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2003/2004 ANNUAL RECONCILIATION REPORT
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Ministry of Health and Long-Term Care
Ministère de la Santé et des Soins de longue durée

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

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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 - Supportive Housi
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 - 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)	$ 1,923,927	$ 1,906,116	$ 17,811	0.93%
2. EMPLOYEE BENEFITS	$ 317,566	$ 274,483	43,083	13.57%
3. STAFF TRAINING	$ 8,501	$ 3,246	5,255	61.82%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION	$ -		-	
5. TRAVEL	$ 7,200	$ 1,079	6,121	85.01%
6. BUILDING OCCUPANCY	$ 51,336	$ 35,023	16,313	31.78%
7. OFFICE EXPENSES	$ 28,363	$ 21,264	7,099	25.03%
8. PURCHASED CLIENT SERVICES	$ 21,639	$ 18,568	3,071	14.19%
9. MEALS (Food Costs)	$ 17,285	$ 13,124	4,161	24.07%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	$ 18,600	$ 3,201	15,399	82.79%
11. PURCHASED ADMINISTRATION SERVICES	$ -		-	
12. CENTRAL AGENCY CHARGES	$ 83,130	$ 74,912	8,218	9.89%
13. OTHER OPERATING	$ -	$ 4,303	(4,303)	
14a. OTHER (specify)	$ 2,860	$ -	2,860	100.00%
14b. Proxy Pay Equity	$ -	$ -	-	
			-	
15. EXPENDITURE RECOVERIES	$ (168,235)	$ (101,510)	(66,725)	39.66%
18. TOTAL EXPENDITURES (Total lines 1 to 15)	$ 2,312,172	$ 2,253,809	$ 58,363	2.52%
19. CLIENT FEES			-	
20. REVENUES - OTHER	$ 347,564	$ 347,100	464	0.13%
21. MINISTRY BASE SUBSIDY REQUESTED (line 18 - line 19 - line 20)	$ 1,964,608	$ 1,906,709	$ 57,899	2.95%
22. ONE-TIME/NON-RECURRING EXPENDITURES	$ 146,625	$ -	$ 146,625	100.00%
23. Total Subsidy Requested (Total lines 21and 22)	$ 2,111,233	$ 1,906,709	$ 204,524	9.69%

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 - Supportive Housing

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.
Benefits	OMERS Pension Contribution holiday
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 - Supportive Housing

SERVICE:	**11A**
TYPE:	**SHU Supportive Housing**
SITE:	**Genesis - Richmond Hill**

EXPENDITURES / REVENUES	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
1. EMPLOYEE SALARIES AND WAGES	454,901	446,933	7,968	1.75%
2. EMPLOYEE BENEFITS	72,790	58,148	14,642	20.12%
3. STAFF TRAINING	508	532	(24)	(4.72%)
4. BOARD/VOLUNTEER TRAINING & RECOGNITION		0	-	
5. TRAVEL	1,237	438	799	64.59%
6. BUILDING OCCUPANCY	7,155	3,993	3,162	44.19%
7. OFFICE EXPENSES	5,964	5,144	820	13.75%
8. PURCHASED CLIENT SERVICES		839	(839)	
9. MEALS (Food Costs)	2,500	2,377	123	4.92%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT		0	-	
		0	-	
		0	-	
14a. OTHER (specify)		1,629	(1,629)	
14b. Proxy Pay Equity				
14c. OTHER (specify)				
15. EXPENDITURE RECOVERIES	-48,765	-29,763	(19,002)	(47.51%)
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	496,290	490,270	6,020	1.21%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	0	33,192	(33,192)	
18. TOTAL EXPENDITURES	496,290	523,462	(27,172)	(5.48%)
19. CLIENT FEES			-	
20. REVENUES - OTHER	40,000	67,106	(27,106)	(67.77%)
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	456,290	456,356	(66)	(0.01%)

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
ACL - GENESIS	14700	13,403	1,297	8.82%	
			-		
			-		
			-		

