Ontario

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

2004/2005 ANNUAL RECONCILIATION REPORT
TABLE OF CONTENTS

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

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Ministère de la Santé et des Soins de longue durée

2004/2005 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, 2004

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2004/2005 ANNUAL RECONCILIATION REPORT
SECTION II, PART A
BUDGET VS. ACTUAL: EXPENDITURES AND REVENUES

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

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)	$ 743,983	$ 844,604	$ (100,621)	(13.52%)
2. EMPLOYEE BENEFITS	$ 122,125	$ 140,233	(18,108)	(14.83%)
3. STAFF TRAINING	$ 13,450	$ 10,430	3,020	22.45%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	$ 9,400	$ 2,287	7,113	75.67%
5. TRAVEL	$ 93,402	$ 110,681	(17,279)	(18.50%)
6. BUILDING OCCUPANCY	$ 80,700	$ 80,700	-	0.00%
7. OFFICE EXPENSES	$ 37,622	$ 29,785	7,837	20.83%
8. PURCHASED CLIENT SERVICES	$ 218,701	$ 233,148	(14,447)	(6.61%)
9. MEALS (Food Costs)	$ 43,944	$ 63,501	(19,557)	(44.50%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	$ 17,547	$ 19,110	(1,563)	(8.91%)
11. PURCHASED ADMINISTRATION SERVICES	$ -	$ -	-	
12. CENTRAL AGENCY CHARGES	$ 74,355	$ 55,000	19,355	26.03%
13. OTHER OPERATING	$ -	$ -	-	
14a. OTHER (specify)		$ 5,577	(5,577)	
14b. Proxy Pay Equity		$ -	-	
		$ -	-	
15. EXPENDITURE RECOVERIES		$ -	-	
18. TOTAL EXPENDITURES (Total lines 1 to 15)	$ 1,455,229	$ 1,595,056	$ (139,827)	(9.61%)
19. REVENUES-CLIENT FEES	$ 69,403	$ 104,614	(35,211)	(50.73%)
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (line 18 - line 19 - line 20)	$ 1,385,826	$ 1,490,442	$ (104,616)	(7.55%)
22. ONE-TIME/NON-RECURRING EXPENDITURES			$ -	
23. Total Subsidy Requested (Total lines 21and 22)	$ 1,385,826	$ 1,490,442	$ (104,616)	(7.55%)

Approved Budget: is the amount per Form 2 of signed Service Agreement, subject to amendments per MOHLTC approval letters.
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2004/2005 ANNUAL RECONCILIATION REPORT
SECTION II, PART B
EXPLANATION OF VARIANCES > 5% OF BUDGET ITEMS

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

Line Item	Explanation
Salaries	As per CUPE Collective Agreement + includes CA salary charges
Benefits	OMERS pension contribution
Staff Training	Reflected under salaries
Meals	Armitage Gardens was not fully in operation
Central Agency	CA charges have been distributed evenly throughout line items

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2004/2005 ANNUAL RECONCILIATION REPORT
SECTION II, PART C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

SERVICE:	**Adult Day Service (Alzheimers/Other Aging Dementia)**
TYPE:	**COM**
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	231,337	17,706	7.11%
2. EMPLOYEE BENEFITS	30,702	42,218	(11,516)	(37.51%)
3. STAFF TRAINING	3,200	1,560	1,640	51.25%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,200	0	3,200	100.00%
5. TRAVEL	23,851	40,720	(16,869)	(70.73%)
6. BUILDING OCCUPANCY	26,600	26,600	-	0.00%
7. OFFICE EXPENSES	10,341	2,943	7,398	71.54%
8. PURCHASED CLIENT SERVICES	36,899	40,083	(3,184)	(8.63%)
9. MEALS (Food Costs)	19,772	35,603	(15,831)	(80.07%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	9,547	9,935	(388)	(4.06%)
			-	
			-	
			-	
14a. OTHER (specify)			-	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	413,155	430,999	(17,844)	(4.32%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	35,225	30,700	4,525	12.85%
18. TOTAL EXPENDITURES	448,380	461,699	(13,319)	(2.97%)
19. CLIENT FEES	33,760	46,312	(12,552)	(37.18%)
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	414,620	415,387	(767)	(0.18%)

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	3,800	3,912	(112)	(2.95%)	
			-		
			-		
			-		

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 Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

