

**INSTITUTIONAL PROGRAMS  
2001/2002**

**For the School Year: September 1, 2001 to August 31, 2002**

**NAME OF SCHOOL AUTHORITY:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

Please indicate whether this is a budget or final costs claim by checking the appropriate box.

**BUDGET**

**ACTUAL /FINAL COSTS**

Name of Program	Net Program Costs

**CERTIFICATION**

I certify that the students claimed for this funding reside in an institution and are resident students of the Government as per Section 27(6) of the School Act or are temporary residents of a women's shelter. I also certify that the Institutional program(s) are under contract to Alberta Learning or have had prior approval from the Special Programs Branch of Alberta Learning, and that the programs identified in this report are being offered in accordance with Alberta Learning's program requirements.

\_\_\_\_\_  
(Signature of Superintendent or Designate)

\_\_\_\_\_  
(Date)

I certify that to the best of my information and belief, the information contained in this report for the purpose of determining the grant payable by Alberta Learning is correct.

\_\_\_\_\_  
(Signature of Secretary Treasurer)

\_\_\_\_\_  
(Date)

**DEPARTMENT USE ONLY:**

Total Number of students in the Program = \_\_\_\_\_ Total Net Program Costs = \$ \_\_\_\_\_

\_\_\_\_\_  
Performance Certifier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expenditure Officer

\_\_\_\_\_  
Date



**BUDGETED OR ACTUAL COSTS  
INSTITUTIONAL PROGRAMS  
2001/2002**
**NAME OF PROGRAM:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

<b>1.</b>	<b>Instructional Salaries costs</b>	FTE's		
	a. Certificated Salaries & Benefits	_____	\$	_____
	b. Uncertificated Salaries & Benefits	_____	\$	_____
	c. Substitute Teacher(s)	_____	\$	_____
	Total of Instructional Salaries		\$	_____
<b>2.</b>	<b>Supplies and Services costs</b>			
	a. Professional Development		\$	_____
	b. Educational Supplies		\$	_____
	c. Education Services		\$	_____
	d. Office Supplies		\$	_____
	Total of Supplies and Services		\$	_____
<b>3.</b>	<b>Field Trip Transportation costs</b>		\$	_____
	<b>SUB-TOTAL (1 + 2 + 3)</b>		\$	_____
<b>4.</b>	<b>Technology costs</b> (lesser of actual cost or 5% of sub-total)		\$	_____
<b>5.</b>	<b>Administration costs</b> (lesser of actual cost or 5% of sub-total)		\$	_____
	<b>TOTAL PROGRAM COSTS</b>		\$	_____ <b>A</b>
	<b>Less: Applicable Revenues from All Sources</b>			
	1. <b>Basic Instruction</b>		\$	_____
	2. <b>Plant Operations and Maintenance</b>		\$	_____
	3. <b>System Administration</b>		\$	_____
	4. <b>Tuition Agreements with other school authorities</b>		\$	_____
	5. <b>Out of Province tuition agreements</b>		\$	_____
	6. <b>Other funding (please specify)</b> _____		\$	_____
	<b>TOTAL REVENUES</b>		\$	_____ <b>B</b>
	<b>NET PROGRAM COSTS</b> (Total Program Costs less Revenues <b>A - B</b> )		\$	_____ <b>C</b>
	<u>Daily average</u> number of students served			_____ <b>D</b>
	<b>The following apply only to Mixed Programs:</b>			
	• Number of Institutional Students (ie. Do not include day students)			_____ <b>E</b>
	• Cost per student= total program costs divided by # students served ( <b>A + D</b> )		\$	_____ <b>F</b>
	• <b>Net Program Costs</b> = Cost per student x # institutional students less revenues for institutional students ( <b>F x E</b> ) - <b>B</b>		\$	_____

Note: for mixed programs please attach a list of students in attendance on September 30 indicating which students are institutional students and which are day students.

