



# How to use the Service Provider Budget Template

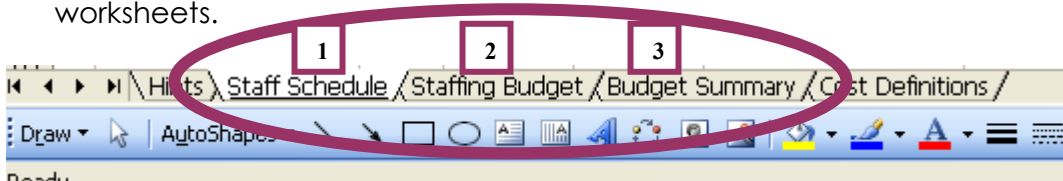
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- Use of this budget template is recommended but not required. Service providers may choose to submit budget proposals using their own format. If you are submitting using your own format, please use this template as a guide to determine the level of detail required.
- CLBC Staff will use the costing guidelines as a starting point in contract negotiation. The guidelines are not expected to replace:
  - good judgement
  - a spirit of collaboration
  - negotiation based on the specific situation

***The budget template workbook contains four worksheets:***

1. Staff Schedule - outlines the number of direct management and direct Program staff and their hours of work on a daily basis
  2. Staffing Budget - calculates staff wage & benefit costs for all direct staff and backfill
  3. Budget Summary - summarizes the overall budget including direct staffing costs, program costs, facilities, administration and revenue
  4. Cost Definitions - Definition of program costs, facilities costs and common administration costs
- Click on the tabs at the bottom of the window to move between the worksheets.



- Complete the Worksheets in order:
  1. Staff Schedule Worksheet
  2. Staffing Budget Worksheet
  3. Budget Summary Worksheet

Wages and benefits from the first two worksheets will automatically carry over to Budget Summary page

- Complete the yellow highlighted columns on all worksheets as the other cells contain formulas.
- You can overwrite formulas to better suit your unique business needs - nothing is locked.

- Place cursor over red triangles to read informational notes.

	A	B	C	D	E	F	G	H	I	J	K	L	M
10		3. If direct supervisor has different hours/week (ex. 40) then others (ex. 37.5), then overwrite FTE for direct supervisor.											
12		4. Complete yellow areas. Provide any additional comments in the space provided.											
14		5. To save paper and print only this page click this button.							Click this button to print only Staff Schedule data page <b>WITHOUT</b> Comments page			Click this butto	
16		<b>Agency Name:</b>	Sample Agency				<b>Program Status:</b>	Union					
17							<b>Agency Status:</b>	CSSEA					
18							<b>FTE Hours/Week:</b>	37.50					
21													
22		<b>Existing Contract #:</b>	not applicable				<b>Program Type:</b>	Residential					
23													

- Space for additional comments has been provided on each worksheet.
- If you need to add a row to any area of the spreadsheet, please ensure that the formulas including the subtotals or totals at the bottom of that section have not been impacted. It is suggested that you add the extra row, midway in the section and not right above a subtotal to help maintain the formulas.
- If you require assistance with the worksheet, please contact the Senior Contract Coordinator at your local Quality Service office.
- Printing:
  - Use the purple buttons at the top of each worksheet to print the page with or without comments

**(When opening the file, if prompted, select "Enable Macros" or if get a Security Warning - macros have been disabled select "Enable this content".)**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
10		3. If direct supervisor has different hours/week (ex. 40) then others (ex. 37.5), then overwrite FTE for direct supervisor.														
12		4. Complete yellow areas. Provide any additional comments in the space provided.														
14		5. To save paper and print only this page click this button.							Click this button to print only Staff Schedule data page <b>WITHOUT</b> Comments page				Click this button to print only Staff Schedule data page <b>WITH</b> Comments page			
16		<b>Agency Name:</b>	Sample Agency				<b>Program Status:</b>	Union								
17							<b>Agency Status:</b>	CSSEA								
18		<b>Program Name:</b>	Sample Home													

- Use the purple buttons on the **Hints** page to print all of the three worksheets with or without comments

	A	B	C
34		6.	If you require assistance with the worksheet, please contact the Senior Contract Coordinator at your local Quality Service office.
35			
36		7.	To save paper and print the worksheets individually without the Additional Comments Page, buttons have been setup on each of the budget template pages.
37			
38		8.	To save paper and print all 3 budget pages at the same time - Staff Schedule, Staffing Budget and Budget Summary without the Additional Comments page click this button.
39			
40			
41			
42			

Click this button to print 3 budget pages  
**WITHOUT** Comments page

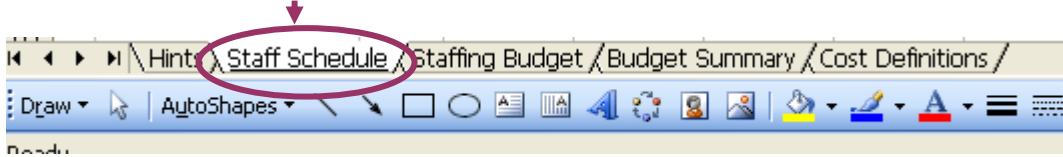
Click this button to print 3 budget pages  
**WITH** Comments page

Note: Apple computer users may have problems with the files or the print macros depending on the Microsoft Office version they are using. Please follow up with your "computer expert" to assist you. You may need to download a more recent version of Microsoft Office or a document converter.

