Peterborough Public Health

Consolidated Financial Statements

December 31, 2018



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Table Of Contents

Table Of Contents	Page
	Number
Management Report	
Independent Auditor's Report	
Consolidated Financial Statements	
Statement of Financial Position	1
Statement of Operations and Accumulated Surplus	2
Statement of Change in Net Financial Liabilities	3
Statement of Cash Flows	4
Notes to the Financial Statements	5 - 11
Schedule of Tangible Capital Assets	12
Consolidated Schedule of Expenses by Program	13
Schedules of Revenue and Expenses	
Public Health Programs and Services	14
Vaccine Reimbursement Programs from Public Health Programs and Services	15
Vector Borne Diseases	16
Small Drinking Water Systems	17
Safe Sewage Disposal Program	18
Healthy Babies/Healthy Children Program	19
Chief Nursing Officer	20
Infection Prevention and Control Nurse	21
Infectious Diseases Control	22
Public Health Nurses Initiative - Social Determinants of Health	23
Smoke Free Ontario Tobacco Program	24
Electronic Cigarettes Act	25
Healthy Smiles Ontario	26
Enhanced Food Safety - Haines	27
Enhanced Safe Water	28
Harm Reduction Enhancement Initiative	29





Peterborough Public Health

For The Year Ended December 31, 2018

Management Report

The accompanying consolidated financial statements of Peterborough Public Health are the responsibility of management and have been approved by the Board of Health.

The consolidated financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards. Financial statements are not precise since they include certain amounts based on estimates and judgements. When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances, in order to ensure that the financial statements are presented fairly, in all material respects.

The Peterborough Public Health maintains systems of internal accounting and administrative controls of high quality, consistent with reasonable cost. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and accurate and the Peterborough Public Health's assets are appropriately accounted for and adequately safeguarded.

The Board of Health is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving financial statements.

The Board of Health reviews and approves the Peterborough Public Health's financial statements for issuance. The Board of Health meets periodically with management, as well as the external auditors, to discuss internal controls over the financial reporting process, auditing matters and financial reporting issues, to satisfy themselves that each party is properly discharging their responsibilities and to review the financial statements and the independent auditors' report.

The consolidated financial statements have been audited by Baker Tilly KDN LLP in accordance with Canadian generally accepted auditing standards on behalf of the Peterborough Public Health. Baker Tilly KDN LLP has full and free access to the Board of Health.

Chair

Date

Medical Officer of Health

awatura Date



Baker Tilly KDN LLP

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INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Health of the Peterborough Public Health

Opinion

We have audited the consolidated financial statements of Peterborough Public Health (the Board of Health), which comprise the consolidated statement of financial position as at December 31, 2018, the consolidated statements of operations and accumulated surplus, change in net financial liabilities and cash flows for the year then ended, schedules, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Board of Health as at December 31, 2018, and the results of its consolidated operations and its consolidated cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are independent of the Board of Health in accordance with the ethical requirements that are relevant to our audit of the consolidated financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The financial statements of the Board of Health as at and for the year ended December 31, 2017 were audited by Collins Barrow Kawarthas LLP, which became Baker Tilly KDN LLP effective January 10, 2019.

Responsibilities of Management and Those Charged with Governance for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is responsible for assessing the Board of Health's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Board of Health or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Board of Health's financial reporting process.

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Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board of Health's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Board of Health to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the consolidated financial information of the entities or business activities within the Board of Health to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Baker Tilly KDN LLP

Chartered Professional Accountants Licensed Public Accountants

Peterborough, Ontario July 17, 2019



Consolidated Statement of Financial Position At December 31, 2018

	2018	2017
	\$	\$
Financial Assets		
Cash	3,221,931	3,348,886
Accounts receivable	541,868	281,675
Total Financial Assets	3,763,799	3,630,561
Liabilities		
Accounts payable and accrued	973,425	854,938
Due to Province of Ontario	320,826	343,604
Employee benefits payable (note 3)	495,908	499,724
Deferred revenue (note 4)	514,802	593,922
Long term debt (note 7)	3,233,262	3,330,287
Total Liabilities	5,538,223	5,622,475
Net Financial Liabilities	(1,774,424)	(1,991,914
Non-Financial Assets		
Tangible capital assets (note 5)	9,172,215	8,967,162
Prepaid expenses	31,988	51,427
Total Non-Financial Assets	9,204,203	9,018,589
Accumulated Surplus (note 8)	7,429,779	7,026,675



