Ontario

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

2006/2007 ANNUAL RECONCILIATION REPORT
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103283	The Regional Municipality of York - Adult Day Centres

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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 Centres
4	Address:	17250 Yonge Street
5	City:	Newmarket, ON
6	Postal Code:	L3Y 6Z1
7	Name and Title of individual who will respond to questions about this report:	Catherine Grimshaw Supervisor, Accounting - Health Services
8	Telephone Number:	905-830-4444 x4059
9	Fax Number:	905-954-4619
10	For the Year Ended:	December 31, 2006

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2006/2007 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	$ 911,960	$ (5,105)	(0.56%)
2. EMPLOYEE BENEFITS	$ 159,125	$ 177,271	(18,146)	(11.40%)
3. STAFF TRAINING	$ 18,050	$ 7,444	10,606	58.76%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	$ 9,400	$ -	9,400	100.00%
5. TRAVEL	$ 100,902	$ 134,744	(33,842)	(33.54%)
6. BUILDING OCCUPANCY	$ 85,500	$ 81,087	4,413	5.16%
7. OFFICE EXPENSES	$ 44,720	$ 28,534	16,186	36.19%
8. PURCHASED CLIENT SERVICES	$ 239,366	$ 187,489	51,877	21.67%
9. MEALS (Food Costs)	$ 50,064	$ 67,897	(17,833)	(35.62%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	$ 21,547	$ 40,609	(19,062)	(88.47%)
11. PURCHASED ADMINISTRATION SERVICES	$ -	$ -	-	
12. CENTRAL AGENCY CHARGES	$ 74,355	$ 74,355	-	0.00%
13. OTHER OPERATING			-	
14a. OTHER Audit, Legal, Advertising, Membership	$ -	$ 9,527	(9,527)	
14b. Proxy Pay Equity	$ -	$ -	-	
14c. OTHER (specify)	$ 1,400	$ -	1,400	100.00%
15. EXPENDITURE RECOVERIES	$ -	$ (6,527)	6,527	
18. TOTAL EXPENDITURES (Total lines 1 to 15)	$ 1,711,284	$ 1,714,390	$ (3,106)	(0.18%)
19. REVENUES-CLIENT FEES	$ 72,903	$ 165,610	(92,707)	(127.16%)
20. REVENUES - OTHER	$ -	$ -	-	
21. MINISTRY BASE SUBSIDY REQUESTED (line 18 - line 19 - line 20)	$ 1,638,381	$ 1,548,780	$ 89,601	5.47%
22. ONE-TIME/NON-RECURRING EXPENDITURES			$ -	
23. Total Subsidy Requested (Total lines 21and 22)	$ 1,638,381	$ 1,548,780	$ 89,601	5.47%

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

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2006/2007 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
Employee Benefits	OMERS pension contribution
Travel	Esclated Gas prices
Services supplies	Total costs vary form year to year dependent on inventory on hand
Meals	Due to price, delivery and service cost increases

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2006/2007 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	202,526	46,517	18.68%
2. EMPLOYEE BENEFITS	30,702	38,928	(8,226)	(26.79%)
3. STAFF TRAINING	3,200	1,063	2,137	66.78%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,200		3,200	100.00%
5. TRAVEL	23,851	41,573	(17,722)	(74.30%)
6. BUILDING OCCUPANCY	26,600	26,681	(81)	(0.30%)
7. OFFICE EXPENSES	10,339	8,519	1,820	17.60%
8. PURCHASED CLIENT SERVICES	37,564	37,367	197	0.52%
9. MEALS (Food Costs)	19,772	4,658	15,114	76.44%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	9,547	10,321	(774)	(8.11%)
11. PURCHASED ADMINISTRATION SERVICES			-	
			-	
			-	
14a. OTHER (specify)		1,420	(1,420)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES		-2,176	2,176	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	413,818	370,880	42,938	10.38%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	35,225	35,225	-	0.00%
18. TOTAL EXPENDITURES	449,043	406,105	42,938	9.56%
19. CLIENT FEES	33,760	62,392	(28,632)	(84.81%)
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	415,283	343,713	71,570	17.23%

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	**Budget Units** A	**ACTUAL Units** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A	**ACTUAL** client E
Maple Day Centre Cognitive	4000	4,087	(87)	(2.18%)	32
			-		
			-		
			-		