## STAFF SCHEDULE WORKSHEET

This worksheet outlines the number of direct management and direct program staff and their hours of work on a daily basis.

- Select **Staff Schedule** Worksheet at the bottom of the window



### Program Information

	A	B	C	D	E	F
15						
16		<b>Agency Name:</b>	Sample Agency			
17						
18		<b>Program Name:</b>	Sample Home			
19						
20		<b>Date of Submission:</b>	31-Dec-08			
21						
22		<b>Existing Contract #:</b>	not applicable			
23						
24		<b>Service Capacity:</b>	4			
25						

#### Agency Name

- Select Cell C16
- Type in the full name of the Agency

#### Program Name

- Select Cell C18
- Enter the Program name

#### Date of Submission

- Select Cell C20
- Enter the Submission date in the format of yyyy-mm-dd  
For example, October 15, 2008 should be entered as 2008-10-15

#### Existing Contract Number

- Select Cell C22
- Enter existing contract number; If this is a new contract, enter "Not applicable"

## Service Capacity

- Select Cell C24
- Enter the total number of individuals to receive service as part of this budget

	G	H	I	J	K
15	data page WITHOUT commitments page				
16	<b>Program Status:</b>		Union		
17					
18	<b>Agency Status:</b>		CSSEA		
19					
20	<b>FTE Hours/Week:</b>		37.50		
21					
22	<b>Program Type:</b>		Residential		
23					

**Click on the cell then on the arrow to see the drop down list**

## Program Status

- Select Cell I16
- Choose the appropriate Program Status from the drop down list

## Agency Status

- Select Cell I18
- Choose the appropriate Agency Status from the drop down list. *If you selected Union for Program Status, then select **CSSEA, HEABC or Other** for Agency Status. If you selected Non-Union for Program Status, you should select **CSSEA** if you are a CSSEA member. Otherwise, select **None** if you are purely non-union.*

## Weekly FTE hours

- Select Cell I20
- Enter the number of hours per week that your agency considers full time hours for the majority of employees (e.g. 37.5 or 40)

## Program Type

- Select Cell I22
- Choose the appropriate Program type from the drop down list
- Note: You should complete a separate budget worksheet for residential vs. non-residential programs if you provide both.

Now that you have filled in the Program Information into the header of this worksheet, it will carry forward to the other worksheets.

**Weekly Schedule** (Located on the Staff Schedule worksheet)

**Job Classification**

- Enter job title for each direct service position, including direct supervisory position

	A	B
26	#	Classification
27	1	Residential Manager
28		
29	2	Asleep Residence Worker - 1
30		
31	3	Asleep Residence Worker - 2
32		
33	4	Residence Worker
34		
35	5	Residence Worker
36		
37	6	Residence Worker
38		
39	7	Residence Worker
40		
41	8	Residence Worker
42		

**Enter Job Title here**

**Shift**

Include direct staff & direct supervisor hours in schedule, exclude all non-direct staff. If direct supervisor is working on direct program administrative tasks (offline) vs. direct care (online), then show hours but put a note in Shift row that says Admin. See example below. Can also split on two lines if preferred (1 line for direct care/online and 1 line for administration/offline).

- Enter start time and end time of shift, e.g. 10-8

	A	B	C	D	E	F	G	H	I	J	K	L	M
26	#	Classification		M	T	W	Th	F	Sat	Sun	Total Hours	FTE	Position #
27	1	Residential Manager	Shift			2:30-10	Admin	2:30-10	8-3:30	8-3:30			
28			Hours			7.50	7.50	7.50	7.50	7.50	37.50	1.00	1
29	2	Asleep Residence Worker - 1	Shift	10p-8:00a	10-8:00	10-8:00							
30			Hours	10.00	10.00	10.00					30.00	0.80	2

**Enter start and end time here**

**Hours**

- Enter number of hours worked, e.g. 7.5  
(Do not include unpaid breaks)

	A	B	C	D	E	F	G	H	I	J	K	L	M
26	#	Classification		M	T	W	Th	F	Sat	Sun	Total Hours	FTE	Position #
27	1	Residential Manager	Shift			2:30-10	Admin	2:30-10	8-3:30	8-3:30			
28			Hours			7.50	7.50	7.50	7.50	7.50	37.50	1.00	1
29	2	Asleep Residence Worker - 1	Shift	10p-8:00a	10-8:00	10-8:00							
30			Hours	10.00	10.00	10.00					30.00	0.80	2

**Enter number of hours worked here**

### Weekly hours and FTE are calculated

Once you have entered the shift information and number of hours worked, the total weekly hours and FTE will automatically calculate. Please ensure you have filled in Cell I20 in the Program Information "FTE Hours/Week" for the FTE calculation to work.