Consolidated Statement of Operations and Accumulated Surplus For the Year Ended December 31, 2018

	Budget Actual 2018 2018	Actual 2017	
	\$ (Unaudited)	\$	\$
Revenues			
Province of Ontario	10,037,245	9,969,751	9,363,814
City and County of Peterborough and Curve Lake and	, ,	.,	-,,
Hiawatha First Nations	2,119,232	2,125,366	2,092,527
Fees for service	859,935	829,619	834,946
Other	424,401	172,266	130,652
Interest	22,500	64,124	42,107
Total Revenues	13,463,313	13,161,126	12,464,046
Expenses			
Salaries and wages	8,317,001	7,695,931	7,728,211
Benefits	2,317,730	2,087,254	2,087,213
Program costs	1,799,421	1,642,316	1,422,787
Administration and occupancy	932,136	1,083,022	933,548
Amortization	249,496	249,499	249,496
Loss on disposal of tangible capital assets			208,800
Total Expenses	13,615,784	12,758,022	12,630,055
Annual Surplus/(Deficit)	(152,471)	403,104	(166,009)
Accumulated Surplus - beginning of year	7,026,675	7,026,675	7,192,684
Accumulated Surplus - end of year	6,874,204	7,429,779	7,026,675



Consolidated Statement of Change in Net Financial Liabilities For the Year Ended December 31, 2018

	Budget 2018	Actual 2018	Actual 2017
	(Unaudited)	\$	\$
Annual Surplus/(Deficit)	(152,471)	403,104	(166,009)
Amortization of tangible capital assets Acquisition of tangible capital assets	249,496	249,499 (454,552)	249,496
Loss on disposal of tangible capital assets (Increase)/decrease in prepaid expenses		19,439	208,800 (28,821)
Change in Net Financial Assets	97,025	217,490	263,466
Net Financial Liabilities - beginning of year	(1,991,914)	(1,991,914)	(2,255,380)
Net Financial Liabilities - end of year	(1,894,889)	(1,774,424)	(1,991,914)



Consolidated Statement of Cash Flows

For the Year Ended December 31, 2018

	2018	2017
<u></u>	\$	\$
CASH PROVIDED BY (USED IN)		
OPERATING ACTIVITIES		
Annual surplus/(deficit)	403,104	(166,009)
Items not involving cash		. ,
Amortization of tangible capital assets	249,499	249,496
Loss on disposal of tangible capital assets	-	208,800
Change in non-cash assets and liabilities		
Accounts receivable	(260,193)	(118,151)
Prepaid expenses	19,439	(28,821)
Accounts payable and accrued liabilities	118,487	54,285
Due to the Province of Ontario	(22,778)	(373,352)
Employee benefits payable	(3,816)	(4,155)
Deferred revenue	(79,120)	151,933
Net change in cash from operating activities	424,622	(25,974)
CAPITAL ACTIVITIES		
Purchase of tangible capital assets	(454,552)	-
FINANCING ACTIVITIES		
Debt principal repayments	(97,025)	(93,852)
DECREASE IN CASH	(126,955)	(119,826)
CASH - beginning of year	3,348,886	3,468,712
CASH - end of year	3,221,931	3,348,886



Notes To The Consolidated Financial Statements For the Year Ended December 31, 2018

1. NATURE OF OPERATIONS

The Board of Health for Peterborough Public Health ("Board of Health") strives to enable people and the community to be as healthy as possible. The Board of Health is a charitable not-for-profit organization which provides accessible, community based programs and services that promote, protect and restore health.

The organization operates as Peterborough Public Health, while the legal name of the organization remains the Peterborough County-City Health Unit.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with the standards in the Chartered Professional Accountants of Canada Public Sector Accounting (PSA) Handbook. Significant aspects of the accounting policies are as follows:

(a) Reporting Entity

These consolidated financial statements reflect the assets, liabilities, revenues and expenses and net financial assets of the reporting entity.

The reporting entity is comprised of all programs and services administered by the Board of Health and coalition projects for which the Board of Health is contractually obligated as the sponsoring agency and accountable for the administration, financial affairs and resources of the coalition projects.

The reporting entity is comprised of all organizations, committees and local boards accountable for the administration of their financial affairs and resources to the Peterborough Public Health and which are owned and controlled by the Peterborough Public Health. These financial statements include:

(b) Tangible Capital Assets

Tangible capital assets are recorded at cost which includes all amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, if any, of tangible capital assets is amortized on a straight-line basis, over the expected useful life of the asset, as follows:

Buildings	50 years
Leasehold improvements	6 years
Furniture and equipment	5 to 15 years
Dental clinic	50 years

Tangible capital assets received as contributions are recorded at their fair value at the date of receipt and are also recorded as revenue.

