Algoma Public Health

2018 Public Health Operating & Capital Budget

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EXECUTIVE SUMMARY:

Issue:

The Management of Algoma Public Health (APH) is seeking approval of the 2018 Public Health Operating and Capital Budget for mandatory public health programs and services. The Board of Health Finance & Audit Committee has reviewed the 2018 Public Health Operating and Capital Budget and recommends the Board of Health approve the enclosed budget.

Recommended Action:

"That the Board of Health for the District of Algoma Health Unit approves the 2018 Public Health Operating and Capital budget as presented".

Budget Summary:

The 2018 APH Operating & Capital Budget is designed to ensure the Board of Health for the District of Algoma Health Unit is fulfilling its mandate as per the requirements set out in the *Health Protection and Promotion Act*, the draft modernized Ontario Standards for Public Health Programs and Services (OSPHPS), Ontario Public Health Organizational Standards, the Public Health Accountability Agreement, and APH's strategic plan. The 2018 budget reflects no changes in the current service offerings to the clients within the District of Algoma for mandatory cost-shared programs and an increase in programing related to 100% Provincially Funded Programs.

The proposed 2018 budget for mandatory programs and services is $14,415,061 and as compared to the 2017 Board of Health approved budget, represents a 2.7% overall increase. This increase is primarily a result of an increase in the 100% Provincially funded Programs funding. The requested 0.50% increase in the municipal levy will help to offset the 0% increase in the provincial grant for cost-share programs, inherent inflationary pressures and general salary increases primarily through collective bargaining. With the requested 0.50% increase in the municipal levy and a 0% increase in the provincial grant, mandatory cost shared programs will increase by 0.24%.

2018 Financial Assumptions:

- No changes in service offerings to the clients within the District of Algoma with respect to cost-shared programing
- 0% increase in the 2018 provincial cost-shared portion of funding as a result of no system growth funding for mandatory cost-shared programs within the province

- 2.7% overall increase in the Public Health Budget as a result of 100% funded program increases
- 0.50% overall increase in the 2018 municipal levies
- 0.24% overall increase in mandatory cost-shared programs budget
- Updated 2016 Census data used to calculate the levy rate
- Salary increases from collective bargaining agreements are planned to reflect recent collective bargaining agreements of other public health units within the Province
- Salary increases for non-union employees and Management are planned to reflect other public health units within the province.
- Two (2) positions, including a Program Planning and Evaluation Specialist position are built into the budget to better align the Health Unit in meeting its obligations under the new modernized Standards for Public Health Programs and Services
- One (1) Clerical staff position reduced as a result of attrition
- Non-salary costs are based on historical data and where possible efficiencies introduced; adjustments for inflation have been incorporated where appropriate
- Capital and debt repayment plans will be managed within approved (existing) resources

PUBLIC HEALTH BUDGET BACKGROUND:

Provincial Government:

Ontario's health system is undergoing significant transformation and public health will play a key role in this transformation.

Three major initiatives from the Ministry of Health and Long-Term Care (MOHLTC) are underway to support public health to take on this role:

1) Draft Modernized Ontario Standards for Public Health Programs and Services (OSPHPS)
2) The Public Health Work Stream
3) Report of the Minister's Expert Panel on Public Health

Draft Modernized Ontario Standard for Public Health Programs and Services (OSPHPS)

What is the work of public health in Ontario?

In 2017, the Ministry of Health & Long Term Care introduced the draft modernized Ontario Standards for Public Health Programs and Services (OSPHPS). These new

standards will provide a renewed framework for public health programs, services, and accountability moving forward. As transformation occurs within the public health sector, including the role of public health in the broader health system, the changes introduced in the modernized standards aim to maximize public health's contributions to improve the health system. Public health transformation will lead to a more integrated health system that is designed to meet the needs of all Ontarians.

The modernized Standards for Public Health Programs and Services are designed to fulfill three main purposes:

- Incorporate emerging evidence and current accepted best practices in public health.
- Align public health programs and services with broader public health and health system changes.
- Facilitate optimal delivery of public health functions and coordinate delivery of public health programs and services across the full continuum of health.

Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a range of public health programs and services that address multiple health needs and respond to the contexts in which these needs occur.

Boards of health are to operationalize specific requirements in the standards and protocols and may deliver additional programs and services in response to local needs within their communities, as noted in Section 9 of the HPPA.

<u>Public Health Work Stream</u>

What is the role of public health in Ontario's health system?

The introduction of the Patients First Act requires the Chief Executive Officers (CEOs) of Local Health Integration Networks (LHINs) to engage with Medical Officers of Health (MOHs) in their local geographic areas. The Public Health Work Stream is a collaboration between public health and LHINs working to provide guidance on formal engagement parameters for LHINs and local public health across the province.

<u>Expert Panel on Public Health</u>

How does public health need to be organized across the province in order to function effectively within an integrated system?

In January 2017, the Minister of Health and Long-Term Care established an Expert Panel on Public Health to provide advice on structural, organizational and governance for Ontario's public health sector within a transformed health system. The expert panel was asked to consider how to:

- Ensure accountability, transparency and quality of population and public health programs and services
- Improve capacity and equity in public health units across Ontario
- Support integration within the broader health system and the Local Health Integration Networks (LHINs) – the organizations responsible for planning health services
- Leverage public health's expertise and leadership in population health-based planning, decision-making and resource allocation, as well as in addressing health equity and the social determinants of health

The development of the 2018 APH Operating and Capital budget has considered these initiatives in order to best position APH to react to any changes that may be forthcoming and position APH for long-term success in fulfilling its mandate.

For 2017, there was no growth funding for mandatory programs available to any health units within the province. The Ministry continues to advise all public health units to plan for no growth funding with regards to cost-shared programs for the foreseeable future.

The development of the 2018 Operating and Capital Budget reflects this financial reality.

APH 2017 Grant Approval:

As of the date of drafting the 2018 APH Operating and Capital Budget, the Ministry has not provided 2017 grant approvals. As such, Management is unable to provide as status update with regards to the one-time funding requests made by APH.

One-time funding are 100% provincially funded. 2017 requests submitted by APH to the Ministry for their review include:

- Healthy Menu Choices Act Support: ($23,580)
- Replacement of Network Servers: ($147,890)
- Human Papillomavirus Vaccine Expansion: ($10,000)
- Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations: ($30,000)

- Alcohol Awareness Initiative: ($6,678)
- Practicums (2) for Environmental Health: ($20,000)
- New Purpose-Built Vaccine Refrigerators: ($23,681)
- Breastfeeding Promotion #MyBabysHungry: ($14,500)

For context, the Board of Health for the District of Algoma Health Unit has experienced the following historical growth in provincial MOHLTC funding for mandatory cost-shared programs:

Year	Growth (%)	
2018	*0.00%*	*projected*
2017	0.00%	
2016	0.00%	
2015	0.00%	
2014	2.00%	
2013	1.50%	
2012	2.00%	
2011	2.52%	

The 0% or flat-lined adjustment for mandatory programs means revenue constraints for the long-term with continued inflationary pressures related to operating expenses and cost of living and collective bargaining considerations related to salary and benefits. These revenue constraints require APH to ensure all potential sources of revenue and a broad range of cost reduction initiatives are considered.

Program and Service Requirements:

Under the *Health Protection and Promotion Act*, a Board of Health has legal responsibilities for ensuring the delivery of health services and programs in accordance with the *Act* and Regulations. The Public Health Accountability Agreement commits Boards of Health to achieving fourteen mandatory performance indicators and one monitoring indicator.

RECOMMENDED 2018 PUBLIC HEALTH BUDGET:

Action Plan to Manage Funding Formula Impact:

- Development of 2018 APH Operating and Capital Budget to ensure it is aligned with APH's strategic directions and MOHLTC Accountability Agreement and most recently the draft modernized OSPHPS.

