Ontario

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

2005/2006 ANNUAL RECONCILIATION REPORT
TABLE OF CONTENTS

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

February-06

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 - Supportive Housi
4	Address:	194 Eagle Street
5	City:	Newmarket, Ontario
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

February-06

Ontario

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 - Supportive Housing

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)	$ 1,869,781	$ 2,579,664	$ (709,883)	(37.97%)
2. EMPLOYEE BENEFITS	$ 349,809	$ 439,675	(89,866)	(25.69%)
3. STAFF TRAINING	$ 4,501	$ 4,518	(17)	(0.38%)
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	$ -	$ -	-	
5. TRAVEL	$ 8,236	$ 5,048	3,188	38.71%
6. BUILDING OCCUPANCY	$ 61,178	$ 57,607	3,571	5.84%
7. OFFICE EXPENSES	$ 25,863	$ 34,157	(8,294)	(32.07%)
8. PURCHASED CLIENT SERVICES	$ 47,661	$ 22,004	25,657	53.83%
9. MEALS (Food Costs)	$ 49,281	$ 29,376	19,905	40.39%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	$ 18,600	$ 35,542	(16,942)	(91.09%)
11. PURCHASED ADMINISTRATION SERVICES		$ -	-	
12. CENTRAL AGENCY CHARGES	$ 325,176	$ -	325,176	100.00%
13. OTHER OPERATING		$ -	-	
14a. OTHER (specify) Audit, Insurance, membership	$ 5,980	$ 55,117	(49,137)	(821.69%)
14b. Proxy Pay Equity		$ -	-	
14c. Contribution from Reserve		$ (23,221)	23,221	
15. EXPENDITURE RECOVERIES	$ (224,471)	$ (213,704)	(10,767)	4.80%
18. TOTAL EXPENDITURES (Total lines 1 to 15)	$ 2,541,595	$ 3,025,783	$ (484,188)	(19.05%)
19. REVENUES-CLIENT FEES	$ -	$ -	-	
20. REVENUES - OTHER	$ 334,195	$ 358,025	(23,830)	(7.13%)
21. MINISTRY BASE SUBSIDY REQUESTED (line 18 - line 19 - line 20)	$ 2,207,400	$ 2,667,758	$ (460,358)	(20.86%)
22. ONE-TIME/NON-RECURRING EXPENDITURES			$ -	
23. Total Subsidy Requested (Total lines 21and 22)	$ 2,207,400	$ 2,667,758	$ (460,358)	(20.86%)

Approved Budget: is the amount per Form 2 of signed Service Agreement, subject to amendments per MOHLTC approval letters.
February-06

Ontario

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 B
EXPLANATION OF VARIANCES > 5% OF BUDGET ITEMS

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

Line Item	Explanation
salaries	As per CUPE Collective Agreement
Benefits	OMERS Pension Contribution
Office Expenses	Total costs may vary year by year dependent on inventory on hand
Service Supplies	Total costs may vary year by year dependent on inventory on hand
Insurance costs	Escalated due to increased premium for Medical Malpractice

Ontario

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 C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

SERVICE:	**11 A**
TYPE:	**SHU Supportive Housing**
SITE:	**ACL Genesis**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	382,129	496,679	(114,550)	(29.98%)
2. EMPLOYEE BENEFITS	70,112	82,971	(12,859)	(18.34%)
3. STAFF TRAINING	508	515	(7)	(1.34%)
4. BOARD/VOLUNTEER TRAINING & RECOGNITION		0	-	
5. TRAVEL	1,237	465	772	62.45%
6. BUILDING OCCUPANCY	7,155	10,155	(3,000)	(41.93%)
7. OFFICE EXPENSES	4,358	5,197	(839)	(19.25%)
8. PURCHASED CLIENT SERVICES		716	(716)	
9. MEALS (Food Costs)	2,500	2,846	(346)	(13.85%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT		4,996	(4,996)	
			-	
			-	
			-	
14a. OTHER (specify)		7,165	(7,165)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify) Contribution from Reserve		-3,019	3,019	
15. EXPENDITURE RECOVERIES	-48,765	-27,781	(20,984)	43.03%
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	419,234	580,904	(161,670)	(38.56%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	49,554		49,554	100.00%
18. TOTAL EXPENDITURES	468,788	580,904	(112,116)	(23.92%)
19. CLIENT FEES			-	
20. REVENUES - OTHER	39,000	53,704	(14,704)	(37.70%)
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	429,788	527,200	(97,412)	(22.67%)

