

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

Canadian Institutes of Health Research

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1. Introduction

This quarterly financial report has been prepared by management as required by section 65.1 of the *Financial Administration Act* and in the form and manner prescribed by the Treasury Board. It should be read in conjunction with the 2022-23 [Main Estimates](#). It has not been subject to an external audit or review nor has it been subject to the approval of the Audit Committee.

1.1 Authority, mandate and programs

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research funding agency. It was created in June 2000 by the *Canadian Institutes of Health Research Act* with a mandate “to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.”

CIHR invests in high quality health research and health research personnel to help create and apply new knowledge that can improve health outcomes for Canadians, lead to innovative products and services that improve Canada's health care system, and create high quality employment and commercial opportunities.

Further details on CIHR's mandate and programs can be found in [Part II of the Main Estimates](#) and the [Department Plan](#).

1.2 Basis of presentation

This quarterly report has been prepared by CIHR management using an expenditure basis of accounting. The accompanying Statement of Authorities includes CIHR's spending authorities granted by Parliament and those used by CIHR, consistent with the Main Estimates supplied thus far for the 2022-23 fiscal year. This quarterly report has been prepared using a special purpose financial reporting framework designed to meet financial information needs with respect to the use of spending authorities.

The authority of Parliament is required before monies can be spent by the Government of Canada (the Government). Approvals are given in the form of annually approved limits through appropriation acts or through legislation in the form of statutory spending authority for specific purposes.

CIHR uses the full accrual method of accounting to prepare and present its annual departmental financial statements that are part of the departmental results reporting process. However, the spending authorities voted by Parliament remain on an expenditure basis.

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

2. Highlights of fiscal quarter and fiscal year to date (YTD) results

This quarterly financial report reflects the results of the current fiscal period in comparison to the authorities supplied by the Main Estimates to date for fiscal year 2022-23, as well as budget adjustments approved by Treasury Board up to December 31, 2022.

2.1 Financial Highlights – Statement of Authorities (Refer to Section 5)

As of December 31, 2022, total authorities available for use for CIHR have decreased by \$38.4 million (2.8%) compared to December 31, 2021 as shown in the table below. This decrease is mainly due to a steady decrease in COVID-19 related funding, offset by new funding and increases to existing funding as follows:

- \$85.8 million of new funding for the clinical trials fund;
- \$14.9 million of new funding for pediatric cancer research;
- \$10.3 million of new funding for the response to monkeypox outbreaks in Canada;
- \$4.0 million of new funding for diabetes prevention research and surveillance;
- \$2.2 million of new funding for supporting mental health affected by COVID-19;
- \$1.4 million of new funding for long-term health impacts of COVID-19;
- \$1.3 million of new funding to support Canada's Black students and postdoctoral fellows;
- \$1.2 million of new funding to support a National Women's Health Research Initiative;
- \$1.0 million increase in net transfers from other government departments for specific programs and initiatives;
- \$0.9 million of new funding for compensation adjustments from the Treasury Board Secretariat;
- \$0.2 million increase in funding due to various immaterial adjustments;
- \$2.5 million decrease in funding related to climate change research;
- \$33.1 million decrease resulting from CIHR's participation in tri-agency programs in collaboration with the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC). Funding for these programs varies by fiscal year as CIHR is allocated funding following each distinct competition depending on the successful applicants' alignment with CIHR's health-related mandate. CIHR received less funds in 2022-23 for the College and Community Innovation Program (\$0.2 million), the Business Led Network Centres of Excellence (\$0.9 million), Canada Excellence Research Chairs (\$1.1 million), Centres of Excellence Commercialization and Research (\$3.1 million), Network Centres of Excellence (\$12.1 million), and the Canada First Research Excellence Fund (\$15.7 million).
Of note, the research and commercialization activities of the Centres of Excellence for Commercialization and Research and the Business Led Networks of Centres of Excellence programs are being consolidated and transferred to the Strategic Innovation Fund. As well, funding for the Network Centres of Excellence program is gradually being transitioned to the New Frontiers in Research Fund; and
- \$126.0 million decrease in funding for medical countermeasures related to COVID-19 research.