- Continue to submit one-time funding requests to the MOHLTC through the Program-Based Grants Process
- Control spending by ensuring APH is receiving "value for dollars" spent
- Identification of process improvements and improved efficiency opportunities
- Utilization of additional funding opportunities (i.e. through the Northern Ontario Heritage Fund)

2017 Revenue Generating & Cost Savings Initiatives:

Identification of revenue generating and cost savings opportunities is necessary in order to attain a balanced budget for 2018 and in anticipation of ongoing funding pressures. Management and the Finance and Audit Committee have worked extremely hard in the context of significant fiscal pressures to achieve this important goal. Noted below is a summary of key initiatives built into the 2018 APH Operating and Capital Budget that will result in cost savings or incremental revenue generation for APH.

2018 Cost Savings/Revenue Generating Initiatives

#	Initiative	Amount
1	Phone Integration of APH's Voice & Data Infrastructure	$ 28,000
2	Photocopying cost containment improvements	$ 2,000
3	Increase in Ontario Building Code Fees	$ 13,000
4	Microsoft Licencing price reduction	$ 20,000
5	Program Administration cost recoveries	$ 36,000
6	Other Revenue and Rent Recoveries	$ 29,000
TOTAL		$ 128,000

In addition to the above, 2017 Cost Savings/Revenue Generating Initiatives will continue for 2018 where applicable (i.e. HST Recovery Services performed in-house).

As a result of the Ministry advising Public Health Units to continue to plan for flat-line funding for mandatory cost-shared programs, APH may only request a 0% increase in growth funding for mandatory programs from the Ministry of Health & Long Term Care and proposes a 0.50% increase in municipal levies.

Revenues

Cost-shared programs and services are funded through the province, municipalities and other sources of revenue, such as interest revenue, and user fees. The province also contributes funding for services to Unorganized Territories. Refer to Appendix 1.

Provincial

Pursuant to section 76 of the Health Protection & Promotion Act, the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate.

In 2015, the Ministry of Health & Long Term Care began the process of implementing a new public health funding formula for mandatory programs. The adapted public health funding model identifies an "appropriate" share for each Board of Health that reflects the needs in relation to other Boards of Health. While the model attempts to lessen the impact of a region's population to account for equity and needs of a region, the weight given to a region's population still drives the formula. This is evident in the fact that health units with a higher population density are the ones that are below their model-based share and are the health units who have received mandatory cost-shared funding increases. The relevance of the formula will be minimal in 2017 as the Ministry has communicated that no growth funding is available to distribute. Since the implementation of the new funding formula, it is estimated the Board of Health for APH has received $290,000 less based on a standard growth rate of 2%.

The 2018 budgeted 100% provincially funded programs have increased by 12.8% relative to 2017. This is a result of funding provided by the province for the implementation of the Harm Reduction Program Enhancement, and the Northern Ontario Fruit and Vegetable Program. Furthermore, Management has budgeted receiving funds from the province in relation to the Medical Officer of Health/Associate Medical Officer of Health Compensation Initiative as this will be the first budget year in some time in which the Board of APH has these roles on a full time basis and is eligible to apply for this funding initiative. Budgeted Revenues in the form of Provincial grants have been adjusted for 2018 to reflect this.

Municipal

In 2017, in the spirit of enhancing relationships with the communities APH serves, the Board of Health extended an invitation to all twenty one (21) obligated municipalities within the District of Algoma offering to present to their respective councils what public health does within their community, legislative framework highlights, and APH's Budget. Ten (10) presentations were made in total; nine (9) to municipalities and one (1) to the Algoma District Municipal Association. All were well received. The legislative framework noted during the presentations indicated;

Pursuant to section 72 of the Health Protection & Promotion Act, obligated municipalities in a health unit shall pay,

(a) *the expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under the HPPA or any other act; and*
(b) *the expenses incurred by or on behalf of the MOH of the board of health in the performance of his or her functions and duties under the HPPPA or any other Act.*

With respect to the cost-shared programs, APH's projected funding ratio for 2018 is 70% provincial funding and 30% municipal funding.

