Ontario

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

2003/2004 ANNUAL RECONCILIATION REPORT
TABLE OF CONTENTS

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

April-04

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

2003/2004 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 Centres
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, 2003

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

2003/2004 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 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)	$ 720,292	$ 738,312	$ (18,020)	(2.50%)
2. EMPLOYEE BENEFITS	$ 122,125	$ 114,979	7,146	5.85%
3. STAFF TRAINING	$ 13,450	$ 6,400	7,050	52.42%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	$ 9,400	$ 1,356	8,044	85.57%
5. TRAVEL	$ 93,402	$ 112,644	(19,242)	(20.60%)
6. BUILDING OCCUPANCY	$ 80,700	$ 87,000	(6,300)	(7.81%)
7. OFFICE EXPENSES	$ 37,622	$ 25,462	12,160	32.32%
8. PURCHASED CLIENT SERVICES	$ 218,703	$ 170,731	47,972	21.93%
9. MEALS (Food Costs)	$ 43,944	$ 67,008	(23,064)	(52.48%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	$ 17,547	$ 12,844	4,703	26.80%
11. PURCHASED ADMINISTRATION SERVICES	$ -	$ -	-	
12. CENTRAL AGENCY CHARGES	$ 74,355	$ 64,748	9,607	12.92%
13. OTHER OPERATING	$ -	$ -	-	
14a. OTHER (specify)	$ -	$ (272)	272	
14b. Proxy Pay Equity			-	
			-	
15. EXPENDITURE RECOVERIES	$ -		-	
18. TOTAL EXPENDITURES (Total lines 1 to 15)	$ 1,431,540	$ 1,401,212	$ 30,328	2.12%
19. CLIENT FEES	$ 69,403	$ 123,899	(54,496)	(78.52%)
20. REVENUES - OTHER	$ 123,414	$ 123,414	-	0.00%
21. MINISTRY BASE SUBSIDY REQUESTED (line 18 - line 19 - line 20)	$ 1,238,723	$ 1,153,899	$ 84,824	6.85%
22. ONE-TIME/NON-RECURRING EXPENDITURES			$ -	
23. Total Subsidy Requested (Total lines 21and 22)	$ 1,238,723	$ 1,153,899	$ 84,824	6.85%

Approved Budget: is the amount per Form 2 of signed Service Agreement, subject to amendments per MOHLTC approval letters.
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2003/2004 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 Centres

Line Item	Explanation
	Surplus funding was not fully utilized due to Armitage Gardens,
	26-unit supportive housing program at Newmarket Health Centre not starting up until
	February 2004.
	Programs were closed due to SARS.
Staff training	These charges are reflected under salaries

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2003/2004 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 Centres

SERVICE:	**091**	**CLIENT INTERVENTION AND ASSISTANCE 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	120,385	(5,385)	(4.68%)
2. EMPLOYEE BENEFITS	19,000	21,670	(2,670)	(14.05%)
3. STAFF TRAINING	1,050	784	266	25.33%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	0	60	(60)	
5. TRAVEL	6,500	5,717	783	12.05%
6. BUILDING OCCUPANCY	0		-	
7. OFFICE EXPENSES	5,344	5,885	(541)	(10.12%)
8. PURCHASED CLIENT SERVICES	0		-	
9. MEALS (Food Costs)	0		-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	0		-	
			-	
			-	
			-	
14a. OTHER (specify)			-	
14b. Proxy Pay Equity			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	146,894	154,501	(7,607)	(5.18%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	15,655	8,048	7,607	48.59%
18. TOTAL EXPENDITURES	162,549	162,549	-	0.00%
19. CLIENT FEES	0			
20. REVENUES - OTHER	43,414	43,414	-	0.00%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	119,135	119,135	-	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** client E
CLIENT INTERVENTION & ASSISTANCE TO SENIORS	3640	2,212	1,428	39.23%	532
			-		
			-		
			-		

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

SARS IMPACT ON SERVICE PROVISION

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Reviewed by Program Consultant Date

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2003/2004 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 Centres

SERVICE:	**01A ADULT DAY SERVICE (ALZHEIMERS/OTHER AGING DEMENTIA)**
TYPE:	**COM**
SITE:	**ADULT DAY CENTRE - KESWICK**

EXPENDITURES / REVENUES	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
1. EMPLOYEE SALARIES AND WAGES	160,000	184,614	(24,614)	(15.38%)
2. EMPLOYEE BENEFITS	33,083	29,834	3,249	9.82%
3. STAFF TRAINING	3,200	2,835	365	11.41%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,200	1,147	2,053	64.16%
5. TRAVEL	28,701	24,520	4,181	14.57%
6. BUILDING OCCUPANCY	33,100	33,100	-	0.00%
7. OFFICE EXPENSES	8,810	3,976	4,834	54.87%
8. PURCHASED CLIENT SERVICES	33,852	32,005	1,847	5.46%
9. MEALS (Food Costs)	18,272	12,770	5,502	30.11%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	5,500	5,874	(374)	(6.80%)
		0	-	
			-	
			-	
14a. OTHER (specify)			-	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	327,718	330,675	(2,957)	(0.90%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	15,350	15,350	-	0.00%
18. TOTAL EXPENDITURES	343,068	346,025	(2,957)	(0.86%)
19. CLIENT FEES	21,713	31,610	(9,897)	(45.58%)
20. REVENUES - OTHER	7,000	7,000	-	0.00%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	314,355	307,415	6,940	2.21%