See the example below of what a complete Staff Schedule will look like. All of this information including Total Hours and Total FTE for all staff will carry forward to the Staffing Budget/Wage Benefit worksheet. Space has been provided for any Additional Comments.

You are now done the Staff Schedule Worksheet. Save your work and move to the next Worksheet.

#	Classification	Shift	M	T	W	Th	F	Sat	Sun	Total Hours	FTE	Position #	Additional Comm
27	1 Residential Manager	Shift			2:30-10	Admin	2:30-10	8-2:30	8-2:30		1.00	1	
28		Hours			7.50	7.50	7.50	7.50	7.50	37.50			
29	2 Asleep Residence Worker - 1	Shift	10p-8:00a	10-8:00	10-8:00						0.80	2	
30		Hours	10.00	10.00	10.00					30.00			
31	3 Asleep Residence Worker - 2	Shift				10-8:00	10-8:00	10-8:00	10-8:00		1.07	3	
32		Hours				10.00	10.00	10.00	10.00	40.00			
33	4 Residence Worker	Shift	6:00a-10a	6:00a-10a	6:00a-10a	6:00a-10a	6:00a-10a				0.53	4	
34		Hours	4.00	4.00	4.00	4.00	4.00			20.00			
35	5 Residence Worker	Shift	2:30-10			2:30-10	4-9	2:30-10	2:30-10		0.93	5	
36		Hours	7.50			7.50	5.00	7.50	7.50	35.00			
37	6 Residence Worker	Shift	4-9	4-9	4-9			2:30-10	2:30-10		0.75	6	
38		Hours	5.00	5.00	5.00			6.50	6.50	28.00			
39	7 Residence Worker	Shift		2:30-10				9-2:30	9-2:30		0.49	7	
40		Hours		7.50				5.50	5.50	18.50			
41	8 Residence Worker	Shift				4-9					0.13	8	shift completed by
42		Hours				5.00				5.00			
43	9	Shift								0.00		9	
44		Hours								0.00			
45	10	Shift								0.00		10	
46		Hours								0.00			
47	11	Shift								0.00		11	
48		Hours								0.00			
49	12	Shift								0.00		12	
50		Hours								0.00			
51	13	Shift								0.00		13	
52		Hours								0.00			
53	14	Shift								0.00		14	
54		Hours								0.00			
55	15	Shift								0.00		15	
56		Hours								0.00			
57	16	Shift								0.00		16	
58		Hours								0.00			
59	17	Shift								0.00		17	
60		Hours								0.00			
61	18	Shift								0.00		18	
62		Hours								0.00			
63	19	Shift								0.00		19	
64		Hours								0.00			
65	20	Shift								0.00		20	
66		Hours								0.00			
67	21	Shift								0.00		21	
68		Hours								0.00			
69	22	Shift								0.00		22	
70		Hours								0.00			
71	Overall Total Hours		26.50	26.50	26.50	34.00	26.50	37.00	37.00	214.00	5.71		

Only works if cell I20 is filled in

You may enter additional comments here

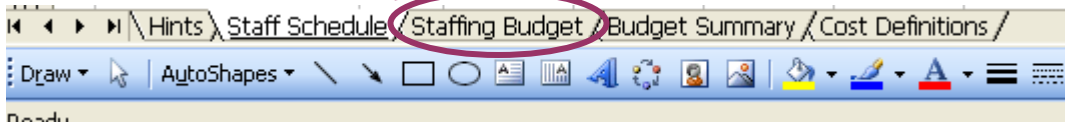
Total weekly FTE is calculated

Total weekly hours is calculated

## STAFFING BUDGET WORKSHEET / WAGE BENEFIT CALCULATION

This worksheet calculates staff wage and benefit costs for all direct staff and backfill.

- Select **Staffing Budget** Worksheet at the bottom of the window



- The Program Information in the header will carryover from the **Staff Schedule** worksheet

### **Direct Staff Wage Calculation**

Position Classification (Job Titles), Hours/week and FTE will carryover from **Staff Schedule** worksheet.

### **Different Shift Rotation Configurations**

The template has not been configured for use with different shift rotation configurations such as 4 on and 2 off. If you have different shift rotations configurations, then please contact the Senior Contract Coordinator in your area for assistance in using the budget template or you can submit using your own format.

### Backfill Rate

This includes the actual cost of replacing absent employees who are required to work directly with individuals.

- Enter Backfill % for each Job Classification
  - ❖ If position is backfilled, enter % of time backfilled. E.g. If RCW always backfilled, enter 100%;
  - ❖ If supervisor only backfilled for online direct care, then enter lower % such as 25%;
  - ❖ If position is not backfilled enter 0%.