Factors driving APH's funding ratio is the Ministry's decision in 2016 to fund the Healthy Smiles program at 100% Provincially Funded thus removing these dollars from the Ministry's portion of the cost-shared formula. In addition, since 2015 APH has received 0% growth with respect to Ministry cost-shared funding while receiving growth funding from the respective Municipalities within the District of Algoma in the form of levy increases. These municipal dollars have allowed the Board of Health to make contribution decisions with respect to the Board's Reserve Fund, keeping in mind the Board's risk management strategy.

APH has historically used Census data as the mechanism to apportion costs amongst the municipalities within the District of Algoma. The 2018 APH Operating and Capital Budget is the first budget year to reflect the updated 2016 census data. Relative to the 2011 census data, the 2016 census data reflects a 2,093 population reduction or 1.97% decrease within the District of Algoma. To maintain the equivalent amount of revenues generated from the levy, the amount per capita has increased to $33.47 per capita based on 2017 levy receipts. As a result of the updated 2016 Census data, some municipalities within the District of Algoma will see an increase in their respective apportionment of the levy while other municipalities will see a decrease.

As a means of ensuring no changes in service offerings to the clients within the District of Algoma, a 0.50% overall increase in the levy is requested from obligated municipalities, subject to Board approval. Refer to Appendix 2.

For context, the Board of Health for the District of Algoma Health Unit has experienced the following historical growth with respect to the municipal levy.

Year	Levy Increase	
2018	*0.50%*	*proposed*
2017	2.50%	
2016	4.50%	
2015	4.16%	
2014	2.00%	
2013	1.00%	
2012	2.00%	

User Fees

Health Equity serves as one of APH's strategic directions. APH is very mindful that a strong public health system ensures access to public health programs and services for those groups of people within our population that most need them. As such, when assessing the costs and benefits of increasing user fees, APH has taken a strategic view.

In June of 2017, the Board of Health approved a nominal price increase related to the Ontario Building Code Fees. This has been built into the 2018 APH Operating and Capital Budget. It should be noted that the Land Control program is funded only through the fees generated. As such APH must ensure that it is at least covering the cost incurred to administer the program.

Expenses

Expenses are primarily driven through staff salary and benefits in the form of collective bargaining agreements, goods and service contracts and through inflation. Refer to Appendix 3.

Both bargaining units' collective agreements expired March 31st, 2017 but ONA has yet to be fully negotiated. The Finance and Audit Committee reviewed and recommended that the enclosed budget be presented to the board prior to the Board of Health ratifying the CUPE Collective Agreement. As such, Management has had to make assumptions with respect to salary and benefits for the 2017 and 2018 budget operating years. As salary and benefits constitute approximately 75% of all expenses, this lack of clarity does present some risk with regards budgeted figures presented. With regards to staffing, APH continues to review "value-for-dollar" for each role within the organization.

Inflationary pressures will continue to place upward pressures on APH's operating costs.

The Consumer Price Index five-year average is as follows:

- Canada: 1.38%

- Ontario: 1.56%

Many progressive agencies add 0.25% investment factor when assessing the impact of inflation to not only maintain but also generate sustainable growth. When assessing the value of the levy, the rate of inflation may be a factor to consider.

Salary and Wages

Salary and Wages expenses are projected to increase by 4.8% compared to 2017.

Both CUPE and ONA collective agreements expired on March 31st, 2017. At the time of drafting the 2018 Public Health Operating and Capital Budget there is uncertainty as to what salaries and wages expense will be for 2018. An estimate is built into the budget with regards to salary and wages for all Public Health employees for 2018 that management believes is representative of Public Health collective bargaining increases throughout the province.

