 17			
Line 18			
Line 19	**Total Sum of Lines 12 through 19**	- (equal to line 6, column 4)	

	Employee Benefits Accruals Individual list not required	Closing Accrual Balance	Description/Details of Accruals (e.g. % of estimated settlements if applicable
Line 20	Total	- (equal to line 7, column 4)	

Other Accruals

	Expenditure Line (specify) I.e. staff training, building occupancy etc.	Closing Accrual Balance	Description/Details of Accruals
Line 21			
Line 22			
Line 23			
Line 24			
Line 25	**Total Sum of Lines 21 through 24**	-	

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Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

2005/2006 ANNUAL RECONCILIATION REPORT
SECTION V
PROVINCIAL SUBSIDY CALCULATION

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

Provincial (Operating) Subsidy

1	**Actual Total Expenditures before one-time [Section II,Part A, Col B, Line 21]**	$ 1,515,837
2	**Adjustments (MOHLTC use only):**	
	- Inadmissible Expenditures -	$
		$
		$
	- Other Adjustments -	$
		$
		$
		$
3	**Total Ministry Approved Expenditures before one-time (line 1 plus 2)**	$ 1,515,837
	One-time Expenditures	
4 a)	Total One-time [Section II, Part A, Col B, line **22**]	$ -
4 b)	Adjustments (MOHLTC use only)	$
		$
4 c)	Total Ministry Approved one-time expenditures	$ -
	Revenue :	
5 a)	Actual Client Fees [Section II, Part A, Col B, line **19**]	$ 144,076
5 b)	Actual Revenue - Other [Section II, Part A, Col B, line **20**]	$ 2,772
5 c)	Adjustments (MOHLTC use only)	$
		$
5 d)	Total Adjusted Revenue	$ 146,848
6	**Adjusted Expenditure Less Revenue** **(Line 3 + Line 4c - Line 5d)**	$ 1,368,989
7	**Approved Budget (Section II, Part A, Col A, Line 23)** **Fiscal**	$ 1,616,383
	Calendar	$ 1,560,243
8	**Total Approved Provincial Subsidy: Lesser of Line 6 and Line 7:**	$ 1,368,989
	Payments (Cash Advances):	
9 a)	Total Cash Advances Received from the Ministry Jan - Dec 2005	$ 1,572,000
9 b)	Excluded 9 months PERS to be reconciled outside of ARR	$ (15,000)
9 c)	Less: Prior Year Payments	
9 d)	Approval to use surplus funding for Maple Renovation @ $131,106	(131,106)
9 e)	Other Adjustments (MOHLTC use only)	
9 f)	Total Payments (for current period) [Sum of Line 9 (a) to Line 9 (e)]	$ 1,425,894
10	**Provincial Subsidy Payable (Recoverable) [Line 8 - Line 9 (f)]**	**$ (56,905)**

MOHLTC use only
Office:
Reviewed By:
Approved By:
Date:

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2005/2006 ANNUAL RECONCILIATION REPORT
SECTION VI CERTIFICATION BY AGENCY

Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

Section VI Certification by Agency

I hereby certify that, to the best of my knowledge, the data in the Annual Reconciliation Report to which this certification is attached, is true, correct and agrees with the books and records of the Agency and has been prepared in accordance with the Technical Instructions provided by the Ministry of Health.

____
(Signature of Agency Authority)

______________________________ ______________________________
(Title) (Date)

Receipt by Board of Directors

The above certification, together with the Annual Reconciliation Report, was received at a meeting held by the Board of Directors on ________________ day of _____________ 20 ____

____
(Chairperson of the Board of Directors)

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Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