Tangible capital assets categorized as assets under construction are not amortized until they are put into service.



Notes To The Consolidated Financial Statements For the Year Ended December 31, 2018

2. Significant Accounting Policies, continued

(c) Government Transfers

Government transfers are recognized in the financial statements as revenues in the period in which events giving rise to the transfers occur, providing the transfer is authorized, any eligibility criteria have been met, and reasonable estimates of the amounts can be made.

(d) Deferred Revenue

Deferred revenue consists of grants, contributions and other amounts that are received from third parties pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or the completion of specific work. In addition certain fees are collected for which the related services have yet to be performed. Revenue is recognized in the period when the related expenses are incurred or the services are performed.

(e) Non-financial Assets

Non-financial assets are not available to discharge existing liabilities and are held for the provision of services. They have useful lives beyond the current year and are not intended for sale in the ordinary course of operations. The change in non-financial assets during the year combined with the annual surplus provides the change in net financial assets for the year.

(f) Recognition of Revenues and Expenses

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in which the transactions or events occurred that give rise to the revenue; expenses are recognized in the period the goods or services are acquired and a legal liability is incurred or transfers are due.

The Board of Health claims from the Ministry of Health and Long-Term Care, The Corporation of the City of Peterborough, The Corporation of the County of Peterborough, Curve Lake First Nation and Hiawatha First Nation revenue equivalent to its net costs for the public health programs. While these net claims for costs are recorded as revenue in the current year, reimbursement of these costs is dependent upon acceptance by the funding bodies.

For the Safe Sewage Disposal Program, the Board of Health records inspection fee revenue as earned revenue based on the proportion of the completed inspections at the end of each year.

Fees for service are recognized as revenue in the year the goods and services are provided.

(g) Use of Estimates

The preparation of financial statements in conformity with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year.

Key areas where management has made complex or subjective judgments (often as a result of matters that are inherently uncertain) include, among others: accounts payable and accrued, revenue recognition and useful lives of tangible capital assets and amortization. Actual results could differ from these and other estimates, the impact of which would be recorded in future periods.



Notes To The Consolidated Financial Statements For the Year Ended December 31, 2018

2. Significant Accounting Policies, continued

(h) Inter-Entity Transactions

Peterborough Public Health is a joint board of the City and County of Peterborough.

Allocated costs and recovery of costs are measured at exchange amount, which is the amount of consideration established and agreed to by the related parties.

Unallocated costs are measured at the carrying amount, which is the amount recorded in the records of the City and the County.

3. Employee Benefits Payable

The Board of Health provides vacation and compensating pay entitlements totaling \$495,908 (2017 - \$499,724) that are fully funded and will require payment in future periods.

4. Deferred Revenue

Deferred revenue consists of:

	2018 \$	2017 \$
Specific coalition projects	297,252	164,897
Safe sewage disposal program	217,550	209,025
Dental clinic relocation Provincial funding from the sale of the mobile		
dental unit	-	220,000
	514,802	593,922

5. Tangible Capital Assets

The net book value of the Board of Health's tangible capital assets are:

	2018 \$	2017 \$
General		
Buildings	8,144,744	8,318,037
Dental clinic	454,552	-
Furniture and equipment	572,919	649,125
		8,967,162

For additional information, see the Consolidated Schedule of Tangible Capital Assets.

During the year there were no write-downs of assets (2017 - \$Nil) and no interest capitalized (2017 - \$Nil).



Notes To The Consolidated Financial Statements For the Year Ended December 31, 2018

3.33% per annum, due February 16, 2041

6. PENSION AGREEMENTS

Certain employees of the Peterborough Public Health are eligible members of the Ontario Municipal Employees Retirement System (OMERS), a multi-employer pension plan.

The Actuarial Opinion contained in the 2017 Annual Report disclosed total actuarial liabilities of \$94,431 million in respect of benefits accrued for service with actuarial assets of \$89,028 million indicating an actuarial deficit of \$5,403 million. Because OMERS is a multi-employer plan, any pension plan surpluses or deficits are a joint responsibility of Ontario municipal organizations and their employees. As a result, the Peterborough Public Health does not recognize any share of the OMERS pension surplus or deficit.

The Peterborough Public Health's required contributions to OMERS in 2018 were \$747,822 (2017 - \$732,538).

