

 **Tool 3.1: PROGRAM BUDGET WORKSHEET**

**Section in Planner: Phase 1, Step 3 (3.1)**

**Why is this important?**

Program costs will need to be examined as part of your FAAEA check. Consider for example, the need for adequate and appropriate staffing; costs associated with your exercise venue including potential rental charges or necessary modifications to the space, heating or utility expenses, and the purchase of dedicated equipment; program licensing fees or provider insurance premiums; compensation for health partners or other professional support. Having a complete and accurate assessment of program costs will assist in your efforts to secure funding for the program.

**How to use this tool:**

This table (adapted from the TIMETM program) identifies a wide range of potential program costs. Check individual program requirements to determine space, equipment, and staffing recommendations. Remember to consider the costs for both start-up and ongoing program maintenance. Use and adapt this template to suit your own setting and circumstances by adding or deleting rows as needed.

*Note: An Excel worksheet version is also provided.*

**User Comments:**

*“This is an excellent tool. I think a planning team would find it very helpful.”* (Program Manager)

*“The budget planning worksheet was pretty good. We completed it and there was a bunch of stuff that we didn’t need, but it was helpful to go down through the list and figure out what it is you do need.”* (Physiotherapist)

*“I thought the budget template was really good for anybody who hadn’t done a budget before.”* (Fitness Professional)

*“I felt that all parameters of planning and implementation were considered, even in noting the pressures of extra costs that might be associated. This hit home as we had to increase the room temperature for our stoke clients as they didn't move quickly enough to keep warm.”* (Fitness Professional)

Budget planning worksheet adapted from TIMETM program materials.

University Health Network. Together in Movement and Exercise (TIMETM) program. 2020 [cited 2020 Apr 10]. Available from:

<https://www.uhn.ca/TorontoRehab/Clinics/TIME>

**Phase 1, Step 3: Budget Planning Worksheet** *(also available as Excel file)*

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| **BUDGET Worksheet - EXERCISE PROGRAM EXPENSES** |
| This is a sample budget (adapted from the TIMETM program) illustrating possible expenses. Check your individual program requirements. You may add or delete rows as necessary to tailor the spreadsheet for your program and setting. Ensure that you have considered both one-time/start-up costs and annual or recurring costs.Note: A separate budget template is provided for forecasting costs related to the planning team. |
| **PERSONNEL COSTS** |
| **Item** | **Description** | **Is this a one-time/start-up cost or an annual/recurring cost?** | **Number of hours** *(estimates included)* | **Hourly rate***($/hour)* | **Total cost ($)** | **Funding source** | **Notes** |
| **TRAINING OF INSTRUCTORS AND VOLUNTEERS** |  |   |   |   |   |   |
| Pre-requisite training such as CanfitPro, CPR |   |  |   |   |  |   |   |
| Reviewing training manuals and e-learning materials |   |  | 3 |   |  |   |   |
| Scheduling and preparation to arrange for training delivery in person/on-site  |   |  | 3 |   |  |   |   |
| Taking part in face-to-face workshop / training |   |  | 5 |   |  |   |   |
| Additional training of volunteers |   |  | 2 |   |  |   |   |
| Delivering classes | Ensuring staff to participant ratios are met (e.g., 1:4) |  |   |   |  |   |   |
| Staff time to complete program evaluation activities  | Data collection, analysis, reporting |  |   |   |  |   |   |
| Add/delete rows as needed |   |  |   |   |  |   |   |
| **HEALTH PARTNER CONSULTATION (e.g., PT or Kinesiologist)** |  |   |   |   |   |   |
| Attending 2 classes during first session | e.g. 1 hour per class + 1 hour travel; 2 classes per program |  | 4 |   |  |   |   |
| Check-in site visits and debriefing with staff for problem-solving | e.g. 1 hour per class + 1 hour travel + 0.5 hour debrief; 3 visits per program |  | 8 |   |  |   |   |
| Consultation time | e.g. To answer instructor queries; 2 hours per program |  | 2 |   |  |   |   |
| Time to support program evaluations |   |  |   |   |  |   |   |
| Add/delete rows as needed |   |  |   |   |  |   |   |
| **OTHER COSTS** |
| **Item** | **Description** | **Is this a one-time/start-up cost or an annual/recurring cost?** | **Available?** | **Buy or rent?** | **Estimated cost** *($)* | **Funding source** | **Notes** |
| **FACILITY** |  |  |  |  |  |  |  |
| Facility / room to offer program |   |  |   |   |   |   |   |
| Insurance |   |  |   |   |   |   |   |
| Adjustments for accessibility |   |  |   |   |   |   |   |
| Utilities (e.g., AC, heat, light) |   |  |   |   |   |   |   |
| Janitorial services |   |  |   |   |   |   |   |
| Add/delete rows as needed |   |  |   |   |   |   |   |
| **EQUIPMENT**  |   |  |   |   |   |   |   |
| Stackable chairs | e.g. 15-20 chairs, stable, flat seat, no wheels |  |   |   |   |   |   |
| Potable or fixed ballet barres | e.g. 2 x 9 feet |  |   |   |   |   |   |
| Stepper blocks | e.g. x 6 |  |   |   |   |   |   |
| Weighted hula hoops |   |  |   |   |   |   |   |
| Dumbbells | e.g. 1, 3, and 5 pounds |  |   |   |   |   |   |
| Resistance bands |   |  |   |   |   |   |   |
| Mini exercise bike |   |  |   |   |   |   |   |
| CD player or sound system |   |  |   |   |   |   |   |
| Equipment maintenance |   |  |   |   |   |   |   |
| Add/delete rows as needed |   |  |   |   |   |   |   |
| **Equipment** |   |  |   |   |   |   |   |
| Defibrillator |   |  |   |   |   |   |   |
| Supply of juice |   |  |   |   |   |   |   |
| Blood pressure cuff |   |  |   |   |   |   |   |
| Add/delete rows as needed |   |  |   |   |   |   |   |
| **PROGRAM COSTS** |  |  |  |  |  |  |  |
| Program license |   |  |   |   |   |   |   |
| Program and manuals |   |  |   |   |   |   |   |
| Add/delete rows as needed |   |  |   |   |   |   |   |
| **MARKETING AND PROMOTION** |   |  |   |   |   |   |   |
| Website costs |   |  |   |   |   |   |   |
| Social media costs |   |  |   |   |   |   |   |
| Flyers |   |  |   |   |   |   |   |
| Meetings, calls, presentations |   |  |   |   |   |   |   |
| Professional networking |   |  |   |   |   |   |   |
| Add/delete rows as needed |   |  |   |   |   |   |   |
| **ENROLMENT AND REGISTRATION** |   |  |   |   |   |   |   |
| Administrative support |   |  |   |   |   |   |   |
| Participant membership subsidies/ co-payments |   |  |   |   |   |   |   |
| Add/delete rows as needed |   |  |   |   |   |   |   |
| **PROGRAM EVALUATION** |   |  |   |   |   |   |   |
| Supplies for completing program evaluations (stationery, etc.) |   |  |   |   |   |   |   |
| Add/delete rows as needed |   |  |   |   |   |   |   |
| **OTHER COSTS** |   |  |   |   |   |   |   |
| Transportation subsidies for participants |   |  |   |   |   |   |   |
| Drivers for participants  |   |  |   |   |   |   |   |
| Translation of program materials |   |  |   |   |   |   |   |
| Add/delete rows as needed |  |  |  |  |  |  |  |
|  |  |  |  | **TOTAL**  |  |  |  |