For context, a summary of Public Health Full Time Equivalent (FTE) is noted below:

Year	FTE	
2018	*121*	*proposed*
2017	120	
2016	122	

Compared to 2017, the Public Health FTE count has expanded by one (1) FTE from 120 in 2017 to a proposed 121 in the 2018 APH Operating and Capital Budget. This is a result of the creation of two (2) positions, including a Program Planning and Evaluation Specialist position to better align the health unit with the new modernized Ontario Standards for Public Health Programs and Services (OSPHPS). The increase in these two positions is offset by the reduction of one (1) clerical staff through attrition.

Benefits

Benefit expenses are projected to increase by 5.2% compared to 2017.

This is a result of increased salary and wages expense as noted above as well as increasing costs associated with non-statutory benefits that the health unit is committed to.

Travel

Travel expenses are projected to decrease by 4.9% compared to 2017.

This is a result of revising the travel budget to more accurately reflect actual travel expenses incurred in 2017.

Program

Program expenses are projected to decrease by 2.9% compared to 2017.

Since the Ministry has indicated that mandatory cost-shared program funding will remain flat lined, associated Program expenses to administer the program have been budgeted to reflect this reality.

Equipment

Equipment expenses are projected to decrease by 32.9% compared to 2017.

Since APH is projecting a surplus for 2017 with regards to mandatory cost-shared programs, Equipment Expenses that would have been budgeted in 2018 have been pulled forward to 2017 thus reducing budgeted Equipment Expenses for 2018.

Office Expenses

Office expenses are projected to decrease by 3.6% compared to 2017.

Management has focused on controlling print cost in 2017 and expects this decrease in spending to continue in 2018. APH continues to explore cost savings initiatives within each program such as utilization of public sector vendor of record (VOR) program, gradual transition of centralizing APH's procurement processes allowing APH to capitalize on volume discounts and developing staff procurement expertise.

Computer Services

Computer Services expenses are projected to increase by 2.1% compared to 2017.

Annual Microsoft licensing costs are expected to reduce by approximately $32k for 2018. This is offset by utilizing APH's Service Level Agreement with MicroAge, allowing for APH to access MicroAge's corporate resources to help with IT requests by approximately $45k.

Telecommunications

Telecommunications expenses are projected to decrease by 7.0% compared to 2017.

This is a result of savings generated from the Boards decisions to consolidate APH's voice infrastructure (phone connectivity) and data infrastructure (computer connectivity allowing the secure use of Internet and various other business applications) services. Improved system performance is also being achieved through these services.

Program Promotion

Program promotion expenses are projected to decrease by 11.1% compared to 2017.

This is a result of the reduction of Media dollars aligned to general agency needs that have historically been unspent and limiting spending where appropriate to keep the overall levy increase to a minimum. Promotional activities continue to be in line with APH's strategic plan.

Facility Leases

Facility Leases expense is projected increase by 4.0% as compared to 2017.

The Blind River Lease agreement is for a 20 year term with a commencement date of February 1, 2008. Basic Rent increases in five year increments. As such, 2018 is a year in which monthly rent payments are scheduled to increase. This increase is reflected in the Facilities Lease expense line. APH's current lease agreement at its Elliot Lake and Wawa offices remain unchanged for 2018.

Building Maintenance

Building Maintenance expenses are projected to decrease by 1.8% compared to 2017.

Since APH is projecting a surplus for 2017 with regards to mandatory cost-shared programs, Building Maintenance that would have been budgeted in 2018 has been pulled forward to 2017 thus reducing budgeted Building Maintenance expenses for 2018.

Fees & Insurance

Fees & Insurance expenses are projected to decrease by 5.6% as compared to 2017.

Board member expenses have been reduced by $10k to more accurately reflect actual spending.

Expense Recoveries

Expense Recoveries are projected to increase by 52.5% compared to 2017.

Expense Recoveries are administrative allocations from Community Health programs to Public Health programs. An example would be Public Health charging a Community Health program for administrative services related to clerical support or financial reporting support. In order to more accurately reflect the work Public Health is supporting with respect to Community Health programs, Management is ensuring adequate administrative charges for non-public health programs. This is in line with the Boards strategy to ensure it is accountable for the dollars it receives and spends by not subsidizing non-public health programs.

