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FINANCIAL MANAGEMENT

THREE TEACHING EXERCISES

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THESE TEACHING EXERCISES WERE
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THE FAMILY PLANNING MANAGEMENT
TRAINING PROJECT, 1987

A

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B

TEACHING EXERCISE

Introduction to Budgeting

Learning Objectives:

This exercise provides mid-level family planning managers with the budgeting skills that they need to prepare an annual budget for their department.

Introduction:

Individuals in this course have had experience in the planning of program activities in their organization. They have learned to develop objectives and workplans. This exercise will provide them with the necessary tools to develop budgets based on those workplans. Budgets are important for five reasons:

1. They insure that organizational resources are spent only on activities that directly support organizational objectives.

2. They insure that these resources are available when required.

3. They allow a manager to examine objectives and activities with regard to their actual cost. Taking into account costs, a manager can evaluate alternatives.

4. A realistic and updated budget and a continual monitoring of actual expenses against that budget provides information on cash flow problems before they happen so that necessary action can be taken.

5. Periodic evaluation of program progress toward objectives can be evaluated against expenses to date to determine whether a program will meet its objectives, given the resources budgeted and available.

The Situation:

In addition to assisting the Executive Director in program development, Francine Tolliver has headed the family planning program of the Ulman Health Clinic in Farinan for five years. This family planning program works with young urban women, providing them with diaphrams, birth control pills, and IUD's. Last year, the clinic saw 4000 patients, broken down as follows:

Pills	3,350
IUD's	600
Diaphrams	40

In addition to the family planning program, the clinic also has a significant maternal child health program that serves poor women and a small geriatric program that was started at the suggestion of the primary donor, a local church, to meet the needs of its

older parish members. A 24-hour emergency room provides the only such resource in the community and handles significant numbers of critical cases. While there are three doctors that work in the Emergency Room part time, there are also six medical students from the local university (not paid for by the clinic) working there.

For the past seven years, the clinic had received 85% of its budget from a local church and therefore, had never worried about cash flow projections nor inadequate funds. Ms. Tolliver had always spent whatever was required to run her program and had adequate funds to carry out her activities. However, this year, the church, because of an earthquake that had hit the western region of the country, is now forced to reduce their level of support. They have requested a program plan and budget from the clinic in order to prioritize their funding proposals for the coming fiscal year. On Friday afternoon, June 13, Francine's supervisor, Dr. Helmut Ranniger, Executive Director, asked for a budget for the fiscal year, December 1- November 30, by the following Wednesday. He said that she should assume that the service targets would be same as they are this year.

Francine got upset. She didn't know what a budget was, what one was supposed to look like nor how to develop one. She spent the weekend thinking about it and decided the best place to start was with last year's expenses so Monday morning she asked the accounting office for a copy of the financial report. Mr. Morris Pennypincher stated that the expenses were kept for the clinic as a whole but promised to have one of his bookkeepers go through the books and get as much information as possible.

The Facts:

Mr. Pennypincher gave Ms. Tolliver the financial report of the clinic for the last fiscal year (Attachment A). He also provided her with the following information.

1. Salaries

Last year, besides herself, the family planning program had one physician, one nurse, one auxiliary nurse and a receptionist. The receptionist and Ms. Tolliver both worked half time with this program and half time with other programs. All others work full time. Monthly salaries were as follows:

Physician	LC 4000/month
Nurses	2000
Auxiliaries	1200
Receptionist	1400
Ms. Tolliver	2500

Mr. Pennypincher pointed out that salary increases of 7% were given in December of each year.

Based on national labor laws and on the personnel policy of the

clinic, fringe benefits for staff are as follows:

Christmas bonus	one month's salary
Social security	11% of salaries
Health insurance	LC 1000 per employee
Unemployment insurance	6.5% of salaries

2. Supplies

From supply issues, the accounting department determined that last year, the family planning program was issued an average of LC 45 of office supplies and LC 150 of medical supplies a month. All contraceptive supplies and equipment are donated by an international organization in Washington, DC and would also be provided by them next year. The clinic is required to pay transportation costs from the port of entry to the clinic. Last year, the two shipments cost LC 900 for transportation.