2005/2006 ANNUAL RECONCILIATION REPORT
SECTION VII, PART A

RECONCILIATION of SECTION II, PART A to AUDITED (AGENCY) FINANCIAL STATEMENT

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Adult Day Centres

1	**Expenditures per the financial statements:**		
	Adjustments for agencies with corporate year-end <u>other than</u> March 31st:		
2 (a)	Less:	total expenditures for the period prior to April 1, 2005:	0
2 (b)	Add:	total expenditures for the period from the agency year-end to March 31, 2006	0
2 (c)	Equals:	total expenditures for the period April 1, 2005 to March 31, 2006	0
	Adjustments for "inadmissible expenditures" include in Line 2(c):		
3 (a)	Less:	depreciation expense:	
3 (b)	Less:	other (specify):	
3 (c)	Less:		
3 (d)	Less:		
3 (e)	Less:		
			0
	Adjustments for "admissible expenditures" not included in Line 2(c):		
4 (a)	Add:	one-time capital expenditures approved by long-term care:	0
4 (b)	Add:		
4 (c)	Add:		
4 (d)	Add:		
4 (e)	Add:		
			0
5	**Total expenditures reported in the Annual Reconciliation Report (ARR)** **(must equal actual expenditures Section II, Part A, Column B, Line 18 plus Line 22):**		0
6	**Revenues per the financial statements:**		0
	Adjustments for agencies with corporate year-end <u>other than</u> March 31st:		
7 (a)	Less:	total revenues for the period prior to April 1, 2005:	0
7 (b)	Add:	total revenues for the period between the agency year-end to March 31, 2006:	0
7 (c)	Equals:	total revenues for the period April 1, 2005 to March 31, 2006:	0
	Adjustments for Revenues not to be included in determining Ministry subsidy entitlement included in Line 7(c)		
8 (a)	Less:	long-term care subsidy re approved services	
8 (b)	Less:	revenues in the income statement related to capital funding (including LTC):	
8 (c)	Less:		
8 (d)	Less:		
8 (e)	Less:		
			0
9	**Total Revenues Reported in the Annual Reconciliation Report (ARR)** **(must equal total of line 19 and 20 of Section II, Part A, Column B)**		0
10	**Net expenditures reported in the Annual Reconciliation Report** **(must equal actual net expenditures Section II, Part A, Column B, Line 23):**		0

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2005/2006 ANNUAL RECONCILIATION REPORT
SECTION VII, PART B
AUDITOR'S REPORT

To the Ministry of Health and Long Term Care,

I (We) have examined the Section II, Part A, Column B, Section IV, Section VII, Part A and Section VIII of the Annual Reconciliation Report of
____ (legal name of agency)

for the year ended_____________________.

My (our) examination was made in accordance with generally accepted auditing standards and accordingly included such tests and other procedures as I (we) considered necessary in the circumstances.

In my (our) opinion, the Section II, Part A, Column B, Section IV, Section VII, Part A and Section VIII of the Annual Reconciliation Report presents fairly the information contained therein for the year ended ____________________ in accordance with the Technical Instructions.

____
(City)

_________________ __________________________________
(Date) **(Licensed Public Accountant)**

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Ontario

Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

2005/2006 ANNUAL RECONCILIATION REPORT
Section VIII

PROXY PAY EQUITY ANNUAL REPORT

This form is to be completed by transfer payment organizations who receive proxy pay equity funding from the ministry pursuant to the April 23, 2003 Memorandum of Settlement. It must be completed on an annual basis until an organization no longer has a pay equity obligation.

SECTION 1: BASIC PROGRAM INFORMATION

Name of Agency: ______________________________

Recipient Number: 103283   Reporting Period: from_________ to _________

Contact Person: ______________________________

Phone #:

SECTION 2: EXPENDITURE REPORT

Sources of Proxy Pay Equity Funds			
Ministry of Health and Long-Term Care	$	____________	A
Other		____________	
Total		____________	
Expenditures			
Actual Proxy Pay Equity Expenses (Including Current Outstanding Liabilities)		____________	B
Surplus(Deficit)	$	____________	A-B
Current Outstanding Liabilities	$	____________	
Total Number of Individuals Receiving Proxy Pay Equity		____________	

SECTION 3: CERTIFICATION

I________________ hereby certify that to the best of my knowledge the financial data is correct and it is reflected in the Annual Reconciliation Report.

____
(Signature of Agency Authority)

Title: ______________________   Date: ________________

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