**Note: If you do not fill in this section, the formulas will not work to calculate Backfill Wages or Benefits in the template.**

	A	B	C
22			
23	<b>Line</b>		<b>Backfill</b>
24	<b>#</b>	<b>Classification</b>	<b>%</b>
25	1	Residential Manager	80%
26	2	Asleep Residence Worker - 1	100%
27	3	Asleep Residence Worker - 2	100%
28	4	Residence Worker	100%
29	5	Residence Worker	100%
30	6	Residence Worker	100%
31	7	Residence Worker	100%
32	8	Residence Worker	100%
33	9	0	
34	10	0	
35	11	0	
36	12	0	
37	13	0	
38	14	0	
39	15	0	
40	16	0	
41	17	0	
42	18	0	
43	19	0	
44	20	0	
45	21	0	
46	22	0	
47		<b>Direct Staffing Subtotal</b>	

Enter Backfill rate here

### Vacation Days Per Year

- Enter the number of vacation days/year of vacation entitlement for each Job Classification
  - ❖ The average vacation days can be used later for the Backfill Wage Calculation instead of having to enter information in cell F50 or G50.

	A	B	C	D
22				<b>Direct \$</b>
23	<b>Line</b>		<b>Backfill</b>	<b>Vac. Days</b>
24	<b>#</b>	<b>Classification</b>	<b>%</b>	<b>per Year</b>
25	1	Residential Manager	80%	16.00
26	2	Asleep Residence Worker - 1	100%	15.00
27	3	Asleep Residence Worker - 2	100%	15.00
28	4	Residence Worker	100%	16.00
29	5	Residence Worker	100%	16.00
30	6	Residence Worker	100%	15.00
31	7	Residence Worker	100%	15.00
32	8	Residence Worker	100%	
33	9	0		
34	10	0		
35	11	0		
36	12	0		
37	13	0		
38	14	0		
39	15	0		
40	16	0		
41	17	0		
42	18	0		
43	19	0		
44	20	0		
45	21	0		
46	22	0		
47		<b>Direct Staffing Subtotal</b>		<b>15.43</b>

Enter vacation days/year here

Average vacation days per year



### **Hourly Rate**

- Enter the hourly rate for each Job Classification

### **Daily Rate**

The template has not been configured for use with a daily rate. If you pay a Daily Rate instead of Hourly then please contact the Senior Contract Coordinator in your area for assistance in using the budget template or you can submit using your own format.

### **Shift Differentials**

If you have shift differentials, such as where there is a local agreement that overnight staff get \$1.00 per hour top up, include in the hourly rate for the position and provide a comment with the details.

### **Step & Grid (Complete only if you are an unionized agency)**

- Enter the Step and Grid for each Job Classification  
For example, for a Residence Worker, enter applicable Step from 1 to 4 and Grid 10.
  - ❖ Note the budget template does not address Point Bands only Step and Grid.
- Non-union can leave these two columns blank.

	F	G	H
22	<b>Wage Calculation</b>		
23	<b>Hourly</b>	<b>Unionized Agencies</b>	
24	<b>Rate</b>	<b>Step</b>	<b>Grid</b>
25	\$ 22.34	3	14
26	14.39	3	5
27	14.59	3	5
28	17.02	3	10
29	17.02	3	10
30	17.02	3	10
31	17.02	3	10
32	17.02	3	10
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			

Enter hourly rate here

Enter Step and Grid here

**Monthly Cost and Annual Cost**

- Monthly Cost and Annual Cost will automatically calculate and will carry forward to the **Budget Summary** worksheet.
- Scroll down on the worksheet to begin to enter information into the next section - Backfill Wage Calculation.

### Backfill Wage Calculation

Backfill refers to casual employees who are relieving regular employees who are absent from work.

### Backfill Days or Rates

You may obtain this information from payroll records provided by your HR department.

- Enter the number of days that require backfill for each category listed. Using this method will result in the backfill % to automatically calculate, **OR**
- Enter the Backfill percentage in the next column  
(It is OK to overwrite the formula in the cell range of G50 to G55)

### Vacation Coverage

- The vacation coverage Days/FTE will pre-populate with the average prorated vacation days filled in above.
- Alternately, you can enter the average vacation % in cell G50.

### Statutory Holiday Coverage

- This is the number of statutory holiday days your staff takes off in a calendar year.
- If entering days/FTE, multiply by 1.5 to reflect overtime pay. Ex. For 9 stat days, you would enter  $9 \times 1.5 = 13.5$  in this cell.

### Sick Coverage

- This is the average number of sick days your staff takes off in a calendar year.

### Education and Training Coverage

- This is the average number of days your staff attend education and training events in a calendar year. Note: this is not the cost of registration for training courses for your direct staff which is included on the Budget Summary tab as a direct program cost.