3. Administration

Many of the administration expenses as listed in Attachment A are for the clinic as a whole, with the family planning program accounting for a share. Mr. Pennypincher had never allocated those costs among the various clinic programs but he thought of three possible ways of doing do and gave Ms. Tolliver the information required to allocate expenses based on these.

	No. Staff	Sq. Footage	Patients
Maternal Child Health	7.5	600	8000
Family Planning	4	400	4000
Emergency Room	10.5	1000	12000
Geriatric	3.5	200	500
Laboratory Services	3	300	NA
Administration	8.5	2000	NA
TOTAL	37	4500	24500

Task:

Based on the above information and using the forms in Attachment B, C, and D, prepare a budget for the following year, assuming program activities are maintained at the same level as last year. In this example, assume that with the exception of salaries that costs remain the same.

<u>Salaries</u>: Using Attachment B, list the staff of the family planning project in Column A. In Column B list their monthly salary. In Column C, indicate what percentage of their time spent on the project: 10%, 25%, 50%, 100%, etc. Column D represents the monthly cost of that position for the project, calculated by multiplying the monthly salary (Column B) by the time spent on the project (Column C). Column E is the annual cost of that position, calculated by multiplying Column D by twelve months.

ATTACHMENT A

Ulman Health Clinic

INCOME

Patient Fees	190,387	
Church Donations	1,072,532	
Interest Income	12,520	
TOTAL INCOME		1,275,439

EXPENSES

Salaries		
Executive Director	42,000	
Administrator	30,000	
Program Director	30,000	
Accountant	30,000	
Bookkeeper	18,000	
5 Physicians	240,000	
11 Nurses	264,000	
8 Auxiliary Nurses	115,200	
2 Lab Technicians	36,000	
2 Receptionists	33,600	
2 Secretaries	33,600	
Driver	16,800	
Janitor	16,800	906,000
Fringe Benefits		268,030
Supplies and Equipment		
Office Supplies	4,500	
Clinic Supplies	7,800	
Laundry	24,500	36,800
Travel		
Taxis	600	
Gasoline and Oil	1,200	1,800
Other Direct Costs		
Postage	4,000	
Telephone	6,000	
Rent	12,000	
Utilities	6,000	
Printing of Record-keeping Forms	6,000	
Advertising	3,000	
Family Planning Pamphlets	1,000	

Vehicle Maintenance	1,200	
Insurance	1,200	
Reproduction Expenses	1,200	
Commodity Transport	2,400	
Board Expenses	1,500	45,500
TOTAL EXPENSES		1,258,130
NET INCOME		17,309

ATTACHMENT B
SALARIES

Staff (a)	Monthly Salary (b)	Percentage Time (c)	Monthly Cost (d)	Annual Cost (e)
TOTAL				

ATTACHMENT C
FRINGE BENEFITS

1. Fringe Benefit _____

2. Type _____

3. Description _____

_____

Staff	Monthly Salary	Monthly Fringe	Annual Fringe

TOTAL

ATTACHMENT D
BUDGET

Description	Monthly	Annual
TOTAL		

This information should be entered in Attachment D.

Fringe Benefits: Using Attachment C, complete a worksheet for each fringe benefit that the organization provides. On line 1, indicate the name of the fringe benefit. Line 2 indicates whether it is government mandated or a result of the personnel policy. Line 3 then provides a brief description of the financial implications of the benefit. List staff positions in Column A. Their monthly salaries should be placed in Column B. In Column C enter the monthly cost of that fringe benefit. The annual cost should be entered in Column D. If the benefit is paid periodically that should be indicated on line 3. The totals for each fringe benefit should then be entered in Attachment D.

Budget Preparation: When outlining a budget, it is important to classify expenses in logical categories. It is not important what categories are used. What is important is that the document be presented in a way that will increase its power as a planning tool. The Ulman Health Clinic has divided its expenses into five categories: Salaries, Fringe Benefits, Equipment and Supplies, Travel, and Other Direct Costs. In this case, Ms. Tolliver must follow those budget categories.