Total authorities used as of December 31, 2022 decreased by \$15.6 million (1.7%) compared to the prior fiscal year due mainly to the aforementioned decrease in COVID-19 related funding. CIHR has used 65.1% (64.4% in 2021-22) of its available authorities through the third quarter which is consistent with its annual spending pattern.

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

Table 2.1.1 – Changes to annual authorities available and cumulative authorities used by vote
(\$ thousands)

	2022-23			2021-22			Variance	
	Annual authorities available	Cumulative authorities used	% used	Annual authorities available	Cumulative authorities used	% used	(1) vs (3)	(2) vs (4)
	(1)	(2)		(3)	(4)			
Vote 1 - Operating Expenditures	74,197	49,550	66.8%	66,071	44,502	67.4%	12.3%	11.3%
Vote 5 - Grants	1,269,202	824,766	65.0%	1,317,221	845,793	64.2%	(3.6%)	(2.5%)
Statutory Authorities – Employee benefits plan	9,161	5,800	63.3%	7,701	5,405	70.2%	19.0%	7.3%
Total	1,352,560	880,116	65.1%	1,390,993	895,700	64.4%	(2.8%)	(1.7%)

Table 2.1.2 – Changes to annual authorities available and authorities used during the third quarter by vote
(\$ thousands)

	2022-23			2021-22			Variance	
	Annual authorities available	Q3 authorities used	% used	Annual authorities available	Q3 authorities used	% used	(1) vs (3)	(2) vs (4)
	(1)	(2)		(3)	(4)			
Vote 1 - Operating Expenditures	74,197	16,969	22.9%	66,071	14,749	22.3%	12.3%	15.1%
Vote 5 - Grants	1,269,202	316,110	24.9%	1,317,221	308,110	23.4%	(3.6%)	2.6%
Statutory Authorities – Employee benefits plan	9,161	1,933	21.1%	7,701	1,802	23.4%	19.0%	7.3%
Total	1,352,560	335,012	24.8%	1,390,993	324,661	23.3%	(2.8%)	3.2%

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

Vote 1 – Operating Expenditures

Total authorities available for use for Vote 1 - Operating expenditures increased by \$8.1 million (12.3%) as at December 31, 2022 compared to the prior fiscal year.

This increase is due to:

- \$5.0 million of new funding for the clinical trials fund;
- \$0.9 million of new funding for compensation adjustments from the Treasury Board Secretariat;
- \$0.6 million of new funding for pediatric cancer research;
- \$0.6 million of new funding to support a National Women’s Health Research Initiative;
- \$0.3 million of new funding for supporting mental health affected by COVID-19;
- \$0.2 million of new funding for diabetes prevention research and surveillance;
- \$0.2 million of new funding for the response to monkeypox outbreaks in Canada;
- \$0.2 million of new funding for long-term health impacts of COVID-19;
- \$0.2 million of new funding to support Canada’s Black students and postdoctoral fellows;
- \$0.2 million of new funding for building a world-class intellectual property regime;
- \$0.2 million increase in the operating budget carryforward;
- \$0.2 million decrease in funding for climate change research; and
- \$0.3 million decrease in net transfers from other government departments for specific programs and initiatives.

Authorities used through the third quarter for Vote 1 – Operating Expenditures authorities have increased by \$5.0 million (11.3%) as compared to the prior fiscal year. This variance is primarily due to a \$4.2 million increase in personnel costs due to an increased employee count and annual salary increases, a \$0.7 million increase in professional and special services, as well as a less significant \$0.1 million increase for other operating services. The percentage of operating authorities used has increased from the prior year (66.8% and 67.4% respectively) as a result of the aforementioned reasons.

Overall spending as of December 31, 2022 is consistent with CIHR management expectations.