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

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 - Supportive Housing

SERVICE:	**11A**
TYPE:	**SHU Supportive Housing**
SITE:	**HERITAGE EAST - NEWMARKET**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	449,377	428,356	21,021	4.68%
2. EMPLOYEE BENEFITS	80,688	60,949	19,739	24.46%
3. STAFF TRAINING	760	443	317	41.71%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL	1,802	326	1,476	81.91%
6. BUILDING OCCUPANCY	9,500	8,025	1,475	15.53%
7. OFFICE EXPENSES	4,224	4,138	86	2.04%
8. PURCHASED CLIENT SERVICES		699	(699)	
9. MEALS (Food Costs)	3,800	3,866	(66)	(1.74%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT			-	
			-	
			-	
			-	
14a. OTHER (specify)		1,358	(1,358)	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES	-50,246	-8,355	(41,891)	83.37%
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	499,905	499,805	100	0.02%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	54,433	27,677	26,756	49.15%
18. TOTAL EXPENDITURES	554,338	527,482	26,856	4.84%
19. CLIENT FEES			-	
20. REVENUES - OTHER	93,960	67,106	26,854	28.58%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	460,378	460,376	2	0.00%

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

EXPLANATION IF VARIANCE ON LINE 21 IS GREATER THAN 5%

CCAC SERVICE AREA	**Approved Budget** **Number of Units** A	**ACTUAL** **Number of Units** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A	**ACTUAL** No. of individual client E
ACL HERITAGE	18000	17,096	904	5.02%	
			-		
			-		
			-		

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

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 - Supportive Housing

SERVICE:	**11A**
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	523,795	544,010	(20,215)	(3.86%)
2. EMPLOYEE BENEFITS	70,688	80,454	(9,766)	(13.82%)
3. STAFF TRAINING	870	0	870	100.00%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL	2,049	0	2,049	100.00%
6. BUILDING OCCUPANCY	9,200	7,737	1,463	15.90%
7. OFFICE EXPENSES	6,319	3,882	2,437	38.57%
8. PURCHASED CLIENT SERVICES			-	
9. MEALS (Food Costs)	3,900	4,150	(250)	(6.41%)
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT			-	
			-	
			-	
			-	
14a. OTHER (specify)				
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES	-49,710	-53,369	3,659	(7.36%)
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	567,111	586,864	(19,753)	(3.48%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	0	0	-	
18. TOTAL EXPENDITURES	567,111	586,864	(19,753)	(3.48%)
19. CLIENT FEES			-	
20. REVENUES - OTHER	102,955	120,328	(17,373)	(16.87%)
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	464,156	466,536	(2,380)	(0.51%)

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	18000	17,449	551	3.06%	
			-		
			-		
			-		

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 - Supportive Housing

SERVICE:	**11A**
TYPE:	**SHU Supportive Housing**
SITE:	**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	74,601	62,485	12,116	16.24%
2. EMPLOYEE BENEFITS	16,206	7,526	8,680	53.56%
3. STAFF TRAINING	363	225	138	38.02%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL	812	165	647	79.68%
6. BUILDING OCCUPANCY	5,256	4,245	1,011	19.24%
7. OFFICE EXPENSES	2,856	1,772	1,084	37.96%
8. PURCHASED CLIENT SERVICES	18,245	17,030	1,215	6.66%
9. MEALS (Food Costs)	185	38	147	79.46%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT			-	
			-	
			-	
			-	
14a. OTHER (specify)		689	(689)	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES	-8,714	-2,053	(6,661)	76.44%
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	109,810	92,122	17,688	16.11%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	25,776	14,043	11,733	45.52%
18. TOTAL EXPENDITURES	135,586	106,165	29,421	21.70%
19. CLIENT FEES			-	
20. REVENUES - OTHER	34,122	4,628	29,494	86.44%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	101,464	101,537	(73)	(0.07%)

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 SCHOMBERG	3000	2,625	375	12.50%	
			-		
			-		
			-		