Attachment D presents one possible means of organizing a budget. A separate section should be laid out for the five budget categories. Under those, in Column A, write out a description of the item. Monthly expense should be entered in Column B and the annual amount should be entered in Column C. A total should be calculated for each budget category as well as for the total budget.

TEACHING EXERCISE

Budgeting for Fixed and Variable Costs

Learning Objectives:

This exercise provides mid-level family planning managers with the budgeting skills that they need to prepare an annual budget, separating fixed and variable costs.

This exercise also provides a methodology for the calculation of variable costs of service delivery.

Introduction:

When developing budgets, it is important to distinguish between fixed and variable expenses. By calculating these two kinds of expenses separately, the budget developed will be more accurate and more powerful as a planning tool.

FIXED COSTS are those expenses which must be incurred whether the organization inserts two IUD's or three thousand. These expenses will either not vary at all or vary only slightly with increases in service delivery and include: staff salaries, administrative expenses (accounting supplies and stationary, etc.), vehicles, and rent.

VARIABLE COSTS are those expenses that will increase or decrease with levels of service delivery. These expenses are the direct inputs of service delivery and include: rubber gloves, doctors' fees, IUD insertion kits, laundry expenses.

Knowing what category each expense falls in will enable a program manager to plan for particular service targets, with the ability to change those budgets if the targets change.

The Situation:

Francine Tolliver has headed the family planning program of the Ulman Health Clinic in Farinan for five years. This family planning program works with young urban women, providing them with diaphrams, birth control pills, and IUD's. In the past, the clinic has received large annual donations from a local church which have covered 85% of total clinic costs.

In the last meeting, the clinic board of directors decided to consider adding a sterilization program to the basic family planning services presently offered by the clinic. Ms. Tolliver has been requested to provide a budget for a sterilization program, including the construction of a ten bed recovery room. They presented her with objectives and a workplan, (Attachment A) and requested a first year budget. Based on the budget, the cost per sterilization procedure can be determined. Then, with estimated fees for the procedure, a funding proposal can be presented to the church to fund the initial set-up costs and

operating expenses. So again, on a Friday afternoon, Ms. Tolliver is presented with what she views as an impossible task. She could not think of a way to calculate the variable cost per sterilization nor how to determine first year fixed costs.

After thinking about it over the weekend, she went back to her colleague, Mr. Morris Pennypincher in the accounting department, and asked him what to do.

The Facts:

Mr. Pennypincher told Ms. Tolliver that since this was a new activity for the clinic, there would be a number of upfront costs to get it off the ground as well as operating expenses that could be divided into fixed and variable costs.

These different kinds of expenses must be calculated separately and he gave her some data on costs that he had in his files.

1. Salaries

He stated that salaries would remain the same for the same kinds of personnel, with a 7% increase as of December 1. Monthly salaries in the clinic are as follows:

Physicians	4,000
Nurses	2,000
Auxiliary Nurses	1,200
Receptionist	1,400

Fringe benefits are as follows:

Christmas bonus	one month's salary
Social security	11% of salaries
Health insurance	LC 1000 per employee
Unemployment insurance	6.5% of salaries

2. Supplies

He had no experience with sterilization programs and did not know what kinds of supplies were involved in sterilization procedures. He told Ms. Tolliver that these expenses should, however, be divided up between those direct materials that are used for each sterilization procedures and those materials that are bought for the program as a whole.

3. Recovery Room Construction

Because the board had thought of this last year, Mr. Pennypincher had already requested three bids for the construction of the recovery room. While they would have to request new bids, he thought she could add 10% to the bids for her purposes. The three bids received were:

Jack Spratt Construction Company	LC 10,050
Fred Afarr Builders	4,500
All-time Builders	11,230

He had also recently replaced equipment in the emergency room and had prices for several hospital equipment:

Beds	LC 350
Tables	123
Lamps	23

The Task:

Based on the objectives and workplan in Attachment A and the above information prepare two alternative budgets based on two occupancy levels: full occupancy of the 10-bed recovery room and 50% occupancy. Calculate the variable cost per procedure. Use Attachment B, C, D, and E to calculate fixed and variable costs.

Start-up Costs: The first year budget must include initial start-up costs to construct and equip the planned sterilization program. Looking at the workplan in Attachment A, these expenses should be outlined and listed in Attachment C. They should be listed in a separate budget category--distinguished from operating expenses.