SERVICE:	**Adult Day Service - Integrated-Frail/Alzheimers/Other Dementia**
TYPE:	**COM**
SITE:	**ADULT DAY CENTRE - MAPLE - PHYSICALLY**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	84,400	93,060	(8,660)	(10.26%)
2. EMPLOYEE BENEFITS	11,340	10,825	515	4.54%
3. STAFF TRAINING	3,000	1,282	1,718	57.27%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,000		3,000	100.00%
5. TRAVEL	27,350	36,335	(8,985)	(32.85%)
6. BUILDING OCCUPANCY	14,700	14,700	-	0.00%
7. OFFICE EXPENSES	4,450	1,911	2,539	57.06%
8. PURCHASED CLIENT SERVICES	52,951	64,062	(11,111)	(20.98%)
9. MEALS (Food Costs)	5,900	17,338	(11,438)	(193.86%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	2,200	2,068	132	6.00%
			-	
			-	
			-	
14a. OTHER (specify)		2,475	(2,475)	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	209,291	244,056	(34,765)	(16.61%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	6,125	7,000	(875)	(14.29%)
18. TOTAL EXPENDITURES	215,416	251,056	(35,640)	(16.54%)
19. CLIENT FEES	7,730	27,088	(19,358)	(250.43%)
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	207,686	223,968	(16,282)	(7.84%)

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

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
ADULT DAY CENTRE-MAPLE - PHYSICALLY	1,800	1,666	134	7.44%	
			-		
			-		
			-		

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

_____ _____

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ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

SERVICE:	**Adult Day Service (Alzeimers/Other Aging Dementia)**
TYPE:	**COM**
SITE:	**ADULT DAY CENTRE- KESWICK -COGNITIVE**

EXPENDITURES / REVENUES	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
1. EMPLOYEE SALARIES AND WAGES	160,000	225,776	(65,776)	(41.11%)
2. EMPLOYEE BENEFITS	33,083	37,109	(4,026)	(12.17%)
3. STAFF TRAINING	3,200	3,872	(672)	(21.00%)
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,200	2,287	913	28.53%
5. TRAVEL	28,701	22,680	6,021	20.98%
6. BUILDING OCCUPANCY	33,100	33,100	-	0.00%
7. OFFICE EXPENSES	8,810	10,084	(1,274)	(14.46%)
8. PURCHASED CLIENT SERVICES	33,851	34,003	(152)	(0.45%)
9. MEALS (Food Costs)	18,272	10,560	7,712	42.21%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	5,500	6,807	(1,307)	(23.76%)
			-	
			-	
			-	
14a. OTHER (specify)		2,475	(2,475)	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	327,717	388,753	(61,036)	(18.62%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	15,350	15,000	350	2.28%
18. TOTAL EXPENDITURES	343,067	403,753	(60,686)	(17.69%)
19. CLIENT FEES	21,713	25,014	(3,301)	(15.20%)
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	321,354	378,739	(57,385)	(17.86%)

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

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
ADULT DAY CENTRE-KESWICK-COGNITIVE	3,400	2,083	1,317	38.74%	
			-		
			-		
			-		

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

Client base was lower due to lack of communication in the community. Have set up Alzheimer's office in Newmarket to promote awareness of Alzheimers and Day program in Community

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

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

SERVICE:	**Adult Day Service**
TYPE:	**COM**
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			-	
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)			-	
0			-	
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.

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
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 Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

SERVICE:	**Psychogeriatric Consulting Services (Alzheimer Strategy)**
TYPE:	**COM**
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	135,540	169,771	(34,231)	(25.26%)
2. EMPLOYEE BENEFITS	28,000	22,838	5,162	18.44%
3. STAFF TRAINING	3,000	2,948	52	1.73%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL	7,000	5,433	1,567	22.39%
6. BUILDING OCCUPANCY			-	
7. OFFICE EXPENSES	8,677	9,098	(421)	(4.85%)
8. PURCHASED CLIENT SERVICES			-	
9. MEALS (Food Costs)			-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT			-	
			-	
			-	
			-	
14a, OTHER Capital Equiptment		627	(627)	
			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	182,217	210,715	(28,498)	(15.64%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	1,000	0	1,000	100.00%
18. TOTAL EXPENDITURES	183,217	210,715	(27,498)	(15.01%)
19. CLIENT FEES			-	
20. REVENUES - OTHER			-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	183,217	210,715	(27,498)	(15.01%)

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

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
PSYCHOGERIATRIC CONSULTING SERVICES	900	4,404	(3,504)	(389.33%)	
			-		
			-		
			-		

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

Units and clients were reversed on Budget. Program has gone beyond their objective and will be expanded in 05/06.