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%

	Approved Budget	**ACTUAL**	**(Over)**	**%**	**ACTUAL**
	Number of Units	**Number of Units**	**Under**	**VARIANCE**	client
CCAC SERVICE AREA	A	B	C=A-B	D = C/A	E
ACL Genesis	14,000	14,728	(728)	(5.20%)	
			-		
			-		
			-		

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

_____ _____

Reviewed by Program Consultant Date

Ontario

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 C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

SERVICE:	**11 A**
TYPE:	**SHU Supportive Housing**
SITE:	**ACL - Heritage East - Newmarket**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	419,305	537,916	(118,611)	(28.29%)
2. EMPLOYEE BENEFITS	80,688	90,987	(10,299)	(12.76%)
3. STAFF TRAINING	760	436	324	42.68%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION		0	-	
5. TRAVEL	1,802	383	1,419	78.75%
6. BUILDING OCCUPANCY	9,500	8,360	1,140	12.00%
7. OFFICE EXPENSES	4,224	4,302	(78)	(1.85%)
8. PURCHASED CLIENT SERVICES		605	(605)	
9. MEALS (Food Costs)	3,800	3,768	32	0.84%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT		4,888	(4,888)	
			-	
			-	
			-	
14a. OTHER (specify)		6,063	(6,063)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify) contribution from reserve		-2,554	2,554	
15. EXPENDITURE RECOVERIES	-50,246	-23,507	(26,739)	53.22%
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	469,833	631,648	(161,815)	(34.44%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	78,079		78,079	100.00%
18. TOTAL EXPENDITURES	547,912	631,648	(83,736)	(15.28%)
19. CLIENT FEES			-	
20. REVENUES - OTHER	57,901	53,704	4,197	7.25%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	490,011	577,944	(87,933)	(17.95%)

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
ACL - Heritage East - Newmarket	18,000	17,901	99	0.55%	
			-		
			-		
			-		

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

Reviewed by Program Consultant

Date

February-06

Ontario

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 C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

SERVICE:	**11 A**
TYPE:	**SHU Supportive Housing**
SITE:	**ACL - Keswick Gardens**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	440,295	599,558	(159,263)	(36.17%)
2. EMPLOYEE BENEFITS	70,688	105,098	(34,410)	(48.68%)
3. STAFF TRAINING	870	871	(1)	(0.14%)
4. BOARD/VOLUNTEER TRAINING & RECOGNITION		0	-	
5. TRAVEL	2,049	766	1,283	62.62%
6. BUILDING OCCUPANCY	9,200	9,020	180	1.96%
7. OFFICE EXPENSES	5,425	6,840	(1,415)	(26.08%)
8. PURCHASED CLIENT SERVICES		1,211	(1,211)	
9. MEALS (Food Costs)	3,900	4,405	(505)	(12.96%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT		6,620	(6,620)	
			-	
			-	
			-	
14a. OTHER (specify)		12,126	(12,126)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify) Contribution from reserve		-5,109	5,109	
15. EXPENDITURE RECOVERIES	-49,710	-47,015	(2,695)	5.42%
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	482,717	694,391	(211,674)	(43.85%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	77,968		77,968	100.00%
18. TOTAL EXPENDITURES	560,685	694,391	(133,706)	(23.85%)
19. CLIENT FEES			-	
20. REVENUES - OTHER	81,955	57,284	24,671	30.10%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	478,730	637,107	(158,377)	(33.08%)

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
ACL - Keswick Gardens	18,000	17,940	60	0.33%	
			-		
			-		
			-		

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

Reviewed by Program Consultant

Date

February-06

Ontario

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 C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