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
KESWICK DAY CENTRE - YORK REGION	4900	2,950	1,950	39.80%	35
			-		
			-		
			-		

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

1) SARS

2) Day program client numbers decreased significantly, clients are being discharged to LTCF beds. Staffing hours were reduced to compensate for fewer clients

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Reviewed by Program Consultant Date

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2003/2004 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 Centres

SERVICE:	**01C ADULT DAY SERVICE INTEGRATED FRAIL/ALZHEIMERS/OTHER DEMENTIA**
TYPE:	**COM**
SITE:	**ADULT DAY CENRE - MAPLE - PHYSICALLY DISABLED**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	74,000	82,305	(8,305)	(11.22%)
2. EMPLOYEE BENEFITS	11,340	11,812	(472)	(4.16%)
3. STAFF TRAINING	3,000	2,118	882	29.40%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,000		3,000	100.00%
5. TRAVEL	27,350	35,797	(8,447)	(30.88%)
6. BUILDING OCCUPANCY	14,700	21,000	(6,300)	(42.86%)
7. OFFICE EXPENSES	4,450	2,152	2,298	51.64%
8. PURCHASED CLIENT SERVICES	52,951	12,330	40,621	76.71%
9. MEALS (Food Costs)	5,900	18,041	(12,141)	(205.78%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	2,200	1,806	394	17.91%
			-	
			-	
			-	
14a. OTHER (specify)			-	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	198,891	187,361	11,530	5.80%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	6,125	6,125	-	0.00%
18. TOTAL EXPENDITURES	205,016	193,486	11,530	5.62%
19. CLIENT FEES	7,730	33,207	(25,477)	(329.59%)
20. REVENUES - OTHER	13,000	13,000	-	0.00%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	184,286	147,279	37,007	20.08%

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
MAPLE - PHYSICALLY DISABLED	2100	1,702	398	18.95%	25
			-		
			-		
			-		

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

SARS PROGRAM CLOSED BETWEEN APRIL - JULY

_____ Reviewed by Program Consultant

_____ Date

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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 Centres

SERVICE:	**01D 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	0		-	
2. EMPLOYEE BENEFITS	0		-	
3. STAFF TRAINING	0		-	
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	100.00%
			-	
			-	
			-	
14a. OTHER (specify)			-	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	101,600	101,300	300	0.30%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	1,000	0	1,000	100.00%
18. TOTAL EXPENDITURES	102,600	101,300	1,300	1.27%
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	95,100	1,300	1.35%

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
MAPLE - A.B.I.	1500	1,059	441	29.40%	37
			-		
			-		
			-		

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

SARS PROGRAM CLOSED BETWEEN APRIL - JULY

Reviewed by Program Consultant

Date

January-00

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2003/2004 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 Centres

SERVICE:	**01A ADULT DAY SERVICE**
TYPE:	**COM**
SITE:	**ADULT DAY CENTRE - MAPLE - COGNITIVE**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	249,043	192,214	56,829	22.82%
2. EMPLOYEE BENEFITS	30,702	35,311	(4,609)	(15.01%)
3. STAFF TRAINING	3,200	1,811	1,389	43.41%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	3,200	149	3,051	95.34%
5. TRAVEL	23,851	42,057	(18,206)	(76.33%)
6. BUILDING OCCUPANCY	26,600	26,600	-	0.00%
7. OFFICE EXPENSES	10,341	7,997	2,344	22.67%
8. PURCHASED CLIENT SERVICES	36,900	31,396	5,504	14.92%
9. MEALS (Food Costs)	19,772	36,197	(16,425)	(83.07%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	9,547	5,164	4,383	45.91%
			-	
			-	
			-	
14a. OTHER (specify) AUDIT FEES		508	(508)	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	413,156	379,404	33,752	8.17%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	35,225	35,225	-	0.00%
18. TOTAL EXPENDITURES	448,381	414,629	33,752	7.53%
19. CLIENT FEES	33,760	52,882	(19,122)	(56.64%)
20. REVENUES - OTHER	60,000	60,000	-	0.00%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	354,621	301,747	52,874	14.91%

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
MAPLE - COGNITIVELY IMPAIRED	5100	3,765	1,335	26.18%	45
			-		
			-		
			-		

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

OPEN DURING SARS HOWEVER CLIENT NUMBERS WERE DRASTICALLY REDUCED. REFERRALS FROM CCAC DECREASED SIGNIFICANTLY

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Reviewed by Program Consultant Date

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2003/2004 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 Centres