Fixed Costs: The operating expenses that are required whether the program runs at full or partial capacity should be calculated. Consult the workplan in Attachment A and list the expenses required to carry out each activity. These expenses should then be consolidated in logical categories similar to those presently used by the clinic and listed in Attachment C. For help in calculating salaries and fringe benefits, Attachments D and E can be used.

Variable Costs: Consulting Attachment A, identify the activities involved in the completion of a sterilization procedure. For direct labor, in section 1 of Attachment B, list the direct activities involved in Column A. Enter the time required in Column B and the hourly cost of that individuals salary and fringe in Column C. The costs for that activity, Column D, is calculated by multiplying the time required (Column B) by cost per hour (Column C). In section 2, for direct materials, in Column A, list all the materials and supplies that are required to complete a sterilization from intake forms to laundry costs. In Column B enter the quantity required and in Column C the unit price. The cost of that item, Column D, is calculated by multiplying the number of units required (Column B) by the cost per unit (Column C).

In some cases, if purchased equipment has an estimated life based on the number of procedures performed, it may be appropriate to charge depreciation. If so, that should be entered in section 3. Any miscellaneous variable costs should be entered in section 4. In this exercise, these two sections may not necessarily be

filled in.

Adding the totals for sections 1 and 2 , a total per unit variable cost is determined and entered on line 5.

This information can then be entered in Attachment C. For each individual, multiply the time involved for each procedure by the number of procedures to be performed each day or month. That figure plus an allowance for down time will indicate what percentage of his/her day will be spent on this program. Enter this information in Attachments D, E, and C. For supplies, multiply the number of units required for each procedure by the number of procedures to be completed and enter this information in the Supplies Budget Category of Attachment C.

Attachment A

Sterilization Program
Program Plan

Specific Objective

To provide surgical sterilizations to 2600 women.

Activities

1. Construct recovery room.

1.1 Obtain construction plans.
1.2 Request three bids for construction.
1.3 Review bids and choose construction company.
1.4 Purchase materials.
1.5 Supervise construction.

2. Equip operating room.

2.1 Order equipment and materials.
2.2 Renovate and paint operating room.
2.3 Obtain and install stand-by electrical generating set and water tank.

3 Develop service protocols to ensure uniformly high standards of care for all patients.

3.1 Write service protocols for surgical contraception.
3.2 Train nurses in their use.

4. Train nurses.

4.1 Train nurses in surgical contraception and client counseling.

5. Promote availability of surgical contraception services.

5.1 Write informational pamphlet on surgical contraception.
5.2 Print pamphlets.
5.3 Distribute pamphlets to social workers, community centers, other health clinics, churches, and in the Ulman Health Clinic.
5.4 Place ads in local paper and radio stations.
5.5 Give talks on local radio station through public service announcements.

6. Provide surgical contraception services.

6.1 Interview potential patient.
6.2 Complete informed and voluntary consent form.
6.3 Provide service.
6.4 Provide bed for recovery.
6.5 Follow up with each patient at least once during the following month.

7. Manage program in appropriate way.

7.1 Set up and maintain recordkeeping system for acceptors.
7.2 Set up and maintain accounting system.

ATTACHMENT B
VARIABLE COSTS

Service _____ Date of Analysis _____

1. Direct Labor

Activity	Required Time	Hourly Wage and Fringe	Unit Cost
Total Direct Labor			

2. Direct Materials

Description	Quantity	Unit Price	Unit Cost
Total Direct Materials			

3. Depreciation _____

4. Other Per Unit Costs _____

5. TOTAL VARIABLE COSTS

ATTACHMENT C
BUDGET

Description	Monthly	Annual
TOTAL		

ATTACHMENT D
SALARIES

Staff (a)	Monthly Salary (b)	Percentage Time (c)	Monthly Cost (d)	Annual Cost (e)
TOTAL				

ATTACHMENT E
FRINGE BENEFITS

1. Fringe Benefit _____

2. Type _____

3. Description _____

_____

Staff	Monthly Salary	Monthly Fringe	Annual Fringe

TOTAL

TEACHING EXERCISE

Cost per Service Reporting

Learning Objective:

This exercise provides mid-level family planning managers with the budgeting skills they need in order to calculate and monitor cost per service for family planning services.

