

FORECAST OF CASH FLOW - SETTLEMENT PROGRAM

Fiscal Year 2 2016 - 2017

F = Forecast / A = Actual

Reporting period

F A Apr-16
 F A May-16
 F A Jun-16
 F A Jul-16
 F A Aug-16
 F A Sep-16
 F A Oct-16
 F A Nov-16
 F A Dec-16
 F A Jan-17
 F A Feb-17
 F A Mar-17

1 Name of Recipient
 Health Care Human Resource Sector Council
 File number 0161001001

ADMINISTRATIVE	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	TOTAL
Salaries, wages and benefits	\$2,545	\$1,747	\$1,938	\$1,914	\$2,293	\$3,020	\$2,732	\$4,344	\$3,068	\$3,106	\$2,851	\$3,301	\$32,859
Training and professional development	\$1,507	\$1,507	\$1,507	\$1,507	\$1,507	\$1,507	\$1,507	\$1,507	\$1,507	\$1,507	\$1,507	\$1,507	\$18,084
Travel accommodation and related costs	\$1,110			\$1,415			\$1,000	\$11,400			\$3,800		\$18,400
Delivery assistance tools and material													\$3,800
Research													
Conferences and workshops						\$2,963		\$3,037					\$6,000
Publicity						\$4,000							\$4,033
Professional and consultant fees	\$17,090	\$11,550	\$8,772	\$11,528	\$15,723	\$15,278	\$18,832	\$18,832	\$18,827	\$18,822	\$18,821	\$18,805	\$192,890
Copyright fees													
Child care													
Client transportation costs													
Overhead costs													
Eligible GST/HST	\$1,500	\$1,500	\$1,875	\$1,500	\$1,875	\$1,424	\$1,424	\$1,424	\$1,424	\$1,425	\$1,424	\$1,697	\$18,492
Total	\$21,207	\$14,557	\$16,154	\$15,950	\$19,105	\$25,172	\$22,763	\$36,200	\$25,558	\$25,887	\$23,752	\$27,517	\$273,822
Capital expenditures													
Eligible GST/HST													
Total	\$23,751	\$16,304	\$18,029	\$17,864	\$21,398	\$28,192	\$25,495	\$40,544	\$28,626	\$28,993	\$26,603	\$30,818	\$306,680

FUNDING FROM OTHER SOURCES: Please identify other sources of funds that support the delivery of the activities identified in this Agreement.

Recipient cash contribution: _____ Recipient in-kind contribution: _____ Other sources (specify here): _____ Other sources (specify here): _____ Other sources (specify here): _____

I/we certify that the above is an accurate statement of our anticipated cash flow requirements and that advance payments are essential to achieving the objectives of the contribution agreement.

Recipient Name (Print) Health Care Human Resource Sector Council	Recipient Signature <i>Jared Barrett</i>	Date (YYYY-MM-DD) 2016/10/24
Recipient Name (Print)	Recipient Signature	Date (YYYY-MM-DD)