Debt Management

Debt Management expenses are projected to remain constant compared to 2017.

APH debt servicing costs will be financed through operations. The loan related to 294 Willow Avenue property continues for four (4) more years with monthly payments applied according to schedule.

Capital Expenses

APH is well positioned with regards to its office infrastructure to support the clients within the District of Algoma.

APH is currently seeking a building conditions assessment that is to be funded through the Ministry of Community and Social Services. This will help to facilitate a formal Building Capital Plan. Until such time, APH will continue to ensure adequate maintenance of its owned facility located at 294 Willow Avenue in Sault Ste. Marie.

2018 Operating & Capital Plan Recommendation

"That the Board of Health for the District of Algoma Health Unit approves the 2018 Public Health Operating and Capital Budget as presented".

Appendix 1

2018 Funding Projections Grants, Levies and Recoveries	2017 Annual Budget	2018 Annual Budget	Ch as %
Public Health Mandatory Programs	$ 7,130,900	$ 7,130,900	0.00%
Small Drinking Water Systems (75%)	69,600	69,600	0.00%
Vector-Bourne Diseases Program (75%)	108,700	108,700	0.00%
Healthy Smiles Ontario Program (100%)	769,900	769,900	0.00%
Chief Nursing Officer Initiative (100%)	121,500	121,500	0.00%
Unorganized Territories (100%)	515,100	515,100	0.00%
Infectious Diseases Control Initiative (100%)	222,300	222,300	0.00%
Smoke-Free Ontario Strategy (100%)	433,600	433,600	0.00%
Enhanced Safe Water Initiative (100%)	15,500	15,500	0.00%
Enhanced Food Safety - Haines Initiative (100%)	24,600	24,600	0.00%
Needle Exchange Program Initiative (100%)	50,700	50,700	0.00%
Social Determinants of Health Nurses Initiative (100%)	180,500	180,500	0.00%
Diabetes Prevention Programming (100%)	150,000	150,000	0.00%
Infection Prevention and Control Nurses Initiative (100%)	90,100	90,100	0.00%
Levies Sault Ste. Marie	2,422,972	2,425,763	0.12%
Levies District	1,002,381	1,016,983	1.46%
Levies VBD/Safe Water/One Time	59,433	59,433	0.00%
Recoveries	169,204	210,214	24.24%
Land Control Fees	160,000	155,000	-3.13%
Program Fees	88,000	80,000	-9.09%
Program Fees Immunization	160,000	160,000	0.00%
Program Fees Influenza	80,000	80,000	0.00%
Interest & Other	13,272	14,000	5.49%
New Funding Programs after 2017 Approval			
Harm Reduction Program Enhancement (100%)	150,000	150,000	0.00%
Northern Fruit and Vegetable Program (100%)	117,400	117,400	0.00%
MOH / AMOH Compensation Initiative (100%)	63,268	63,268	0.00%
Total	**14,368,930**	**14,415,061**	0.32%
Summary			
Grants	**10,213,668**	**10,213,668**	0.00%
Levies	**3,484,786**	**3,502,179**	0.50%
Recoveries	**670,476**	**699,214**	4.29%
Total	**$ 14,368,930**	**$ 14,415,061**	0.32%
One-time Funding Grants	-	-	