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 - Supportive Housing

SERVICE:	**11A**
TYPE:	**SHU Supportive Housing**
SITE:	**HADLEY GRANGE**

EXPENDITURES / REVENUES	Approved Budget A	Actual B	(Over) Under C=A-B	% VARIANCE D = C/A
1. EMPLOYEE SALARIES AND WAGES	392,948	424,332	(31,384)	(7.99%)
2. EMPLOYEE BENEFITS	69,481	67,406	2,075	2.99%
3. STAFF TRAINING	1,000	2,046	(1,046)	(104.60%)
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL	1,000	150	850	85.00%
6. BUILDING OCCUPANCY	19,225	11,023	8,202	42.66%
7. OFFICE EXPENSES	4,500	6,328	(1,828)	(40.62%)
8. PURCHASED CLIENT SERVICES			-	
9. MEALS (Food Costs)	3,900	2,693	1,207	30.95%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	9,300	3,201	6,099	65.58%
			-	
			-	
			-	
14a. OTHER (specify)		627	(627)	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES	-6,300	-7,970	1,670	(26.51%)
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	495,054	509,836	(14,782)	(2.99%)
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	0	0	-	
18. TOTAL EXPENDITURES	495,054	509,836	(14,782)	(2.99%)
19. CLIENT FEES			-	
20. REVENUES - OTHER	73,133	87,932	(14,799)	(20.24%)
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	421,921	421,904	17	0.00%

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

EXPLANATION IF VARIANCE ON LINE 21 IS GREATER THAN 5%

CCAC SERVICE AREA	Approved Budget Number of Units A	ACTUAL Number of Units B	(Over) Under C=A-B	% VARIANCE D = C/A	ACTUAL No. of individual client E
ACL HADLEY GRANGE	14700	15,423	(723)	(4.92%)	
			-		
			-		
			-		

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

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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 - Supportive Housing

SERVICE:	**11A**
TYPE:	**SHU Supportive Housing**
SITE:	**ARMITAGE GARDENS**

EXPENDITURES / REVENUES	**Approved Budget** A	**Actual** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A
1. EMPLOYEE SALARIES AND WAGES	28,305		28,305	100.00%
2. EMPLOYEE BENEFITS	7,713		7,713	100.00%
3. STAFF TRAINING	5,000		5,000	100.00%
4. BOARD/VOLUNTEER TRAINING & RECOGNITION			-	
5. TRAVEL	300		300	100.00%
6. BUILDING OCCUPANCY	1,000		1,000	100.00%
7. OFFICE EXPENSES	4,500		4,500	100.00%
8. PURCHASED CLIENT SERVICES	3,394		3,394	100.00%
9. MEALS (Food Costs)	3,000		3,000	100.00%
10. SERVICE SUPPLIES/MEDICAL SUPPLIES & EQUIPMENT	9,300		9,300	100.00%
	0	0	-	
	0		-	0.00%
			-	
14a. OTHER (specify) Emergency Response	2,860	0	2,860	
0			-	
14c. OTHER (specify)			-	
15. EXPENDITURE RECOVERIES	-4,500		(4,500)	100.00%
16. SUB-TOTAL SERVICE EXPENDITURES (Total lines 1 to 15)	60,872	0	60,872	100.00%
17. ALLOCATED ADMINISTRATIVE EXPENDITURES	2,921		2,921	100.00%
18. TOTAL EXPENDITURES	63,793	0	63,793	100.00%
19. CLIENT FEES			-	
20. REVENUES - OTHER	3,394		3,394	100.00%
21. MINISTRY BASE SUBSIDY REQUESTED (Line 18-line 19-line 20)	60,399	0	60,399	100.00%

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

EXPLANATION IF VARIANCE ON LINE 21 IS GREATER THAN 5%

CCAC SERVICE AREA	**Approved Budget** **Number of Units** A	**ACTUAL** **Number of Units** B	**(Over) Under** C=A-B	**% VARIANCE** D = C/A	**ACTUAL** No. of individual client E
ACL ARMITAGE GARDENS	1000	-	1,000	100.00%	
			-		
			-		
			-		