7. Long Term Debt

(a) The balance of long term debt reported on the Consolidated Statement of Financial Position is made up of the following:

	2018	2017
	\$	\$
Term loan from the Ontario Infrastructure and Lands Corporation,		
repayable in monthly blended payments of \$17,204, interest at		

- (b) Interest paid during the year on long term debt amounted to \$109,314 (2017 \$112,600).
- (c) The term loan is guaranteed by the City of Peterborough, 60%, and County of Peterborough, 40%, of the loan amount. The term loan is secured by a charge/mortgage and a general security agreement on the property owned by the Board of Health on 185 King Street Peterborough, Ontario
- (d) The term loan agreement requires a minimum annual debt service coverage ratio of 1.10 on the corporate levels. The debt service coverage ratio, for any fiscal year, is defined as earnings before interest, taxes, depreciation, amortization, and lease payments divided by the sum of principal and interest payments made on all interest bearing debts during the relevant fiscal year. As of December 31, 2018, the Board of Health is in compliance with this ratio.



3.233.262

3,330,287

Notes To The Consolidated Financial Statements For the Year Ended December 31, 2018

7. Long Term Debt, continued

8.

(e) The long term debt reported in (a) of this note is repayable as follows:

	Principal \$	Interest \$	Total \$
	Φ	Ψ	ų
2019	100,306	106,146	206,452
2020	103,698	102,754	206,452
2021	107,204	99,248	206,452
2022	110,829	95,623	206,452
2023	114,577	91,876	206,453
2024 and subsequent years	2,696,648	847,447	3,544,095
	3,233,262	1,343,094	4,576,356
Accumulated Surplus			
Accumulated surplus consists of the following:			
<u></u>		2018	
		\$	\$
Surplus			
Safe sewage disposal program		178,507	184,314
Invested In Capital Assets			
Tangible capital assets - net book value		9,172,215	8,967,162
Long term debt		(3,233,262)	(3,330,287
Long term debt		(0,200,202)	(0,000,201
		5,938,953	5,636,875
Surplus		6,117,460	5,821,189
Reserves			
Occupancy/repoyation		597 240	581 435

Vector Borne Diseases Infant Toddler Development program Program	5,204 17,206 192,961	5,152 17,036 191,051
		<u>,</u>
	852,075	843,640
Contingency reserve	460,244	361,846
	7,429,779	7,026,675



Notes To The Consolidated Financial Statements For the Year Ended December 31, 2018

9. Budget Figures

Budget figures are compiled from budgets approved by the Board of Health, with subsequent adjustments for PSA compliance. Budget figures are not subject to audit.

10. Comparative figures

Certain comparative figures were restated, where required, to conform with the current year presentation.

11. Additional Information

Medical Officer of Health Compensation

The Board of Health provided the following compensation for the Medical Officer of Health:

	2018 \$	2017 \$
Medical Officer of Health compensation - base salary	250,000	250,000
Community Medicine stipend - 100% Provincial	5,000	5,000
Physician compensation - 100% Provincial	28,617	28,617
After hours availability - 100% Provincial	12,000	12,000
	295,617	295,617

One Time Costs - 100% Provincial Funded

	2018	2017
	\$	\$
Predictive Beach Modelling	13,993	-
Public health inspection student	10,000	20,000
AODA Website Compliance	23,650	
Wi-fi implementation	· _	564
Healthy Smiles Outreach	12,698	-
Menu Labelling	12,500	-
Panorama	65,917	72,900
Needle Exchange	41,539	-
Vaccine Refrigerator	32,548	-
Radon Kits	10,000	-
One Time Costs - 100% Provincial	222,845	93,464



Notes To The Consolidated Financial Statements For the Year Ended December 31, 2018

12. CHANGES IN ACCOUNTING POLICIES

The Board of Health has implemented the following PSA sections which are now effective under the PSA Handbook: 3320 Contingent Assets, 3380 Contractual Rights, 2200 Related Party Disclosures and 3420 Inter-Entity Transactions.

Under Section 3320, a contingent asset is a potential asset that exists at the financial statement date but requires confirmation or disproval at a future date that is not in the control of the public-sector entity. If the contingent asset is deemed to be likely to exist, then this should be disclosed in the notes to the financial statements. Disclosure should include the nature, extent (except in those cases where extent cannot be measured or disclosure would have an adverse effect on the outcome), the reason for any non-disclosure of extent, and when an estimate of the amount has been made, the basis for that estimate. This section has been applied prospectively. The adoption of this standard did not have an impact on the Board of Health's financial statements.