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2004/2005 ANNUAL RECONCILIATION REPORT
SECTION II, PART C
ACTUAL EXPENDITURES, REVENUES AND UNITS BY SERVICES

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

SERVICE:	**Client Intervention and Assistance Service (Seniors)**
TYPE:	**COM**
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	115,000	124,660	(9,660)	(8.40%)
2. EMPLOYEE BENEFITS	19,000	27,243	(8,243)	(43.38%)
3. STAFF TRAINING	1,050	768	282	26.86%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL	6,500	5,513	987	15.18%
6. BUILDING OCCUPANCY			-	
7. OFFICE EXPENSES	5,344	5,749	(405)	(7.58%)
8. PURCHASED CLIENT SERVICES			-	
9. MEALS (Food Costs)			-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT			-	
			-	
			-	
			-	
14a. OTHER (specify)			-	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	146,894	163,933	(17,039)	(11.60%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	15,655	1,300	14,355	91.70%
18. TOTAL EXPENDITURES	162,549	165,233	(2,684)	(1.65%)
19. CLIENT FEES		0	-	
20. REVENUES - OTHER		0	-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	162,549	165,233	(2,684)	(1.65%)

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

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
SUPPORT SERVICES FOR SENIORS	3,640	2,980	660	18.13%	
			-		
			-		
			-		

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

Variance will be addressed in 05/06. Received approval to hire extra social worker

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2004/2005 ANNUAL RECONCILIATION REPORT
SECTION II, PART D
BUDGET VS ACTUAL: PURCHASED SERVICES

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

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		34,250	2,650	7.18%
					-	
Day Centre Keswick Cognitive					-	
Outreach Coordinator		33,852		38,381	(4,529)	(13.38%)
					-	
Day Centre Maple Phys.					-	
Outreach Coordinator					-	
York Durham Aphasia		40,950		40,099	851	2.08%
					-	
Day Centre - Maple ABI					-	
York Central Hospital - York Simcoe Brain Injury Services		95,000		90,996	4,004	4.21%
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
TOTAL		206,702		203,726	2,976	1.44%

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2004/2005 ANNUAL RECONCILIATION REPORT
SECTION II, PART E
BUDGET VS. ACTUAL: OTHER REVENUE

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

OTHER REVENUE	Approved Budget A	Actual B	(Over) Under C=A-B	
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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2004/2005 ANNUAL RECONCILIATION REPORT
SECTION II, PART F
ACTUAL ADMINISTRATIVE EXPENDITURES

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MOHLTC Vendor #:	Service Provider Name: The Regional Municipality of York - Adult Day Centre

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			-	
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)	0	0	-	

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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Ministère de la Santé et des Soins de longue durée

2004/2005 ANNUAL RECONCILIATION REPORT
SECTI0N III
EXPENDITURES ELIGIBLE FOR ONE-TIME FUNDING

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

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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2004/2005 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 Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

		Opening Accrual Balance (1)	Payments/ Settlements in 2004/2005 (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

2004/2005 ANNUAL RECONCILIATION REPORT
SECTION V
PROVINCIAL SUBSIDY CALCULATION

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

Provincial (Operating) Subsidy

1	**Actual Total Expenditures before one-time [Section II,Part A, Col B, Line 21]**		$ 1,595,056
2	**Adjustments (MOHLTC use only):**		
	- Inadmissible Expenditures -		$
			$
			$
	- Other Adjustments -		$
			$
			$
			$
3	**Total Ministry Approved Expenditures before one-time (line 1 plus 2)**		$ 1,595,056
	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**]	$ 104,614
5 b)	Actual Revenue - Other	[Section II, Part A, Col B, line **20**]	$ -
5 c)	Adjustments (MOHLTC use only)		$
			$
5 d)	Total Adjusted Revenue		$ 104,614
6	**Adjusted Expenditure Less Revenue**	**(Line 3 + Line 4c - Line 5d)**	$ 1,490,442

7	**Approved Budget** **(Section II, Part A, Col A, Line 23)**	**FISCAL**	$ 1,385,826
		CALENDAR	1,351,550
8	**Total Approved Provincial Subsidy: Lesser of Line 6 and Line 7:**		$ 1,351,550
	Payments (Cash Advances):		
9 a)	Total Cash Advances Received from the Ministry **see calendar cashflow**		$ 1,349,049
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)]		$ 1,349,049
10	**Provincial Subsidy Payable (Recoverable)** **[Line 8 - Line 9 (f)]**		**$ 2,501**

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

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2004/2005 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 Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

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

2004/2005 ANNUAL RECONCILIATION REPORT
SECTION VII, PART A

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

MOHLTC Vendor #:	Service Provider Name:
	The Regional Municipality of York - Adult Day Centre

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, 2004:	
2 (b)	Add:	total expenditures for the period from the agency year-end to March 31, 2005	
2 (c)	Equals:	total expenditures for the period April 1, 2004 to March 31, 2005	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:**	
		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, 2004:	
7 (b)	Add:	total revenues for the period between the agency year-end to March 31, 2005:	
7 (c)	Equals:	total revenues for the period April 1, 2004 to March 31, 2005:	
		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:		
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)**	104614
10		**Net expenditures reported in the Annual Reconciliation Report (must equal actual net expenditures Section II, Part A, Column B, Line 23):**	-104614

2004/2005 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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Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

2004/2005 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: _____

Vendor Number: _____ 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: _____