SERVICE:	**11 A**
TYPE:	**SHU Supportive Housing**
SITE:	**ACL - Kitchen Breedon Manor - SCHOMBERG**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	64,601	70,896	(6,295)	(9.74%)
2. EMPLOYEE BENEFITS	6,206	11,487	(5,281)	(85.09%)
3. STAFF TRAINING	363	158	205	56.36%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION		0	-	
5. TRAVEL	812	139	673	82.85%
6. BUILDING OCCUPANCY	5,256	4,320	936	17.81%
7. OFFICE EXPENSES	2,856	1,640	1,216	42.58%
8. PURCHASED CLIENT SERVICES	18,245	16,720	1,525	8.36%
9. MEALS (Food Costs)	185	47	138	74.46%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT		2,026	(2,026)	
			-	
			-	
			-	
14a. OTHER (specify)		2,205	(2,205)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)		-929	929	
15. EXPENDITURE RECOVERIES	-8,714	-8,548	(166)	1.90%
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	89,810	100,161	(10,351)	(11.53%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	19,350		19,350	100.00%
18. TOTAL EXPENDITURES	109,160	100,161	8,999	8.24%
19. CLIENT FEES			-	
20. REVENUES - OTHER	33,115	14,321	18,794	56.75%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	76,045	85,840	(9,795)	(12.88%)

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%

	Approved Budget	**ACTUAL**	**(Over)**	**%**	**ACTUAL**
	Number of Units	**Number of Units**	**Under**	**VARIANCE**	No. of individual client
CCAC SERVICE AREA	A	B	C=A-B	D = C/A	E
ACL - Kitchen Breedon Manor - SCHOMBERG	3,000	2,639	361	12.03%	
			-		
			-		
			-		

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

_____ _____

Reviewed by Program Consultant Date

Ontario

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 C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

SERVICE:	**11 A**
TYPE:	**SHU Supportive Housing**
SITE:	**ACL - Hadley Grange**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	320,288	516,577	(196,289)	(61.29%)
2. EMPLOYEE BENEFITS	60,481	91,359	(30,878)	(51.05%)
3. STAFF TRAINING	1,000	1,397	(397)	(39.70%)
4. BOARD/VOLUNTEER TRAINING & RECOGNITION		0	-	
5. TRAVEL	1,000	1,746	(746)	(74.63%)
6. BUILDING OCCUPANCY	19,225	13,320	5,905	30.72%
7. OFFICE EXPENSES	4,500	10,332	(5,832)	(129.61%)
8. PURCHASED CLIENT SERVICES		1,376	(1,376)	
9. MEALS (Food Costs)	3,900	2,487	1,413	36.23%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	9,300	7,678	1,622	17.44%
		0	-	
			-	
			-	
14a. OTHER (specify)		13,779	(13,779)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify) Contribution from reserve		-5,805	5,805	
15. EXPENDITURE RECOVERIES	-6,300	-53,426	47,126	(748.03%)
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	413,394	600,820	(187,426)	(45.34%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	75,234		75,234	100.00%
18. TOTAL EXPENDITURES	488,628	600,820	(112,192)	(22.96%)
19. CLIENT FEES			-	
20. REVENUES - OTHER	72,133	89,506	(17,373)	(24.08%)
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	416,495	511,314	(94,819)	(22.77%)

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
ACL - Hadley Grange	14,700	14,924	(224)	(1.52%)	
			-		
			-		
			-		

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

_____ _____

Reviewed by Program Consultant Date

Ontario

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 C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

SERVICE:	**11 A**
TYPE:	**SHU Supportive Housing**
SITE:	**ACL - Armitage**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	243,163	358,038	(114,875)	(47.24%)
2. EMPLOYEE BENEFITS	61,634	57,773	3,861	6.26%
3. STAFF TRAINING	1,000	1,141	(141)	(14.10%)
4. BOARD/VOLUNTEER TRAINING & RECOGNITION		0	-	
5. TRAVEL	1,336	1,549	(213)	(15.96%)
6. BUILDING OCCUPANCY	10,842	12,432	(1,590)	(14.67%)
7. OFFICE EXPENSES	4,500	5,846	(1,346)	(29.92%)
8. PURCHASED CLIENT SERVICES	29,416	1,376	28,040	95.32%
9. MEALS (Food Costs)	34,996	15,822	19,174	54.79%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	9,300	9,335	(35)	(0.37%)
		0	-	
			-	
			-	
14a. OTHER (specify)	3,120	13,779	(10,659)	(341.63%)
14b. Proxy Pay Equity	2,860		2,860	100.00%
14c. OTHER (specify) contribution from reserve		-5,805	5,805	
15. EXPENDITURE RECOVERIES	-60,736	-53,427	(7,309)	12.03%
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	341,431	417,859	(76,428)	(22.38%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	24,991		24,991	100.00%
18. TOTAL EXPENDITURES	366,422	417,859	(51,437)	(14.04%)
19. CLIENT FEES		0	-	
20. REVENUES - OTHER	50,091	89,506	(39,415)	(78.69%)
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	316,331	328,353	(12,022)	(3.80%)