Under Section 3380, a contractual right arises out of a contract or agreement where it will result in the Board of Health having both an asset and future revenue. The contract or agreement must be between two or more parties and be enforceable under contract law. Contractual rights are assets and revenues that will occur in the future due to an enforceable agreement in effect at the financial statement date. If a contractual right exists, it should be disclosed in the notes or schedules to the statements and include descriptions about nature, extent and timing. This section has been applied prospectively. The adoption of this standard did not have an impact on the Board of Health's financial statements.

Section 3240 establishes the standards and requirements on how to account for and Section 2200 establishes the standards and requirements on how to report transactions between public sector entities that comprise the government's reporting entity. These sections have been applied retroactively with restatement of prior periods. The adoption of these standards resulted in additional disclosure in the Board of Health's financial statements.

13. RELATED PARTY TRANSACTIONS

During the year, the Peterborough Public Health entered into transactions with the City and County of Peterborough.

As part of the budgeting process, the City and County approve a contribution to the Peterborough Public Health which is recorded on the Statement of Operations and Accumulated Surplus. The City contributed \$1,255,098 (2017 - \$1,238,575) for the mandatory programs, Vector Borne Diseases and Healthy Kids Community Challenge. The County contributed \$857,536 (2017 - \$841,610) for the mandatory programs and Vector Borne Diseases.

Inter-entity transactions include the City garbage levy in the amount of \$3,827 (2017 - \$Nil).

The long term debt of the Board of Health is guaranteed by the City and County of Peterborough as disclosed in Note 7.

Within the accounts receivable on the Statement of Financial Position, the City owes \$77,809 (2017 - \$116,573) and the County owes \$69,870 (2017 - \$Nil) to the Board of Health. These amounts are unsecured, without interest and have no terms of repayment.



Consolidated Schedule of Tangible Capital Assets For the Year Ended December 31, 2018



	Buildings	Dental Clinic \$	Leasehold Improvements - Clinic \$	Furniture and Equipment \$	Totals \$
Cost					
Balance, beginning of year	8,664,623	-	262,417	801,531	9,728,571
Add: additions during the year	-	454,552	-	-	454,552
Less: disposals during the year			262,417		262,417
Balance, end of year	8,664,623	454,552_		801,531	9,920,706
Accumulated Amortization					
Balance, beginning of year	346,586	-	262,417	152,406	761,409
Add: additions during the year	173,293	-	-	76,206	249,499
Less: disposals during the year			262,417		262,417
Balance, end of year	519,879			228,612	748,491
Net Book Value of Tangible Capital Assets	8,144,744	454,552_		572,919	9,172,215

Consolidated Schedule Expenses by Program For the Year Ended December 31, 2018

	Budget		
	2018	2018	2017
	\$ (Unaudited)	\$	\$
Expenses			
Public Health Programs and Services	8,892,700	8,503,229	8,531,859
Healthy Babies/Healthy Children Program	928,413	928,413	928,413
Infant Toddler Development Program	252,431	254,804	255,707
Safe Sewage Disposal Program	500,275	490,300	467,587
Smoke Free Ontario - Cessation	22,053	19,573	27,422
Smoke Free Ontario	388,800	381,658	384,903
Electronic Cigarettes Act	29,300	29,300	29,300
Harm Reduction	150,000	148,932	143,836
Infectious Diseases Control	222,300	222,300	222,300
Five Counties Speech	12,670	12,670	12,670
Compensation Funding Adjustment	51,054	51,054	51,054
Infection Prevention and Control Nurse Program	90,100	89,516	90,100
Public Health Nurses Initiative	180,500	180,500	180,500
Chief Nursing Officer	121,500	121,500	121,500
Needle Exchange	57,000	57,000	49,057
Enhanced Safe Water	15,500	15,500	15,500
Enhanced Food Safety - Haines Program	25,000	25,000	25,000
Healthy Smiles Ontario	948,100	816,966	946,886
One time expenditures - 100% funded	238,339	222,884	72,900
One time expenditures - 75% cost shared		,00 :	20,564
Travel Clinic	149,960	99,680	20,004
RRFSS Data Exchange	57,000	57,000	
Fair Workplace	1,599	1,599	
Healthy Kids Community Challenge	239,586	239,471	237,023
Breakfast Club and Food for Kids	51,604	53,837	56,689
Collective Kitchens	5,000	2,815	5,016
	5,000	2,015	5,010
	13,630,784	13,025,501	12,875,786
Expenses recovered from 100% funded programs	(235,000)	(267,479)	(245,731
Total Consolidated Expenses	13,395,784	12,758,022	12,630,055