Vote 5 – Grants

Authorities available for use for Vote 5 – Grants as of December 31, 2022 were \$1,269.2 million and included funding for the following transfer payment programs:

- Grants for research projects and personnel support – \$1,159.5 million
- Canada Graduate Scholarships (CGS) – \$36.2 million
- Canada First Research Excellence Fund (CFREF) – \$28.1 million
- Institute support grants – \$15.9 million
- Vanier Canada Graduate Scholarships – \$8.4 million
- Networks of Centres of Excellence (NCE) – \$5.6 million
- Canada Excellence Research Chairs (CERC) – \$5.6 million
- Centres of Excellence for Commercialization and Research (CECR) – \$4.1 million
- Canada 150 Research Chairs (C150) – \$2.7 million
- College and Community Innovation Program (CCI) – \$1.6 million
- Business-Led Networks of Centres of Excellence (BL-NCE) – \$1.5 million

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

Vote 5 authorities available for use decreased by \$48.0 million (3.6%) as of December 31, 2022 as compared to the prior fiscal year. This decrease is in large part due to the steady decrease in COVID-19 related funding, offset by new funding and increases to existing funding as follows:

- \$79.8 million of new funding for the clinical trials fund;
- \$14.1 million of new funding for pediatric cancer research;
- \$10.0 million of new funding for the response to monkeypox outbreaks in Canada;
- \$3.8 million of new funding for diabetes prevention research and surveillance;
- \$1.9 million in new funding for supporting mental health affected by COVID-19;
- \$1.3 million increase in net transfers from other government departments for specific programs and initiatives;
- \$1.1 million of new funding for long-term health impacts of COVID-19;
- \$1.1 million of new funding to support Canada's Black students and postdoctoral fellows;
- \$0.4 million of new funding to support a National Women's Health Research Initiative;
- \$0.2 million increase in funding due to various immaterial adjustments;
- \$0.1 million increase in funding for cervical cancer research; and,
- \$0.4 million decrease in funding related to Gairdner Foundation activities;
- \$2.3 million decrease in funding related to climate change research (targeted funding for this program has now sunset);
- \$33.1 million decrease resulting from CIHR's participation in tri-agency programs in collaboration with the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC). Funding for these programs varies by fiscal year as CIHR is allocated funding following each distinct competition depending on the successful applicants' alignment with CIHR's health-related mandate. CIHR received less funds in 2022-23 for the College and Community Innovation Program (\$0.2 million), the Business Led Network Centres of Excellence (\$0.9 million), Canada Excellence Research Chairs (\$1.1 million), Centres of Excellence Commercialization and Research (\$3.1 million), Network Centres of Excellence (\$12.1 million), and the Canada First Research Excellence Fund (\$15.7 million).
Of note, the research and commercialization activities of the Centres of Excellence for Commercialization and Research and the Business Led Networks of Centres of Excellence programs are being consolidated and transferred to the Strategic Innovation Fund. As well, funding for the Network Centres of Excellence program is gradually being transitioned to the New Frontiers in Research Fund; and
- \$126.0 million decrease in funding for medical countermeasures related to COVID-19 related research.

Grant authorities used through the third quarter of 2022-23 decreased by \$21.0 million (2.5%) compared to the prior fiscal year quarter due to decreased grant payments resulting from decreased COVID-19 related funding. The percentage of grant authorities used is consistent with the prior year (65.0% and 64.2% respectively) as grants are typically paid out in monthly installments throughout the year.

Overall spending as of December 31, 2022 is consistent with CIHR management expectations.

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

Statutory Authorities

Contribution to employee benefit plans

Budgetary statutory authorities representing CIHR's contribution to employee benefit plans available for use increased year over year by \$1.5 million (19.0%). The increase to CIHR's statutory authorities available is due to:

- \$1.0 million of new funding for the clinical trials fund;
- \$0.5 million of new funding for the Centre for Research on Pandemic Preparedness and Health Emergencies;
- \$0.2 million of new funding for pediatric cancer research;
- \$0.2 million of new funding to support a National Women's Health Research Initiative;
- \$0.1 million of new funding for the response to monkeypox outbreaks in Canada;
- \$0.1 million of new funding for long-term health impacts of COVID-19;
- \$0.1 million decrease in funding due to various immaterial adjustments; and
- \$0.5 million decrease in funding related to the COVID-19 Immunity Task Force.

Actual spending for statutory authorities in the third quarter of 2022-23 is 63.3% of the total available authorities for use for the year, which is consistent with CIHR management expectations.