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:	**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	236,693	(67,358)	(39.78%)
2. EMPLOYEE BENEFITS	33,083	46,705	(13,622)	(41.18%)
3. STAFF TRAINING	5,200	5,046	154	2.96%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,200		3,200	100.00%
5. TRAVEL	28,701	37,575	(8,874)	(30.92%)
6. BUILDING OCCUPANCY	33,100	33,100	-	0.00%
7. OFFICE EXPENSES	8,810	6,032	2,778	31.53%
8. PURCHASED CLIENT SERVICES	33,851	37,563	(3,712)	(10.97%)
9. MEALS (Food Costs)	18,272	16,338	1,934	10.58%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	5,500	10,468	(4,968)	(90.33%)
11. PURCHASED ADMINISTRATION SERVICES			-	
			-	
			-	
14a. OTHER (specify)		4,110	(4,110)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	339,052	433,630	(94,578)	(27.89%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	15,350	15,350	-	0.00%
18. TOTAL EXPENDITURES	354,402	448,980	(94,578)	(26.69%)
19. CLIENT FEES	21,713	45,655	(23,942)	(110.27%)
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	332,689	403,325	(70,636)	(21.23%)

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 - Keswick	3000	3,439	(439)	(14.63%)	43
			-		
			-		
			-		

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:	**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	116,332	1,605	1.36%
2. EMPLOYEE BENEFITS	16,340	12,549	3,791	23.20%
3. STAFF TRAINING	5,000	119	4,881	97.62%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,000		3,000	100.00%
5. TRAVEL	27,850	38,914	(11,064)	(39.73%)
6. BUILDING OCCUPANCY	19,500	15,006	4,494	23.05%
7. OFFICE EXPENSES	4,950	4,273	677	13.68%
8. PURCHASED CLIENT SERVICES	52,951	41,000	11,951	22.57%
9. MEALS (Food Costs)	12,020	46,901	(34,881)	(290.19%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	6,200	5,384	816	13.16%
11. PURCHASED ADMINISTRATION SERVICES			-	
			-	
			-	
14a. OTHER		2,526	(2,526)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)	1,400		1,400	100.00%
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	267,148	283,004	(15,856)	(5.94%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	6,125	6,125	-	0.00%
18. TOTAL EXPENDITURES	273,273	289,129	(15,856)	(5.80%)
19. CLIENT FEES	11,230	51,363	(40,133)	(357.37%)
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	262,043	237,766	24,277	9.26%

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	2000	1,553	447	22.35%	49
			-		
			-		
			-		

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

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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	45,498	49,502	52.11%
9. MEALS (Food Costs)			-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	300	300	-	0.00%
11. PURCHASED ADMINISTRATION SERVICES			-	
			-	
			-	
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	52,098	49,502	48.72%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	1,000	1,000	-	0.00%
18. TOTAL EXPENDITURES	102,600	53,098	49,502	48.25%
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	46,898	49,502	51.35%

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.	1300	1,530	(230)	(17.69%)	22
			-		
			-		
			-		

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

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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:	**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	177,324	18,216	9.32%
2. EMPLOYEE BENEFITS	44,000	41,859	2,141	4.87%
3. STAFF TRAINING	3,100	381	2,719	87.71%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	0		-	
5. TRAVEL	10,500	6,099	4,401	41.91%
6. BUILDING OCCUPANCY			-	
7. OFFICE EXPENSES	12,677	5,229	7,448	58.75%
8. PURCHASED CLIENT SERVICES			-	
9. MEALS (Food Costs)			-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT		8,810	(8,810)	
11. PURCHASED ADMINISTRATION SERVICES			-	
			-	
			-	
14a. OTHER (specify)			-	
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	235,351	30,466	11.46%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	1,000	1,000	-	0.00%
18. TOTAL EXPENDITURES	266,817	236,351	30,466	11.42%
19. CLIENT FEES			-	
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	266,817	236,351	30,466	11.42%

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	950	1,211	(261)	(27.50%)	4001
			-		
			-		
			-		

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

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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:	**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	179,085	(4,085)	(2.33%)
2. EMPLOYEE BENEFITS	35,000	37,230	(2,230)	(6.37%)
3. STAFF TRAINING	1,550	835	715	46.13%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	0		-	
5. TRAVEL	10,000	10,583	(583)	(5.83%)
6. BUILDING OCCUPANCY			-	
7. OFFICE EXPENSES	7,944	4,481	3,463	43.59%
8. PURCHASED CLIENT SERVICES			-	
9. MEALS (Food Costs)			-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT		5,326	(5,326)	
11. PURCHASED ADMINISTRATION SERVICES			-	
			-	
			-	
14a. OTHER (specify)		1,471	(1,471)	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	229,494	239,011	(9,517)	(4.15%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	15,655	15,655	-	0.00%
18. TOTAL EXPENDITURES	245,149	254,666	(9,517)	(3.88%)
19. CLIENT FEES			-	
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	245,149	254,666	(9,517)	(3.88%)