SERVICE:	**09D PSYCHOGERIATRIC CONSULTING SERVICES**
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	122,249	158,794	(36,545)	(29.89%)
2. EMPLOYEE BENEFITS	28,000	16,352	11,648	41.60%
3. STAFF TRAINING	3,000	-1,148	4,148	138.27%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	0		-	
5. TRAVEL	7,000	4,553	2,447	34.96%
6. BUILDING OCCUPANCY	0	0	-	
7. OFFICE EXPENSES	8,677	5,452	3,225	37.17%
8. PURCHASED CLIENT SERVICES	0	0	-	
9. MEALS (Food Costs)	0	0	-	
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	0	0	-	
			-	
			-	
			-	
14a. OTHER (specify) CAPITAL EQUIPMENT		-780	780	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES			-	
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	168,926	183,223	(14,297)	(8.46%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	1,000	0	1,000	100.00%
18. TOTAL EXPENDITURES	169,926	183,223	(13,297)	(7.83%)
19. CLIENT FEES	0	0	-	
20. REVENUES - OTHER	0	0	-	
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	169,926	183,223	(13,297)	(7.83%)

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	900	1,050	(150)	(16.67%)	3384
			-		
			-		
			-		

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

THIS PROGRAM IS IN HIGH DEMAND. DESPITE THE FACT THAT THE PROGRAM WAS NOT AVAILABLE FROM APRIL TO JULY 2003 DUE TO SARS, THE UNITS OF SERVICE EXCEEDED THE PROJECTED. THIS IS PRIMARILY DUE TO THE CONTINUING DEVELOPMENT & PROMOTION OF THE PROGRAM.

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Reviewed by Program Consultant Date

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Ministère de la Santé et des Soins de longue durée

2003/2004 ANNUAL RECONCILIATION REPORT
SECTION II, PART D
BUDGET VS ACTUAL: PURCHASED SERVICES

MOHLTC Vendor #:	Service Provider Name:
	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		36,900		34,250	2,650	7.18%
OUTREACH COORDINATOR					-	
					-	
DAY CENTRE KESWICK COGNITIVE		33,852		38,381	(4,529)	(13.38%)
OUTREACH COORDINATOR					-	
					-	
DAY CENTRE MAPLE PHYSICALLY		52,951		29,250	23,701	44.76%
OUTREACH COORDINATOR					-	
					-	
DAY CENTRE MAPLE ABI		95,000		95,000	-	0.00%
OUTREACH COORDINATOR					-	
YORK CENTRAL HOSPITAL					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	

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2003/2004 ANNUAL RECONCILIATION REPORT
SECTION II, PART E
BUDGET VS. ACTUAL: OTHER REVENUE

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

OTHER REVENUE	Approved Budget A	Actual B	(Over) Under C=A-B	
Fund Raising			$ -	
Donations			-	
Municipal Grants/Subsidies	123,414	123,414	-	
Federal Grants/Subsidies			-	
United Way Grants			-	
Investment Income			-	
Other (Specify)			-	
Other (Specify)			-	
Other (Specify)			-	
Other (Specify)			-	
TOTAL OTHER REVENUE	$ 123,414	$ 123,414	$ -	

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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2003/2004 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 Vendor #:	Service Provider Name: 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			-	
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%

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

2003/2004 ANNUAL RECONCILIATION REPORT
SECTI0N III
EXPENDITURE ELIGIBLE FOR ONE-TIME FUNDING

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

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

Ontario

2003/2004 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 Centres

		Opening Accrual Balance (1)	Payments/ Settlements in 2003/2004 (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

2003/2004 ANNUAL RECONCILIATION REPORT
SECTION V
PROVINCIAL SUBSIDY CALCULATION

MOHLTC Vendor #:	Service Provider Name:
	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]**		$ 1,401,212
2	**Adjustments (MOHLTC use only):**		
	- Inadmissible Expenditures -		$
			$
			$
	- Other Adjustments -		$
			$
			$
			$
3	**Total Ministry Approved Expenditures before one-time (line 1 plus 2)**		$ 1,401,212
	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**]	$ 123,899
5 b)	Actual Revenue - Other	[Section II, Part A, Col B, line **20**]	$ 123,414
5 c)	Adjustments (MOHLTC use only)		$
			$
5 d)	Total Adjusted Revenue		$ 247,313
6	**Adjusted Expenditure Less Revenue**	**(Line 3 + Line 4c - Line 5d)**	$ 1,153,899

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2003/2004 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 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)

April-04

Ontario

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

2003/2004 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 Centres

1		**Expenditures per the financial statements:**	1401212
		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, 2003:	
2 (b)	Add:	total expenditures for the period from the agency year-end to March 31, 2004	
2 (c)	Equals:	total expenditures for the period April 1, 2003 to March 31, 2004	1401212
		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):**	1401212
6		**Revenues per the financial statements:**	247313
		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, 2003:	
7 (b)	Add:	total revenues for the period between the agency year-end to March 31, 2004:	
7 (c)	Equals:	total revenues for the period April 1, 2003 to March 31, 2004:	
		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)**	247313
10		**Net expenditures reported in the Annual Reconciliation Report (must equal actual net expenditures Section II, Part A, Column B, Line 23):**	1153899

2003/2004 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)**

April-04

Ontario

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

2003/2004 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: _____