2.2 Financial Highlights – Statement of Departmental Budgetary Expenditures by Standard Object (Refer to Section 6)

As of December 31, 2022, total authorities available for use by CIHR decreased by \$38.4 million (2.8%) compared to the prior fiscal year. This decrease is in large part due to the steady decrease in COVID-19 related funding. Total authorities used as of December 31, 2022 decreased by \$15.6 million (1.7%) compared to the prior fiscal year. These variances are reflected in Table 2.2.1 (where expenditure types are re-grouped into three categories: Personnel, Other Operating Expenditures and Transfer Payments) for further analysis.

Table 2.2.1 – Changes to annual authorities available and cumulative authorities used by expenditure type
(\$ thousands)

	2022-23			2021-22			Variance	
	Annual authorities available	Cumulative authorities used	% used	Annual authorities available	Cumulative authorities used	% used	(1) vs (3)	(2) vs (4)
	(1)	(2)		(3)	(4)			
Personnel*	66,921	50,492	75.5%	58,262	46,297	79.5%	14.9%	9.1%
Other Operating Expenditures	16,437	4,858	29.6%	15,510	3,610	23.3%	6.0%	34.6%
Transfer Payments	1,269,202	824,766	65.0%	1,317,221	845,793	64.2%	(3.6%)	(2.5%)
Total	1,352,560	880,116	65.1%	1,390,993	895,700	64.4%	(2.8%)	(1.7%)

* Personnel includes statutory authorities provided for the employee benefit plan

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

Table 2.2.2 – Changes to annual authorities available and authorities used during the third quarter by expenditure type

(\$ thousands)

	2022-23			2021-22			Variance	
	Annual authorities available	Q3 authorities used	% used	Annual authorities available	Q3 authorities used	% used	(1) vs (3)	(2) vs (4)
	(1)	(2)		(3)	(4)			
Personnel*	66,921	17,091	25.5%	58,262	15,311	26.3%	14.9%	11.6%
Other Operating Expenditures	16,437	1,811	11.0%	15,510	1,240	8.0%	6.0%	46.0%
Transfer Payments	1,269,202	316,110	24.9%	1,317,221	308,110	23.4%	(3.6%)	2.6%
Total	1,352,560	335,012	24.8%	1,390,993	324,661	23.3%	(2.8%)	3.2%

* Personnel includes statutory authorities provided for the employee benefit plan

Personnel and Other Operating Expenditures

Authorities available for Personnel Expenditures for the period ended December 31, 2022 increased by \$8.7 million (14.9%) as compared to the prior year. Authorities available for Other Operating Expenditures increased by \$0.9 million (6.0%). These variances are due to:

- \$5.1 million (Personnel) and \$0.9 million (Other) of new funding for the clinical trials fund;
- \$0.9 million (Personnel) of new funding for compensation adjustments from the Treasury Board Secretariat;
- \$0.8 million (Personnel) of new funding for pediatric cancer research;
- \$0.8 million (Personnel) of new funding to support a National Women's Health Research Initiative;
- \$0.6 million (Personnel) increase and \$0.1 million (Other) decrease in funding for the Centre for Research on Pandemic Preparedness and Health Emergencies;
- \$0.3 million (Personnel) of new funding for long-term health impacts of COVID-19;
- \$0.2 million (Personnel) of new funding to support Canada's Black students and postdoctoral fellows;
- \$0.2 million (Personnel) of new funding for building a world-class intellectual property regime;
- \$0.2 million (Personnel) and \$0.1 million (Other) of new funding for supporting mental health affected by COVID-19;
- \$0.2 million (Personnel) and \$0.1 million (Other) of new funding for the response to monkeypox outbreaks in Canada;
- \$0.2 million (Other) increase in the operating budget carryforward;
- \$0.1 million (Personnel) and \$0.1 million (Other) of new funding for diabetes prevention research and surveillance;
- \$0.1 million (Personnel) increase and \$0.4 million decrease (Other) in net transfers from other government departments for specific programs and initiatives;
- \$0.1 million (Personnel) and \$0.1 million (Other) decrease in funding related to climate change research;
- \$0.2 million (Personnel) decrease and \$0.1 million (Other) increase due to other immaterial adjustments; and

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

- \$0.5 million (Personnel) decrease in funding related to the COVID-19 Immunity Task Force.