Appendix 2

2018 Municipal Levy	POP 2016 Census	2018 Rate	2018 Levy based on New Census	POP 2011 Census	2017 Rate	2017 Levy	% Change Over 2011 Census	Change in Net Amount	% Change in Net Amount	Revised Apportionment of Costs
CITIES										
Sault Ste. Marie	73,368	33.63	2,467,639	75,141	32.81	2,465,170	-2.36%	2,469	0.10%	70.46%
Elliot Lake	10,741	33.63	361,260	11,348	32.81	372,297	-5.35%	(11,037)	-3.13%	10.32%
TOWNS										
Blind River	3,472	33.63	116,776	3,549	32.81	116,433	-2.17%	343	0.30%	3.33%
Bruce Mines	582	33.63	19,575	566	32.81	18,569	2.83%	1,006	5.27%	0.56%
Thessalon	1,286	33.63	43,253	1,279	32.81	41,960	0.55%	1,293	3.06%	1.24%
VILLAGES/MUNICIPALITY										
Hilton Beach	171	33.63	5,751	145	32.81	4,757	17.93%	994	17.72%	0.16%
Huron Shores	1,664	33.63	55,967	1,723	32.81	56,527	-3.42%	(560)	-1.03%	1.60%
TOWNSHIPS										
Dubreuilville	613	33.63	20,617	635	32.81	20,833	-3.46%	(215)	-1.07%	0.59%
Jocelyn	313	33.63	10,527	237	32.81	7,775	32.07%	2,752	26.80%	0.30%
Johnson	751	33.63	25,259	750	32.81	24,605	0.13%	653	2.65%	0.72%
Hilton	307	33.63	10,326	261	32.81	8,563	17.62%	1,763	17.50%	0.29%
Laird	1,047	33.63	35,215	1,057	32.81	34,677	-0.95%	537	1.56%	1.01%
MacDonald, Meredithand Aberdeen Add'l	1,609	33.63	54,117	1,464	32.81	48,030	9.90%	6,087	11.53%	1.55%
Wawa (formerly Michipicoten)	2,905	33.63	97,706	2,975	32.81	97,602	-2.35%	104	0.11%	2.79%
The North Shore	497	33.63	16,716	509	32.81	16,699	-2.36%	17	0.10%	0.48%
Plummer Add'l	660	33.63	22,198	650	32.81	21,325	1.54%	874	4.03%	0.63%
Prince	1,010	33.63	33,970	1,031	32.81	33,824	-2.04%	146	0.44%	0.97%
St. Joseph	1,240	33.63	41,706	1,201	32.81	39,402	3.25%	2,304	5.66%	1.19%
Spanish	712	33.63	23,947	696	32.81	22,834	2.30%	1,113	4.77%	0.68%
Tarbutt & Tarbutt Add'l	534	33.63	17,960	396	32.81	12,992	34.85%	4,969	28.36%	0.51%
White River	645	33.63	21,694	607	32.81	19,914	6.26%	1,780	8.41%	0.62%
Total	104,127		3,502,179	106,220		3,484,786	-1.97%	17,393	0.51%	100.00%

Note:

Population from 2016 CENSUS per Stats Canada

Appendix 3

2018 Annual Operating Budget

	2017 Annual Budget (Final Approved)	2018 Annual Budget	Inc as %	Notes
Revenues Summary				
Province Portion of Jointly Funded Programs	$ 7,309,200	$ 7,309,200	0.0%	
100% Provincially Funded Programs	2,573,800	2,904,468	12.8%	
Municipal Levies	3,484,786	3,502,179	0.5%	1
Other Recoveries and Fees	670,476	699,214	4.3%	
Total	14,038,262	14,415,061	2.7%	
Expenses:				
Salaries and Wages	8,416,973	8,819,022	4.8%	
Benefits	1,987,528	2,091,478	5.2%	
Travel	205,803	195,775	-4.9%	
Program	662,961	643,715	-2.9%	
Equipment	37,250	25,000	-32.9%	
Office	133,750	128,909	-3.6%	
Computer Services	662,268	675,881	2.1%	
Telecommunications	325,994	303,304	-7.0%	
Program Promotion	170,797	151,923	-11.1%	
Facilities Leases	153,850	160,000	4.0%	
Building Maintenance	646,500	635,000	-1.8%	
Fees & Insurance	242,096	228,450	-5.6%	
Expense Recoveries	(68,408)	(104,296)	52.5%	
Debt Management (I & P)	460,900	460,900	0.0%	
Total	14,038,262	14,415,061	2.7%	
Surplus/(Deficit)	$ -	$ -		