Introduction:

It is critical for organizations to develop budgets but it is also essential that actual expenses be periodically compared against these budgets in order to make changes and modifications as required. The basis for budget monitoring is an annual program budget, an adequate accounting system that records and controls financial information, and accounting forms that allow managers to take that financial information and organize it in a manner that provides an analysis of budgeted versus actual expenses.

Expenses are monitored in two ways----against the program budget and against the budgeted direct (or variable) costs. By monitoring these two budgets, you will be able to compare budgeted cost per service against the actual cost.

The Situation:

Francine Tolliver has headed the family planning program of the Ulman Health Clinic in Farinan for five years. This family planning program works with young urban women, providing them with diaphrams, birth control pills, IUD's, and surgical contraception. In the past, the clinic has received large annual donations from a local church which have covered 85% of total clinic costs.

Last year, the church advised the clinic that they would be reducing their financial commitment to the clinic, and the Board was looking at different means of addressing this financial situation. They had initiated budgeting procedures. They had separated their fixed and variable costs. At the last meeting, the board of directors had decided that they would become more aggressive about charging for services for the increasing number of third party patients and middle class women that had started coming to the clinic. In order to do this, they needed to know what their services actually cost. They looked at the variable cost budget that Ms. Tolliver had presented to them last year for the sterilization program, but they wanted to know how they were spending with respect to the budget for both that program as well as the family planning program. They asked her to devise a monitoring system to determine what actual direct costs were during the last four months and to tell them what the actual

direct cost per service was. Of course, it was Friday and Ms. Tolliver, preparing for a weekend on the lake with her family, was aghast. She didn't have any idea how to monitor actual costs against the budget.

After thinking about it over the weekend, she went back to her colleague, Mr. Morris Pennypincher in the accounting department and presented her problem.

The Facts:

Mr. Pennypincher told Ms. Tolliver that as far as he knew there was no one report that would help her. However, he told her that she was welcome to look at the four month financial report for the clinic, although it didn't include expenses for the sterilization program (See Attachment A). He did not yet have a financial reporting system that would give him financial information broken down by program or against the budget but promised it by the next reporting period. He gave her the following information for the family planning and sterilization programs.

Family Planning Program

1. Labor

Salaries were the same as budgeted for this four month period, with one exception. In January, they had to hire an additional auxiliary nurse for two hours a day, at the same salary as the others. As she worked elsewhere in the clinic the other 75% of her time, she received fringe benefits. Mr. Pennypincher gave her the information on salaries and fringe for the family planning program in Attachment B.

While she didn't have variable cost worksheets for this program, she had made estimates of the amount of time that the medical personnel would spend with each kind of patient. This is listed below--in minutes.

	Doctor	Nurse	Auxiliary Nurse
Diaphgrams	30	30	15
Pills 1st visit	15	30	15
2nd visit		15	15
IUD's	30	30	15

Assuming a seven hour work day, actual time spent differed little from these estimates. When she asked the gynecologist about actual time spent with patients, she stated that she had spent exactly half an hour with IUD and diaphragm patients. Any variances for the doctor from budgeted time were with first time pill users. The nurse stated that because of the heavier than estimated load, she had delegated more work to the auxiliary nurses and therefore, had reduced the time she spent with first time pills users to fifteen minutes as well. She also stated

that she spent exactly a half hour with IUD and diaphragm patients. Any variances for the nurse from budgeted time were with pill users. As a consequence, the auxiliary nurses spent an average of thirty minutes with all pill users. All differences should be spread evenly across the various patients except as specifically noted above.

2. Materials

While LC 600 was budgeted for clinical supplies, 850 was actually disbursed. LC 180 was budgeted for variable office supplies for the period, but LC 190 was actually distributed. Laundry was budgeted at 300 for the period and 370 was actually disbursed. Clinic supplies and laundry have the same per unit cost for each doctor visit. Office supplies have the same per unit cost for each clinic visit.