Leave blank anything that is not required.

	A	B	C	D	E	F	G	
48		<b>Backfill Wage Calculation</b>						
49		<b>Item</b>				<b>Days/FTE</b>	<b>%</b>	
50	23	Vacation coverage				15.43	6.31%	
51	24	Statutory holiday coverage					3.00%	
52	25	Sick coverage					2.00%	
53	26	Education & training coverage					1.50%	
54	27	Other -					0.00%	
55	28	Other -					0.00%	
56		<b>Backfill Staffing Subtotal</b>				<b>15.43</b>	<b>12.81%</b>	

Enter # of Backfill days here which calculates %

Or enter Backfill rate here

### Additional Coverage Categories

- Type in additional Backfill Coverage Categories in cell B54 to B55. Provide an explanation of these costs in the comments section.

	A	B	C	D	E	F	G	
48		<b>Backfill Wage Calculation</b>						
49		<b>Item</b>				<b>Days/FTE</b>	<b>%</b>	
50	23	Vacation coverage				15.43	6.31%	
51	24	Statutory holiday coverage					3.00%	
52	25	Sick coverage					2.00%	
53	26	Education & training coverage					1.50%	
54	27	Other -					0.00%	
55	28	Other -					0.00%	
56		<b>Backfill Staffing Subtotal</b>				<b>15.43</b>	<b>12.81%</b>	

Monthly Costs and annual costs automatically calculate. Add any applicable comments. You are finished this section. Save your work and scroll down to the next section.

## Benefit Calculation – Direct Staff

### Monthly Benefit Amount

- The majority of the benefit amounts are defaulted to be entered by percentage. Fill in the yellow boxes for guidance.
- Only include those benefits that you provide and leave blank the ones you don't provide.

### CPP & EI

Your HR department will have these rates or contact Revenue Canada for the updated CPP & EI rates.

	A	B	C	D	E	F	G
57		<b>Benefit Calculation - Direct Sta</b>					
58		<b>Item</b>				<b>\$/FTE/ Month</b>	<b>%</b>
59	29	CPP					4.95%
60	30	EI					2.42%

Enter benefit % here

### WCB

Your HR department will have the rate or you may obtain this information from WCB invoices or contact WorkSafeBC to inquire about your current rate.

	A	B	C	D	E	F	G
57		<b>Benefit Calculation - Direct Sta</b>					
58		<b>Item</b>				<b>\$/FTE/ Month</b>	<b>%</b>
61	31	WCB					1.50%

Enter benefit % here

**Extended Health Care (EHC), Dental, Medical Services Plan (MSP)**

Your HR department will have these rates or contact your health benefit provider for the monthly rates/amount.

These are usually calculated by a fixed monthly amount per person, e.g. MSP Family of 3+ \$108 per month, Family of 2 \$96, One Person \$54. Determine what the average is for your staff.

- Enter the number of employees (Cell E62 to E64) that the benefit is applicable to and the average amount per employee per month (Cell F62 to F64) for each benefit category. The % will calculate, **OR**
- If you prefer, just enter the % in the next column (Cell G62 to G64) (It is OK to overwrite the formula in the cell range of G62 to G64)

	A	B	C	D	E	F	G
57		<b>Benefit Calculation - Direct Sta</b>					
58		<b>Item</b>				<b>\$/FTE/ Month</b>	<b>%</b>
62	32	EHC	# FTE for Benefits				3.12%
63	33	Dental	# FTE for Benefits				2.60%
64	34	MSP	# FTE for Benefits	4		\$ 96.00	2.41%

Enter number of employees who receive

Enter average monthly amount/employee here

Or enter benefit % here instead

**Long Term Disability (LTD)**

Your HR department will have these rates or contact your health benefit provider for the monthly rates/amount.

	A	B	C	D	E	F	G
57		<b>Benefit Calculation - Direct Sta</b>					
58		<b>Item</b>				<b>\$/FTE/ Month</b>	<b>%</b>
65	35	LTD					1.20%

Enter benefit % here

### RRSP/Pension

You may obtain your RRSP/Pension benefits from your HR department. Enter the average percentage cost for your agency.

	A	B	C	D	E	F	G
57		<b>Benefit Calculation - Direct Sta</b>					
58		<b>Item</b>				<b>\$/FTE/ Month</b>	<b>%</b>
66	36	RRSP/Pension					2.00%

Enter benefit % here

### Life Insurance and Accidental Death and Dismemberment

Your HR department will have these rates or contact your health benefit provider for the monthly rates/amount. This benefit can either be entered as a % or as a cost per person.