Personnel authorities used through the third quarter increased by \$4.2 million (9.1%) compared to the prior fiscal year as a result of an increased employee count and annual salary increases. The percentage of authorities used for Personnel Expenditures through the third quarter (75.5%) is reasonable for this type of expenditure and is consistent with the prior year (79.5%).

Other Operating Expenditures used through the third quarter increased by \$1.2 million (34.6%) compared to the prior fiscal year due to a \$0.7 million increase in professional and special services due to the timing and nature of existing contracts, as well as less significant increases in transportation and communication (\$0.3 million) and information services (\$0.2 million).

Overall spending as of December 31, 2022 is consistent with CIHR management expectations.

Transfer Payments

Authorities available for the period ended December 31, 2022 decreased by \$48.0 million (3.6%) over the prior year due primarily to the decrease in COVID-19 related funding in the first three quarters of 2022-23 compared to the first three quarters of 2021-22. Authorities used through the quarter ended December 31, 2022 decreased by \$21.0 million (2.5%) compared to the prior fiscal year due to decreased grant payments resulting from decreased COVID-19 related funding. The percentage of grant authorities used up to the third quarter of 2022-23 (65.0%) is similar to the authorities used in the third quarter of 2021-22 (64.2%).

2.3 Other Non-Financial Highlights

Other non-financial highlights for the third quarter of 2022-23 include:

- On October 13, Rachel Bendayan, Member of Parliament for Outremont and Parliamentary Secretary to the Minister of Tourism and Associate Minister of Finance, [announced](#), on behalf of Minister Duclos, funding for a national research network that will advance oral health science in Canada and help improve dental care for Canadians.
- On October 25, Minister Duclos and Minister Ien [launched](#) the National Women's Health Research Initiative. The new national initiative will drive research to enhance health outcomes, eliminate gaps in access to care, and improve the quality of care for women, trans women, girls, and gender-diverse communities.
- On November 28, Minister Bennett [announced](#) funding for the first step in establishing a national "network of networks" in integrated youth services known as IYS-Net. This initiative will create a network of learning health systems through which research evidence, data, and youths' lived experience are used to inform processes, policies, and practices to improve health equity and service delivery.
- On December 19, Dr. Marie-Josée Hébert, Chairperson of CIHR's Governing Council, [announced](#) the membership of a new Standing Committee on Science. This group of national and international scientific leaders will advise Governing Council on opportunities and risks with respect to CIHR's strategic directions and help inform new directions in health research.

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

3. Risk and uncertainties

CIHR is funded through voted parliamentary spending authorities and statutory authorities for operating expenditures and transfer payments. As a result, its operations are impacted by any changes to funding approved through Parliament. Delivering programs and services may depend on several risk factors such as economic fluctuations, technological and scientific development, evolving government priorities, and central agency or government-wide initiatives.

CIHR is committed to a disciplined, risk management process in its daily operations. Based on best practices, the Corporate Risk Profile (CRP) provides a proactive response to manage and monitor risks to ensure CIHR's ability to operationalize its activities, achieve outcomes and deliver on its mandate.

CIHR developed its 2021-22 and 2022-23 CRP to focus on the key strategic, operational, and horizontal risks across the organization. Key risks identified in the 2021-22 and 2022-23 CRP are as follows.

Risk 1 - Organizational Capacity

There is a risk that as the organization embraces a broader mandate within the evolving health research ecosystem, it will impact its ability to deliver optimally on its mandate.

CIHR's Planning Evaluation and Results branch, established in 2021, is leading the organization's integrated planning process to enable CIHR to effectively prioritize, plan and implement its core and strategic business. Integrated Planning allows CIHR to strategically prioritize its work, and ensure commitments are aligned with capacity while supporting employee wellbeing.

The organizational structure of CIHR has been updated to reflect changes to CIHR's business model, with core and executive staffing completed for new business units. Corporate Services areas continue to address foundational elements to meet Agency needs, including critical and emerging staffing requirements; employment systems review work, onboarding updates, and review of governance structures.

Risk 2 - Effective Cyber Security Solutions

There is a risk that successful cyber-attacks on CIHR will compromise CIHR's assets and researchers' intellectual property and disrupt CIHR's ability to deliver on programs defined by the CIHR Act.