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%

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
Supportive Services for Seniors	3000	3,341	(341)	(11.38%)	507
			-		
			-		
			-		

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

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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:	**09F**
TYPE:	**COM Community Services**
SITE:	**NEWMARKET HEALTH CENTER - PERS**

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			-	
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL			-	
6. BUILDING OCCUPANCY			-	
7. OFFICE EXPENSES			-	
8. PURCHASED CLIENT SERVICES	20,000	26,061	(6,061)	(30.31%)
9. MEALS (Food Costs)			-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT			-	
11. PURCHASED ADMINISTRATION SERVICES			-	
			-	
			-	
14a. OTHER (specify)			-	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	20,000	26,061	(6,061)	(30.31%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES			-	
18. TOTAL EXPENDITURES	20,000	26,061	(6,061)	(30.31%)
19. CLIENT FEES			-	
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	20,000	26,061	(6,061)	(30.31%)

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
Newmarket Health Centre - PERS	60	75	(15)	(25.00%)	75
			-		
			-		
			-		

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

PERS reverted to base funding for 2006/07

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2006/2007 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
Outreach Coordinator- Maple Day Cognitive		$ 37,564		37,367	197	0.52%
Alzheimer Society - The D.A.Y Centre					-	
					-	
					-	
Outreach Coordinator - Keswick		33,851		37,364	(3,513)	(10.38%)
Alzheimer Society - The D.A.Y Centre					-	
					-	
					-	
					-	
					-	
York Durham Aphasia - Maple Physically Disabled		40,950		41,000	(50)	(0.12%)
					-	
					-	
York Central Hospital - Maple ABI		95,000		45,498	49,502	52.11%
					-	
					-	
Personal Emergency Response Vendors		20,000		26,061	(6,061)	(30.31%)
Life Call					-	
Lifeline Systems Canada Inc.					-	
Homelink Response Systems					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
		-		-	-	
					-	
TOTAL		227,364		187,290	40,074	17.63%

Ontario

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

2006/2007 ANNUAL RECONCILIATION REPORT
SECTION II, PART E
BUDGET VS. ACTUAL: OTHER REVENUE

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.

2006/2007 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 - 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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Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

2006/2007 ANNUAL RECONCILIATION REPORT
SECTI0N III
EXPENDITURES ELIGIBLE FOR ONE-TIME FUNDING

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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2006/2007 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 - Adult Day Centres

		Opening Accrual Balance (1)	Payments/ Settlements in 2006/2007 (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

2006/2007 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]**		$ 1,714,390
2	**Adjustments (MOHLTC use only):**		
	- Inadmissible Expenditures -		$
			$
			$
	- Other Adjustments -		$
			$
			$
			$
3	**Total Ministry Approved Expenditures before one-time (line 1 plus 2)**		$ 1,714,390
	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**]	$ 165,610
5 b)	Actual Revenue - Other	[Section II, Part A, Col B, line **20**]	$ -
5 c)	Adjustments (MOHLTC use only)		$
			$
5 d)	Total Adjusted Revenue		$ 165,610
6	**Adjusted Expenditure Less Revenue**	**(Line 3 + Line 4c - Line 5d)**	$ 1,548,780
7	**Approved Budget**	**(Section II, Part A, Col A, Line 23)** **FISCAL**	$ 1,638,381
		CALENDAR	$ 1,632,883
8	**Total Approved Provincial Subsidy:**	**Lesser of Line 6 and Line 7:**	$ 1,548,780
	Payments (Cash Advances):		
9 a)	Total Cash Advances Received from the Ministry January - December 2006		$ 1,656,995
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)]	$ 1,656,995
10	**Provincial Subsidy Payable (Recoverable) [Line 8 - Line 9 (f)]**		**$ (108,215)**

MOHLTC use only
Financial Management Branch:
Reviewed By:
Approved By:
Date:

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2006/2007 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)

Ontario

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

2006/2007 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 other than March 31st:		
2 (a)	Less:	total expenditures for the period prior to April 1, 2006:	0
2 (b)	Add:	total expenditures for the period from the agency year-end to March 31, 2007	0
2 (c)	Equals:	total expenditures for the period April 1, 2006 to March 31, 2007	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, 2006:	0
7 (b)	Add:	total revenues for the period between the agency year-end to March 31, 2007:	0
7 (c)	Equals:	total revenues for the period April 1, 2006 to March 31, 2007:	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

2006/2007 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)**

Ontario

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

2006/2007 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: _____