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
ACL - Armitage	12,700	9,088	3,612	28.44%	
			-		
			-		
			-		

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

_____ _____

Reviewed by Program Consultant Date

Ontario

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 D

BUDGET VS ACTUAL: PURCHASED SERVICES

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

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
					-	
ACL - Schomberg		18,245		16,500	1,745	9.56%
					-	
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					-	
					-	
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TOTAL		18,245		16,500	1,745	9.56%

February-06

Ontario

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 E
BUDGET VS. ACTUAL: OTHER REVENUE

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

OTHER REVENUE	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
Fund Raising			$ -	
Donations			-	
Municipal Grants/Subsidies	334,195	814,044	(479,849)	(143.58%)
Federal Grants/Subsidies			-	
United Way Grants			-	
Investment Income			-	
Other (Specify)			-	
Other (Specify)			-	
Other (Specify)			-	
Other (Specify)			-	
TOTAL OTHER REVENUE	$ 334,195	$ 814,044	$ (479,849)	(143.58%)

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.

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

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 - Supportive Housing

EXPENDITURES / REVENUES	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
1. EMPLOYEE SALARIES AND WAGES	241,540	241,540	-	0.00%
2. EMPLOYEE BENEFITS	36,790	36,790	-	0.00%
3. STAFF TRAINING			-	
4a. VOLUNTEER TRAINING & RECOGNITION			-	
4b. BOARD TRAINING & RECOGNITION			-	
5. TRAVEL			-	
6. BUILDING OCCUPANCY			-	
7. OFFICE EXPENSES	1,500	1,500	-	0.00%
11. Purchased Administration Services	2,500	2,500	-	0.00%
12. Central Agency Charges	15,585	15,585	-	0.00%
13. Other Operating	27,260	27,260	-	0.00%
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)	325,175	325,175	-	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%

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

MOHLTC recipient #:	Service Provider Name:
103283	The Regional Municipality of York - Supportive Housing

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

Ontario

2005/2006 ANNUAL RECONCILIATION REPORT
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 - Supportive Housing

		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**	-	

Ontario

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 - Supportive Housing

Provincial (Operating) Subsidy

1	**Actual Total Expenditures before one-time [Section II,Part A, Col B, Line 21]**		$ 3,025,783
2	**Adjustments (MOHLTC use only):**		
	- Inadmissible Expenditures -		$
			$
			$
	- Other Adjustments -		$
			$
			$
			$
3	**Total Ministry Approved Expenditures before one-time (line 1 plus 2)**		$ 3,025,783
	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**]	$ -
5 b)	Actual Revenue - Other	[Section II, Part A, Col B, line **20**]	$ 358,025
5 c)	Adjustments (MOHLTC use only)		$
			$
5 d)	Total Adjusted Revenue		$ 358,025
6	**Adjusted Expenditure Less Revenue**	**(Line 3 + Line 4c - Line 5d)**	$ 2,667,758
7	**Approved Budget**	**(Section II, Part A, Col A, Line 23)** **Fiscal**	$ 2,207,400
		Calendar	2,199,244
8	**Total Approved Provincial Subsidy: Lesser of Line 6 and Line 7:**		$ 2,199,244
	Payments (Cash Advances):		
9 a)	Total Cash Advances Received from the Ministry		$ 2,199,239
9 b)	Add: Prior Year Recoveries		
9 c)	Less: Prior Year Payments		
9 d)	Other Adjustments		
9 e)	Other Adjustments (MOHLTC use only)		
9 f)	Total Payments (for current period)	[Sum of Line 9 (a) to Line 9 (e)]	$ 2,199,239
10	**Provincial Subsidy Payable (Recoverable) [Line 8 - Line 9 (f)]**		**$ 5**

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

Ontario

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 - Supportive Housing

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)

February-06

Ontario

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 - Supportive Housing

1	**Expenditures per the financial statements:**		
	Adjustments for agencies with corporate year-end other than 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 other than 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

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)**

February-06

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: _____