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Public Health Programs and Services Schedule of Revenue and Expenses

For the Year Ended December 31, 2018

	Budget 2018	Actual 2018	Actual 2017
	\$ (Unaudited)	\$	\$
Revenue			
Partner Contributions			
Ontario Ministry of Health and Long Term Care	5,906,600	5,906,600	5,790,700
City of Peterborough	1,228,486	1,234,095	1,210,149
County of Peterborough	856,953	857,536	841,610
Curve Lake First Nation	9,614	9,614	9,328
Hiawatha First Nation	3,118	3,118	3,014
Other	3,110	0,110	5,014
Vaccine Reimbursement programs (page 14)	22,500	31,086	27,450
Vector Borne Diseases (page 15)	57,100	57,100	57,100
Small Drinking Water program (page 16)	68,100	68,100	68,100
Ontario Health Insurance program	38,500	30,344	37,438
Travel clinic			117,310
Recovery of administration and occupancy	235,000	267,479	245,731
Interest	22,500	50,144	30,064
Fee for service	24,700	17,485	24,689
Other income	267,058	81,090	22,350
	8,740,229	8,613,791	8,485,033
	0,740,229	0,013,791	0,400,000
Expenses			
Salaries and wages	5,532,242	5,044,160	5,166,213
Employee benefits	1,554,835	1,424,650	1,427,204
Travel	40,400	69,527	47,114
Program materials and printing	277,071	335,894	359,789
Communication and public education	157,300	248,490	153,851
Purchased program services	159,135	105,726	134,090
Administrative	209,159	340,729	377,699
Occupancy	615,025	601,685	546,188
Staff education	42,539	37,603	34,032
Board costs	55,498	45,266	36,183
Amortization	249,496	249,499	249,496
	8,892,700	8,503,229	8,531,859
Annual Surplus / (Deficit)	(152,471)	110,562	(46,826
Amount Owing to Province	-	(3,419)	(12,609
Reduction in Invested in Tangible Capital Assets	249,496	249,499	249,496
	243,430		249,490
Purchase of Capital Assets - Administration	-	(164,880)	
Repayment of Long Term Debt	(97,025)	(97,025)	(93,852
ncrease/ (Decrease) in Contingency Reserve	-	94,737	96,209





Vaccine Reimbursement Programs from Public Health Programs and Services Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Universal Influenza Immunization Program \$	Human Papilloma Virus Program \$	Meningococcal C Program \$	Total Actual 2018 \$	Total Actual 2017 \$
evenue					
Ontario Ministry of Health and Long Term Care	2,160	18,054	10,872	31,086	27,450
xpenses					
Personal services					
Salaries and wages	4,462	22,072	13,308	39,842	49,388
Employee benefits	1,061	5,253	3,168	9,482	12,144
Other operating				·	
Program materials and supplies	40	-	-	40	441
Travel	-	261	184	445	1,009
	5,563	27,586	16,660	49,809	62,982
nnual Surplus/(Deficit) in Public Health Programs and Services	(3,403)	(9,532)	(5,788)	(18,723)	(35,532)

Vector Borne Diseases Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget	Actual	Actua
	2018	2018	2017
	\$	\$	\$
	(Unaudited)		
Revenue			
Ontario Ministry of Health and Long Term Care	57,100	57,100	57,100
City of Peterborough	10,876	10,265	9,327
County of Peterborough	8,157	7,698	5,504
	76,133	75,063	71,931
Expenses Personal services			
Salaries and wages	25,313	26,113	27,002
Employee benefits	3,820	3,277	2,995
Other operating	0,020	0,211	2,000
Materials and communications	5,000	3,113	5,725
Mosquito identification	4,000	3,153	3,645
Larviciding	35,000	24,768	18,247
Travel	3,000	11,425	1,707
	76,133	71,849	59,321
Annual Surplus/(Deficit) in Public Health Programs and Services		3,214	12,610



Small Drinking Water Systems Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget	Actual	Actua
	2018	2018	2017
	\$	\$	\$
	(Unaudited)		
evenue			
Ontario Ministry of Health and Long Term Care	68,100	68,100	68,100
Local partners	22,700	22,700	22,700
	90,800	90,800	90,800
xpenses			
Personal services			
Salaries and wages	66,678	65,477	66,289
Employee benefits	19,422	16,713	17,201
Other operating			
Materials and supplies	2,000	1,647	2,711
Audit and legal	500	2,540	3,300
Professional development	500	906	322
Travel	1,700	3,517	977
	90,800	90,800	90,800