- Enter the number of employees (Cell E67 to E68) that the benefit is applicable to and the average amount per employee per month (Cell F67 to F68) for each benefit category, **OR**
- If you prefer, just enter the % in the next column (Cell G67 to G68) (It is OK to overwrite the formula in the cell range of G67 to G68)

	A	B	C	D	E	F	G
57		<b>Benefit Calculation - Direct Sta</b>					
58		<b>Item</b>				<b>\$/FTE/ Month</b>	<b>%</b>
67	37	Life Insurance	# FTE for Benefits				0.00%
68	38	Accidental Death & Dismemberment	# FTE for Benefits				0.00%
69	39	Other -					0.00%

Enter number of employees who receive benefit

Enter average monthly amount/employee here

Or enter benefit % here instead

### Other Benefits

- Add in any additional benefits in Other (Cell B69) only if applicable. Provide an explanation in the comment section.

Monthly Costs and annual costs automatically calculate. Add any applicable comments. You are finished this section. Save your work and scroll down to the next section.

## Benefit Calculation – Backfill

### Benefit Rate

CPP, EI and WCB rates are pre-populated from the rate applied for Direct Staff Benefit Calculation.

### In Lieu of Benefits for backfill staff

- Select cell G76
- Enter % if applicable or leave blank if not applicable.

	A	B	C	D	E	F	G	H	I	J	K	L
71		<b>Benefit Calculation - Backfill</b>										line
72		<b>Item</b>				<b>Days/FTE</b>	<b>%</b>	<b>Monthly Cost</b>		<b>Annual Cost</b>		<b>#</b>
73	40	CPP					4.95%	\$ 106.09		\$ 1,273		40
74	41	EI					2.42%	\$ 51.87		\$ 622		41
75	42	WCB					1.50%	\$ 32.15		\$ 386		42
76	43	Amount in Lieu of Benefits					10.20%	\$ 198.38		\$ 2,381		43
77	44	Other					0.00%	\$ -		\$ -		44
78	45	Other					0.00%	\$ -		\$ -		45
79		<b>Benefits - Backfill Subtotal</b>				-	<b>19.07%</b>	<b>\$ 388.49</b>		<b>\$ 4,662</b>		
80		<b>TOTAL BENEFITS (DIRECT &amp; BACKFILL)</b>						<b>\$ 5,599.64</b>		<b>\$ 67,196</b>		
81		<b>TOTAL WAGES AND BENEFITS</b>						<b>\$ 21,510.25</b>		<b>\$ 258,122</b>		
82		<b>TOTAL BENEFIT LOAD (BENEFITS &amp; BACKFILL)</b>					<b>35.2%</b>					

Enter new Benefit Categories here

These are pre-populated from previous calculation

### Additional Benefit Categories

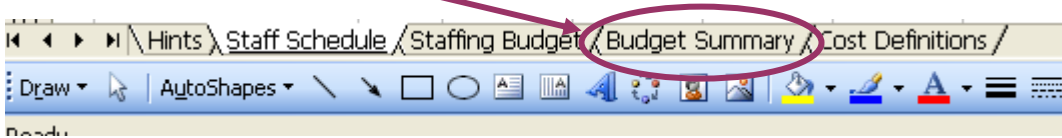
- Add new Benefit Categories not listed in cell B77 to B78 if they apply to your agency. Provide an explanation in the comment section.

Monthly Costs and annual costs automatically calculate. Add any applicable comments. You have completed this worksheet. Please save the file so you won't lose any changes you've made.

## BUDGET SUMMARY WORKSHEET

This worksheet summarizes the overall budget including direct staffing costs, direct program costs, facilities costs, administration costs and revenue.

- Select **Budget Summary** worksheet from the bottom of the window



The Program Information in the header will carry forward from the staff schedule worksheet.

### Direct Program Costs

**Wages and Benefits** will carryover from **Staffing Budget** worksheet.

### Other Direct Program Costs

- Type in cost type (category description)
- Type in monthly amount for each cost category (Cell D30 to D45)
- See **Cost Definitions** tab for more information on the types of costs identified by the October 1997 report from the Contract Reform Project

21	line	Costs				line	Di
22	#	Direct Program Costs	Monthly	Annual	% of Total Cost	#	Ac
23		<b>Wages and Benefits</b>					
24	1	Direct Staff Wages	\$ 15,910.61	\$ 190,926	55.4%	1	
25	2	Backfill Wages	1,944.90	23,339	6.8%	2	
26	3	Benefits on Direct Staff	3,266.25	39,195	11.4%	3	
27	4	Benefits on Backfill	388.49	4,662	1.4%	4	
28	5	<b>Subtotal Wages &amp; Benefits</b>	<b>\$ 21,510.25</b>	<b>\$ 258,122</b>	<b>74.9%</b>	<b>5</b>	
29		<b>Other Direct Program Costs</b>	<b>Monthly</b>	<b>Annual</b>	<b>% of Total Cost</b>		
30	6	Food	1,400.00	16,800	4.9%	6	
31	7	Staff Training - registration fees	92.00	1,140	0.3%	7	
32	8	Mileage	450.00	5,400	1.6%	8	
33	9	Household Supplies	250.00	3,000	0.9%	9	
34	10	Activity Supplies / Recreation	100.00	1,200	0.3%	10	
35	11	Emergency Supplies	50.00	600	0.2%	11	
36	12	Cellular Phone (2)	100.00	1,200	0.3%	12	
37	13	Telephone	50.00	600	0.2%	13	
38	14	Cable	30.00	360	0.1%	14	
39	15			-	0.0%	15	
40	16			-	0.0%	16	
41	17			-	0.0%	17	
42	18			-	0.0%	18	
43	19			-	0.0%	19	
44	20			-	0.0%	20	
45	21			-	0.0%	21	
46		<b>Total Direct Program Costs</b>	<b>\$ 24,035.25</b>	<b>\$ 288,422</b>	<b>83.7%</b>		