Sterilization Program

1. Labor

Salaries were the same as budgeted except for doctors fees per procedure, which increased 10% over the budgeted figure.

2. Materials

Laundry was used at the same volume as budgeted per procedure but the cost was 3% above the budgeted per unit cost. Clinical supplies were used at 2% above the per unit budgeted amount and the per unit price was also 4% higher. Office supplies did not vary from the budgeted per unit price or quantity.

3. Construction

Costs for the equipment bought was the same as the budget with the exception of the chairs which were 13% more. The construction ran 23% over budget. Construction was finished by the end of December and the program was able to begin operation at the beginning of the year.

Output

From her program reports, she knew that while expenses were higher than budgeted, output was also significantly higher than she had planned. The following table outlines the annual service delivery targets and the actual services provided during that four month period.

Service	Annual Output	Actual Services Provided
Diaphgrams fitted	40	35
Pills distributed	3,350	
--1st visit		960
--2nd visit		240
IUD'S inserted	600	450
surgical sterilization procedures	2,600	400

The Task:

Based on the above information and the financial reports of Attachments A and B, complete an analysis of actual variable expenses against budget for the sterilization and family planning services. Complete Attachment C for both programs. Using Attachment C, for the four kinds of family planning services (diaphrams, birth control pills, IUD's, and surgical contraception), prepare a report of actual variable expenses against budget. Present a report to the Director, explaining all variances from the the budgeted per unit cost.

In Column A of Attachment C, enter the budget categories and line items from the budgets prepared in the two previous exercises. In Column B, enter the budgeted amounts. In Column C, using the information provided, fill in the expenses of this period. Column D represents expenses to date; as this is the first reporting period, the figures in Column D are equal to those in Column C. Column E, the Budget Balance, is calculated by subtracting Expenses to Date (Column D) from the Approved Budget (Column B).

<u>Direct Labor</u>: On line 1 of Attachment D, enter the number of services provided during the reporting period. In Section 1, list the direct labor used to provide this service: for the family planning program, this will include the doctor, nurse, and auxiliary nurse. In Column A, enter the title of the staff person and in Columns B, C, and D, respectively, enter the amount of time budgeted to provide the number of services outlined in line 1 (line 1 times the amount of time budgeted), the budgeted cost per hour, and the total amount budgeted (Column B multiplied by Column C). In Column E, enter the amount of time actually spent by staff providing this service. In Column F, indicate the actual wages and fringe benefits paid per hour. Column G, the total labor cost is then calculated by multiplying Column E by Column F. The budgeted and actual totals should be calculated and entered. Line 2 indicates the budgeted per unit cost for direct labor. It is calcuated by taking the total from Column D of Section 1 and dividing it by the number of services provided, as indicated on line 1. Line 3 indicated the actual per unit cost for direct labor. It is calculated by taking the total from Column G of Section 1 and dividing it by the number of services provided.

Direct Materials: In Section 2, list the direct materials used: for the family planning program, they are clinic supplies, office supplies, and laundry. In Column A, enter a brief description of the materials. In Columns B, C, and D, respectively, enter the quantity of materials budgeted to provide the number of services outlined in line 1, the budgeted cost per unit, and the total amount budgeted (Column B multiplied by Column C). In Column E, enter the number of units actually used to provide the services on line 1. In Column F, enter the actual per unit cost of those materials. Column G, the total cost for the materials, is then calculated by multiplying the Column E by Column F. The budgeted and actual totals should be calculated and entered. Line 4 indicates the budgeted per unit cost for direct materials. It is calculated by taking the total from Column D of Section 2 and dividing it by the number of services provided, as indicated on line 1. Line 5 indicates the actual per unit cost for direct materials. It is calculated by taking the total from Column G of Section 2 and dividing it by the number of units entered on line 1.

If appropriate, enter the budgeted depreciation for each service delivered on line 6a. If appropriate, enter the actual per unit depreciation on line 6b.

Enter any other budgeted per unit costs on line 7a. Enter any other actual per unit costs on line 7b.

Line 8 is the total budgeted variable cost per unit of output, calcualted by adding lines 2,4, 6a, and 7a. Line 9 is the actual total variable cost per unit of output, calculated by adding lines 2,4, 6b, and 7b.