Safe Sewage Disposal Program Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget	Actual	Actual
	2018	2018	2017
	\$	\$	\$
	(Unaudited)		
Revenue			
Inspection fees	384,200	366,925	408,506
Lawyer research fees	17,825	17,195	13,040
Clean water - mandatory re-inspection fees	97,500	98,205	101,725
- non-mandatory re-inspection fees	-	325	-
Interest	750	1,843	1,273
······	500,275	484,493	524,544
Expenses			
Salaries and wages	305,338	303,794	290,156
Employee benefits	80,813	78,371	77,139
Travel	39,473	32,702	31,222
Equipment, materials and supplies	11,296	12,467	8,770
Audit	3,500	3,500	3,500
Rent	7,000	7,000	7,000
Allocated costs	50,855	50,556	48,696
Staff education	2,000	1,910	1,104
	500,275	490,300	467,587
Annual Surplus/(Deficit)	-	(5,807)	56,957
Opening Fund Balance - beginning of year	184,314	184,314	127,357
Closing Fund Balance - end of year	184,314	178,507	184,314



Healthy Babies/Healthy Children Program Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget	Actual	Actua
	2018	2018	2017
	\$ (Unaudited)	\$	9
Revenue			
Ministry of Children and Youth Services - Base and			
9,000 Nursing	928,413	928,413	928,413
Expenses			
Personal services			
Salaries and wages	686,700	688,875	683,789
Employee benefits	193,113	188,299	191,698
Other operating			
Universal Screening	25,575	25,613	25,575
Program supplies	5,980	6,343	8,972
Professional development	500	908	655
Travel	10,000	12,380	10,404
Audit and legal	1,445	1,800	1,800
Telephone	5,100	4,195	5,520
	928,413	928,413	928,413
mount Due to Province of Ontario			



Chief Nursing Officer Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget 2018 \$	Actual 2018 \$	Actual 2017
	(Unaudited)		φ
Revenue			
Ontario Ministry of Health and Long Term Care	121,500	121,500	121,500
Expenses			
Personal services			
Salaries and wages	95,453	99,845	95,220
Employee benefits	26,047	21,655	26,280
	121,500	121,500	121,500
Amount Due to Province of Ontario	-	-	-



Infection Prevention and Control Nurse Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget	Actual	Actual
	2018	2018	2017
	\$	\$	\$
	(Unaudited)		
Revenue			
Ontario Ministry of Health and Long Term Care	90,100	90,100	90,100
Expenses			
Personal services			
Salaries and wages	70,577	70,383	70,800
Employee benefits	19,523	19,133	19,300
	90,100	89,516	90,100
Amount Due to Province of Ontario	-	584	-



Infectious Diseases Control Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget Actual 2018 2018		Actual 2017
	\$ (Unaudited)	\$	\$
Revenue			
Ontario Ministry of Health and Long Term Care	222,300	222,300	222,300
Expenses			
Personal services			
Salaries and wages	157,940	161,351	147,668
Employee benefits	45,860	41,718	40,972
Other operating			
Materials and supplies	16,500	16,184	31,045
Professional development	500	1,923	1,371
Travel	1,500	1,124	1,244
	222,300	222,300	222,300
Amount Due to Province of Ontario	-	-	-



Public Health Nurses Initiative - Social Determinants of Health Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget 2018 \$ (Unaudited)	Actual 2018 \$	Actua 2017 \$
	(Unaudited)		
Revenue			
Ontario Ministry of Health and Long Term Care	180,500	180,500	180,500
Expenses			
Personal services			
Salaries and wages	140,242	144,567	141,681
Employee benefits	40,258	35,933	38,819
	180,500	180,500	180,500
Amount Due to Province of Ontario	-	-	_