Enter cost type here

Note: For transportation costs, please provide details breaking the costs down into categories such as staff mileage, lease, insurance, gas, etc.

- Automatically calculates Annual and % of Total Cost and the totals columns.

Scroll down for Administration section.

### Administration Costs

Administration is applied against staffing and program costs and is exclusive of facilities costs. See **Cost Definitions** tab for more information on the types of costs identified by the October 1997 report from the Contract Reform Project

- Enter Administration costs as a percentage in cell C49
- Monthly and Annual costs will automatically calculate

	A	B	C	D	E	F	G	H	I	J
47									line	Adm
48		<b>Administration</b>	%	<b>Monthly</b>		<b>Annual</b>		<b>% of Total Cost</b>	#	Addi
49	22	Administration	8.0%	\$ 1,922.82		\$ 23,074		6.7%	22	

### Facilities Costs

#### Monthly Facilities Costs

- Type in facility cost type
- Type in monthly amount for each cost type (Cell D52 to D62)
- See **Cost Definitions** tab for more information on the types of costs identified by the October 1997 report from the Contract Reform Project
- Automatically calculates Annual and % of Total Cost.

	A	B	C	D	E	F	G	H	I	J
50									line	Fac
51		<b>Facilities</b>		<b>Monthly</b>		<b>Annual</b>		<b>% of Total Cost</b>	#	Addi
52	23	Rent		\$ 2,300.00		\$ 27,600		8.0%	23	
53	24	Tenant Insurance		120.00		1,440		0.4%	24	
54	25	Incidental Repairs		150.00		1,800		0.5%	25	
55	26	Utilities		200.00		2,400		0.7%	26	
56	27					-		0.0%	27	
57	28					-		0.0%	28	
58	29					-		0.0%	29	
59	30					-		0.0%	30	
60	31					-		0.0%	31	
61	32					-		0.0%	32	
62	33					-		0.0%	33	
63		<b>Total Facilities Costs</b>		\$ 2,770.00		\$ 33,240		9.6%		
64		<b>Total Costs</b>		\$ 28,728.08		\$ 344,737		100.0%		

Type in facility cost type

Enter monthly costs here

## **Funding**

### **Monthly Funding Amount**

- Enter non-CLBC monthly funding received from each source (Cell D68 to D75)
- PWD is the Persons With Disabilities Benefit support and shelter contribution that is set by the Ministry of Housing and Social Development (MHSD) and received by those under the age of 65. Individuals in receipt of this benefit are required to contribute an amount for home activity (residential) services that is specified by MHSD.
- OAS/GIS is the Federal Old Age Pension/Guaranteed Income Supplement support and shelter contribution that is set by the Federal Government and received by those 65 and older. Individuals in receipt of this benefit are required to contribute an amount for home activity (residential) services that is equivalent to the contribution amount set by Health for seniors in assisted living resources.
- Transportation Allowance is the monthly transportation supplement that some service providers receive from the Ministry of Housing and Social Development for those individuals registered in day programs who cannot use regular transportation.
- Donations to a specific program or service may also offset some of the costs and should be included in the revenue section if applicable.
- BCHMC Subsidies refers to homes which have a specific type of operating agreement with BC Housing and Mortgage Commission (BCHMC). BCHMC pays the service provider a monthly amount for minor maintenance (Operator Fees) and Grounds (optional) costs.
- GST Rebate is the 50% rebate that non-profit agencies are eligible to claim from the Federal Government. Regardless of whether your charity is registered for GST, it is generally entitled to claim a 50% public service bodies' rebate of the GST it paid on its purchases. The GST rebate received by agencies is used to offset costs. See the website [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca) for more details.

### **Additional Funding Sources**

- Type in additional funding types in cell B74 to B75

### CLBC Existing Funding Received

- If applicable, enter monthly funding currently received from CLBC in cell D77.
  - ❖ If this is an existing contract, enter the current funding received.
  - ❖ If this is a new contract, enter 0.