CIHR continues to deliver its core business by leveraging its existing IT infrastructure and deploying new IT solutions to address potential threats identified. CIHR continues to learn and adapt by exploring technological innovations to address known and potential security threats, while ensuring business continuity and uninterrupted service delivery and researching new approaches to address residual risks. The Digital and Security Services (DSS) branch continues implementation of controls to address key gaps as identified in the recently refreshed CIHR Department Security Plan, while monitoring for new gaps and staying abreast of current government-wide security strategies.

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

Risk 3 - Delivery of the Strategic Plan Year 1 and 2 Action Plans

There is a risk that the context of the continuing pandemic could lead to an inability to fully implement some activities in year 1 and 2 of the 2021-31 Strategic Plan.

A detailed monitoring and reporting process has been deployed to support progress tracking of the activities that support implementation of the Strategic Plan including designated accountable leads for each priority. This process includes the establishment of a workplan for each Strategic Plan priority, progress reports, and year-end report development summarizing achievements of previous years' actions for internal and external audiences. Mitigation strategies are on track and moving forward. Overall, the Agency has been able to proceed with implementation in an agile manner and adapt the processes and reporting

4. Significant changes in relation to operations, personnel and programs

- On November 10, the Prime Minister Justin Trudeau [announced](#) that the Governor General appointed Dr. Margo Greenwood as an independent senator. Dr. Greenwood remained as CIHR's interim Scientific Director of the Institute of Indigenous People's Health until December 31, 2022.
- On December 15, CIHR [announced](#) the appointment of Dr. Angela Kaida as Scientific Director of the CIHR Institute of Gender and Health, effective January 1, 2023.

Approval by Senior Officials

Approved by:

[original signed by]

[original signed by]

Michael J. Strong, MD, FRCPC, FAAN, FCAHS
President

Charles Vigneault, CPA, CA, MBA
Acting Chief Financial Officer

Ottawa, Canada
February 28, 2023

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

5. Statement of Authorities *(unaudited)*

For the quarter ended December 31, 2022

<i>(in thousands of dollars)</i>	Fiscal year 2022-23			Fiscal year 2021-22		
	Total available for use for the year ending March 31, 2023 *	Used during the quarter ended December 31, 2022	Year to date used at quarter-end	Total available for use for the year ending March 31, 2022 *	Used during the quarter ended December 31, 2021	Year to date used at quarter-end
Vote 1 – Operating expenditures	74,197	16,969	49,550	66,071	14,749	44,502
Vote 5 - Grants	1,269,202	316,110	824,766	1,317,221	308,110	845,793
Budgetary statutory authorities						
Contributions to employee benefit plans	9,161	1,933	5,800	7,701	1,802	5,405
Total budgetary authorities	1,352,560	335,012	880,116	1,390,993	324,661	895,700

* Includes only Authorities available for use and granted by Parliament at quarter-end.

Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2022

6. Departmental budgetary expenditures by Standard Object (*unaudited*) For the quarter ended December 31, 2022

	Fiscal year 2022-23			Fiscal year 2021-22		
	Planned expenditures for the year ending March 31, 2023 *	Expended during the quarter ended December 31, 2022	Year to date used at quarter-end	Planned expenditures for the year ending March 31, 2022 *	Expended during the quarter ended December 31, 2021	Year to date used at quarter-end
<i>(In thousands of dollars)</i>						
Expenditures:						
Personnel	66,921	17,091	50,492	58,262	15,311	46,297
Transportation and communications	3,437	232	370	3,466	28	92
Information	91	143	361	80	57	151
Professional and special services	9,068	1,055	2,495	6,813	761	1,820
Rentals	2,778	177	1,303	2,848	306	1,238
Repair and maintenance	86	73	114	44	67	131
Utilities, materials and supplies	284	1	10	829	2	9
Acquisition of machinery and equipment	693	121	180	1,430	17	153
Transfer payments	1,269,202	316,110	824,766	1,317,221	308,110	845,793
Other subsidies and payments	-	9	25	-	2	16
Total budgetary expenditures	1,352,560	335,012	880,116	1,390,993	324,661	895,700

* Includes only Authorities available for use and granted by Parliament at quarter-end.