Smoke Free Ontario Tobacco Program Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget 2018 \$ (Unaudited)	Protection & Enforcement \$	Prosecution \$	Tobacco Coordinator \$	Youth Tobacco Use Prevention \$	Total Actual 2018 \$	Total Actual 2017 \$
Revenue							
Ontario Ministry of Health and Long Term							
Care	388,800	202,100	6,700	100,000	80,000	388,800	388,800
Expenses							
Personal services							
Salaries and wages	247,973	125,853	-	76,566	43,186	245,605	244,878
Employee benefits	72,075	36,951	-	23,434	15,068	75,453	73,976
Other operating							
Administration, office and							
accommodation	33,852	24,252	-	-	9,600	33,852	33,852
Audit and legal fees	2,500	1,500	-	-	-	2,500	2,500
Program materials and supplies	14,100	3,872	-	-	9,382	13,254	17,580
Staff and community training	1,500	2,512	-	-	1,000	2,512	438
Purchased enforcement services - legal							
fees	6,700	-	-	-	-	-	2,803
Travel	10,100	7,160	-	-	1,322	8,482	8,876
	388,800	202,100	-	100,000	79,558	381,658	384,903
Amount Due to Province of Ontario	-	-	6,700		442	7,142	3,897

Electronic Cigarettes Act Schedule Of Revenue And Expenses For the Year Ended December 31, 2018

	Budget 2018	Actual 2018	Actual 2017 \$
	\$	\$	
	(Unaudited)		
Revenue			
Ontario Ministry of Health and Long Term Care	29,300	29,300	29,300
Expenses			
Personal services			
Salaries and wages	18,271	19,217	18,800
Employee benefits	4,929	4,539	4,827
Other operating			
Administration, office and accommodation	3,500	3,500	3,500
Audit fees	500	500	500
Program materials and supplies	800	551	633
Travel	1,300	993	1,040
	29,300	29,300	29,300
Amount Due to Province of Ontario	-	-	-



Healthy Smiles Ontario Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget 2018	Actual 2018	Actual 2017
	ہ (Unaudited)	\$	\$
Revenue			
Ontario Ministry of Health and Long Term Care	763,100	763,100	763,100
Dental treatment fees	185,000	172,805	169,911
Other revenue	-	850	1,392
	948,100	936,755	934,403
Expenses			
Salaries and wages	537,467	396,492	414,380
Employee benefits	152,641	74,803	86,426
Audit	3,000	3,000	3,000
Materials and supplies	98,072	68,721	48,718
Occupancy costs	37,000	38,759	46,139
Office supplies and equipment	5,000	2,149	14,052
Purchased services	40,620	161,391	45,367
Staff training and development	-	-	370
Travel	3,000	351	8,334
Allocated administration	71,300	71,300	71,300
Loss on disposal of tangible capital assets	-	-	208,800
	948,100	816,966	946,886
Annual Surplus/(Deficit)	-	119,789	(12,483)
Reduction in Invested in Tangible Capital Assets	-	-	208,800
Purchase of Tangible Capital Assets - Administration		(69,672)	
Amount Due to Province of Ontario		50,117	196,317



Enhanced Food Safety - Haines Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget 2018	Actual 2018	Actual 2017
	\$	\$	\$
	(Unaudited)		
Revenue			
Ontario Ministry of Health and Long Term Care	25,000	25,000	25,000
Expenses			
Personal services			
Salaries and wages	16,973	17,425	16,678
Employee benefits	4,927	4,504	4,529
Other operating			
Materials and supplies	2,400	2,039	3,067
Travel	700	1,032	726
	25,000	25,000	25,000
Amount Due to Province of Ontario	-	-	_



Enhanced Safe Water Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget 2018 \$	Actual 2018 \$	Actua 2017 \$
	(Unaudited)	Ψ	4
Revenue			
Ontario Ministry of Health and Long Term Care	15,500	15,500	15,500
Expenses			
Personal services	40.000	0.000	0.507
Salaries and wages	10,000	9,666	9,507
Employee benefits	1,050	879	515
Other operating	0.450	0 705	0.445
Materials and supplies	2,450	2,735	2,445
Travel	2,000	2,220	3,033
	15,500	15,500	15,500
Amount Due to Province of Ontario	_	_	



Harm Reduction Enhancement Initiative Schedule of Revenue and Expenses For the Year Ended December 31, 2018

	Budget 2018 \$	Actual 2018 \$	Actual 2017 ¢
	<u>Ψ</u>	Ψ	\$
Revenue			
Ontario Ministry of Health and Long Term Care	150,000	150,000	150,000
Expenses			
Personal services			
Salaries and wages	105,000	103,084	41,805
Employee benefits	19,000	18,705	5,262
Other operating			
Audit and legal fees	1,000	1,000	1,000
Materials and supplies	20,500	21,643	91,190
Purchased services	4,500	4,500	4,579
	150,000	148,932	143,836
Amount Due to Province of Ontario	-	1,068	6,164