66	Line #	Funding Source	Monthly	Annual	% of Total Funding	Line #	Fun Add
68	34	PWD	\$ 2,864.00	\$ 34,368	100.0%	34	
69	35	OAS/GIS		-	0.0%	35	
70	36	Transportation Allowance		-	0.0%	36	
71	37	BCHMC Subsidies		-	0.0%	37	
72	38	Donations		-	0.0%	38	
73	39	GST Rebate		-	0.0%	39	
74	40	Other -		-	0.0%	40	
75	41	Other -		-	0.0%	41	
76		<b>Total Funding (non-CLBC)</b>	<b>\$ 2,864.00</b>	<b>\$ 34,368</b>	<b>100.0%</b>		
77	42	CLBC Existing Funding Received		-	0.0%	42	
78		<b>Total Existing Funding</b>	<b>\$ 2,864.00</b>	<b>\$ 34,368</b>	<b>100.0%</b>		
79							
80		<b>Funding Requested from CLBC</b>	<b>\$ 25,864.08</b>	<b>\$ 310,369</b>			

**Enter non-CLBC monthly funding received**

**Enter additional Funding Sources here**

**Enter monthly funding currently received from CLBC**

### Funding Requested from CLBC

Based on all information keyed into the budget template and carried forward from the staffing budget, the final calculation determines funding requested from CLBC.

You are now done the Budget Template. Save the file and print a hard copy for your records. If you have been confirmed to have secure email, you can email a copy to your CLBC contact. Otherwise forward a copy to your CLBC contact via mail or drop off in person. Agencies submitting a budget as a result of a formal request for proposals (RFP) are required to follow the specific submission requirements outlined in the RFP.



## COST DEFINITIONS WORKSHEET

Also included in this manual starting on the next page are the Cost Definitions adapted from the October 1997 report from the *Contract Reform Project – Sub-committee for the Research and Development of Funding Policy including Administration for Contracted Agencies*.

### Cost Definitions

Cost Definitions have been adapted from the October 1997 report from the *Contract Reform Project – Sub-committee for the Research and Development of Funding Policy including Administration for Contracted Agencies*.

**Program Costs** – The following are program/service costs and should not be included in common administrative costs:

- Program supervisor wages and benefits;
- Program staff wages and benefits;
- Program vehicles;
- Program supplies;
- Program related corporate memberships; and
- Support costs directly and solely attributable to the program/service. E.g. telephone, receptionist or other supports (if located within the program/service facility).

**Facility Costs** – The following are occupancy and maintenance costs for facilities. Where related to head office, these costs will be included in common administrative costs. Where related to program facilities, these costs will be negotiated separately. If the head office is within the program facility, facility funding will be reduced by the proportional amount.

- Rent, lease or mortgage payments;
- Facilities, major repair and maintenance;
- Major appliances such as fridges, stoves, washers, dryers;
- Property tax;
- Janitorial;
- Liability, fire and earthquake insurance;
- Utilities (hydro and water only); and
- Depreciation of buildings.

**Common Administrative Costs** – Administrative costs that relate to and benefit the overall organization. Common administrative costs include the following.

<b>Administrative Personnel Wages &amp; Benefits</b>	
Executive Director and Program/Service Directors	Executive director and other managers who do not supervise front line staff
Administrative and Accounting Staff	Office managers, accounting personnel, and clerical support staff, including temporary administrative staff
Human Resources Personnel	Staff who perform payroll, hiring, recruitment and negotiations functions

<b>Head Office Operating Costs</b>	
Office Supplies, Postage and Printing	Paper, pens, staplers, and other office supplies, postage and printing annual report, bulletins and brochures
Telephone and Communications	Costs of telephone, pagers, and answering machines and other communication costs
Office Equipment Purchase and Rental	Purchase of non-depreciable assets or rental costs for photocopiers, facsimiles, computers and other office equipment
Depreciation Expense	For depreciable office equipment (greater than \$500)

<b>Facilities</b>	
Facilities	Any facilities costs as defined above related to a head office is applicable

<b>Fees, Dues and Insurance</b>	
Legal Fees	Legal fees related to CLBC program/service
Audit Fees	Annual audit
Accounting Fees	Bookkeeping or accounting related to CLBC program/service
Consultant Fees	Consulting fees related to CLBC program/service
Corporate Membership Dues	Corporate memberships in organizations which assist the agency/society to achieve its objectives within the community, including program/service oriented clubs, business organizations, federations and professional association dues for administrative personnel
Subscriptions	Periodicals for CLBC-related programs/services
Bank Fees	Bank charges related to program/service
Insurance	Director's liability insurance and theft

<b>Travel, Meetings and Training</b>	
Travel	Administrative personnel and Board of Directors travel
Vehicles	Portion of vehicle expense related to administration
Meeting Expense	Board of Directors meetings, Annual General Meetings and other administration related meetings
Conferences	Related to CLBC programs/services
Training	Training costs for administrative personnel
Recruitment	Hiring and relocation costs for administrative personnel