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

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

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

NAME OF SERVICE AND PROVIDER	APPROVED BUDGET SERVICE VOLUME	APPROVED BUDGET TOTAL COST A	ACTUAL SERVICE VOLUME	ACTUAL TOTAL COST B	(Over) Under C=A-B	% VARIANCE D=C/A
					-	
ACL SCHOMBERG					-	
SUPERINTENDANT	12	16,500	12	16,500	-	0.00%
HOMEMAKER	12	1,745	12	532	1,213	69.51%
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
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					-	
					-	
					-	
					-	
					-	
					-	

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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 - Supportive Housing

OTHER REVENUE	Approved Budget A	Actual B	(Over) Under C=A-B	
Fund Raising			$ -	
Donations			-	
Municipal Grants/Subsidies	347,564	347,101	463	
Federal Grants/Subsidies			-	
United Way Grants			-	
Investment Income			-	
Other (Specify)			-	
Other (Specify)			-	
Other (Specify)			-	
Other (Specify)			-	
TOTAL OTHER REVENUE	$ 347,564	$ 347,101	$ 463	

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

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Ministère de la Santé et des Soins de longue durée

MOHLTC Vendor #:	Service Provider Name: 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	1,500	1,500	-	0.00%
6. BUILDING OCCUPANCY			-	
7. OFFICE EXPENSES	2,500	2,500	-	0.00%
11. Purchased Administration Services			-	
12. Central Agency Charges	100,000	153,193	(53,193)	(53.19%)
13. Other Operating	27,260	27,260	-	0.00%
14a. OTHER (specify)			-	
14b. OTHER (specify)			-	
14c. OTHER (specify)			-	
15a. EXPENDITURE RECOVERIES (Specify)		0	-	
15b. EXPENDITURE RECOVERIES (Specify)			-	
15c. EXPENDITURE RECOVERIES (Specify)			-	
16. TOTAL ADMINISTRATIVE EXPENDITURES (Total lines 1 to 15c)	409,590	462,783	(53,193)	(12.99%)

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

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

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

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2003/2004 ANNUAL RECONCILIATUAL 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 - Supportive Housing

		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) ARMITAGE GARDENS OPENED FEB 04			146,625	146,625
Line 9	Other - (Specify) ARMITAGE GARDENS OPENED FEB 04			60,399	60,399
Line 10	Other - (Specify)				-
Line 11	Total Accrual Sum Lines 6 through 10	-	-	207,024	207,024

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		146,625	START UP FUNDING - PROJECT OPENED FEB 04
Line 22		60,399	BUDGET FOR ARMITAGE - PROJECT OPENED FEB 04
Line 23			
Line 24			
Line 25	**Total Sum of Lines 21 through 24**	207,024	

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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 V
PROVINCIAL SUBSIDY CALCULATION

MOHLTC Vendor #:	Service Provider Name:
	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]**		$ 2,253,809
2	**Adjustments (MOHLTC use only):**		
	- Inadmissible Expenditures -		$
			$
			$
	- Other Adjustments -		$
			$
			$
			$
3	**Total Ministry Approved Expenditures before one-time (line 1 plus 2)**		$ 2,253,809
	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**]	$ 347,100
5 c)	Adjustments (MOHLTC use only)		$
			$
5 d)	Total Adjusted Revenue		$ 347,100
6	**Adjusted Expenditure Less Revenue**	**(Line 3 + Line 4c - Line 5d)**	$ 1,906,709
7	**Approved Budget** **(Section II, Part A, Col A, Line 23)**		$ 2,111,233

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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 - 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)

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2003/2004 ANNUAL RECONCILIATION REPORT
SECTION VII, PART A

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

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

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

Line		Description	Amount
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, 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	
			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 other than 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)**	347100
10		**Net expenditures reported in the Annual Reconciliation Report** **(must equal actual net expenditures Section II, Part A, Column B, Line 23):**	-347100

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)**

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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: ____________________

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