Not all the information you need to complete these two forms will be in a format that can be directly transferred to the reports. You will have to make certain assumptions and carry out various calculations. No variable cost worksheets were ever prepared for the family planning program; you can, instead, consult the budget prepared in the first exercise. To fill out the reports for the sterilization program, you need to consult the budget you prepared in the last exercise.

BEST AVAILABLE DOCUMENT

Attachment A

Ulman Health Clinic
November 1-March 31

INCOME

Patient Fees	120,000	
Church Donations	200,000	
Interest Income	4,250	
		=========
TOTAL INCOME		324,250

EXPENSES

SALARIES		
Executive Director	14,980	
Administrator	10,700	
Program Director	10,700	
Accountant	10,700	
Bookkeeper	6,420	
5 Physicians	85,600	
11 Nurses	94,160	
9 Auxiliary Nurses	44,940	
2 Lab Technicians	12,840	
2 Receptionists	11,984	
2 Secretaries	11,984	
Driver	5,894	
Janitor	5,992	326,894
FRINGE BENEFITS		145,706
EQUIPMENT AND SUPPLIES		
Office Supplies	1,650	
Clinic Supplies	2,860	
Laundry	8,983	13,493
TRAVEL AND PER DIEM		
Taxis	220	
Gasoline and Oil	520	740
OTHER DIRECT COSTS		
Postage	2,000	
Telephone	3,450	
Rent	4,000	
Utilities	3,500	
Printing of Record-keeping	5,000	
Advertising	2,500	
Family Planning Pamphlets	1,000	
Vehicle Maintenance	3,400	
Insurance	1,000	
Reproduction Expense	450	
Commodity Transport	1,320	
Board Expenses	200	27,820
		=========
TOTAL EXPENSES		514,654
NET INCOME		(190,404)

Attachment B

Jiman Health Clinic
Family Planning Program
Salaries and Fringe Benefits
December 1-March 31

Budget Category	Amount Budgeted	Spent to Date	Budget Balance
SALARIES			
Director	16,050	5,350	10,700
Physician	51,360	17,120	34,240
Nurse	25,680	8,560	17,120
Auxiliary #1	15,408	5,136	10,272
Auxiliary #2		963	(963)
Receptionist	8,988	2,996	5,992
Total Salaries	117,486	40,125	77,361
FRINGE BENEFITS			
Christmas bonus	9,791	9,791	0
Social Security	12,923	4,414	8,510
Health Insurance	5,000	3,000	2,000
Unemployment	7,637	2,608	5,029
Total Fringe	35,351	19,812	15,538

BEST AVAILABLE DOCUMENT

ATTACHMENT C
PERIODIC REPORTING FORMAT

Report Period _____
Fiscal Year _____

EXPENSES

Budget Category (a)	Approved Budget (b)	Expenses This Period (c)	Expenses To Date (d)	Budget Balance (e)
TOTAL				

BEST AVAILABLE DOCUMENT

ATTACHMENT D
VARIABLE COST MONITORING

Service _____ Reporting Period _____

Number of Services Delivered _____ (1)

Section 1. Direct Labor

Staff Person (a)	BUDGETED Time (b)	BUDGETED Wage/FB (c)	BUDGETED Cost (d)	ACTUAL Time (e)	ACTUAL Wage/FB (f)	ACTUAL Cost (g)
TOTAL			_____			_____

Total Direct Labor: Budgeted D - line 1 _____ (2)

Actual G - line 1 _____ (3)

Section 2. Direct Materials

Description (a)	BUDGETED Quantity (b)	BUDGETED Price (c)	BUDGETED Cost (d)	ACTUAL Quantity (e)	ACTUAL Price (f)	ACTUAL Cost (g)
TOTAL			_____			_____

Total Direct Materials: Budgeted D - line 1 _____ (4)

Actual G - line 1 _____ (5)

Depreciation _____ (6a) _____ (6b)

Other Per Unit Costs _____ (7a) _____ (7b)

TOTAL VARIABLE COSTS: Budgeted 2 + 4 + 6 + 7 _____ (8)

Actual 3 + 5 + 6 + 7 _____ (9)