



Canadian Institutes of Health Research
Instituts de recherche en santé du Canada



Canadian Institutes of Health Research

Quarterly Financial Report
for the Quarter Ended December 31, 2023

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Quarterly Financial Report for the Quarter Ended December 31, 2023

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 2023-24 [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 2023-24 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.

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 2023-24, as well as budget adjustments approved by Treasury Board up to December 31, 2023.

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

As of December 31, 2023, total authorities available for use for CIHR have decreased by \$12.0 million (0.9%) compared to December 31, 2022 as shown in Figure 2.1.1. below. The decrease to CIHR's total authorities available is due to:

- \$14.0 million increase 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 more funds in 2023-24 for the Canada First Research Excellence Fund (\$19.1 million), Canada Excellence Research Chairs (\$6.0 million), and fewer funds for the College and Community Innovation Program (\$0.4 million), the Business Led Network Centres of Excellence (\$1.0 million), Centres of Excellence for Commercialization and Research (\$4.1 million), and the Network Centres of Excellence (\$5.6 million).
- \$7.4 million increase from new funding for the National Strategy for Drugs for Rare Diseases;
- \$3.6 million increase in funding for long-term health impacts of COVID-19;
- \$3.3 million increase in net transfers from other government departments for specific programs and initiatives;
- \$3.1 million increase from new funding for Dementia and Brain Health in Aging;
- \$3.1 million increase in funding for the National Women's Health Research Initiative;
- \$1.4 million increase in funding for Canada's Black students and postdoctoral fellows;
- \$0.7 million increase in funding for compensation adjustments for employee salaries;
- \$0.5 million decrease in funding for the Canada Research Chairs;
- \$0.7 million decrease in funding due to various immaterial adjustments;
- \$0.7 million decrease due to employee benefit plan adjustments from the Treasury Board Secretariat;
- \$1.0 million decrease due to reductions to travel and professional services through Budget 2023;
- \$2.2 million decrease in funding for supporting mental health affected by COVID-19;
- \$3.0 million decrease in funding for post-traumatic stress disorder research;
- \$10.2 million decrease in funding for the response to monkeypox outbreaks in Canada; and
- \$30.3 million decrease in funding for the Clinical Trial Fund. This reduction is due to a reprofiling of funds to future fiscal years which was completed in the second quarter of the fiscal year.

Total authorities used as of December 31, 2023 increased by \$48.3 million (5.5%) compared to the prior fiscal year due in part to an increase in grant payments made through the third quarter. CIHR has used 69.3% (65.1% in 2022-23) of its available authorities through the third quarter which is consistent with its annual spending pattern.

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Figure 2.1.1. Total annual authorities available and cumulative authorities used.
 (\$ thousands)

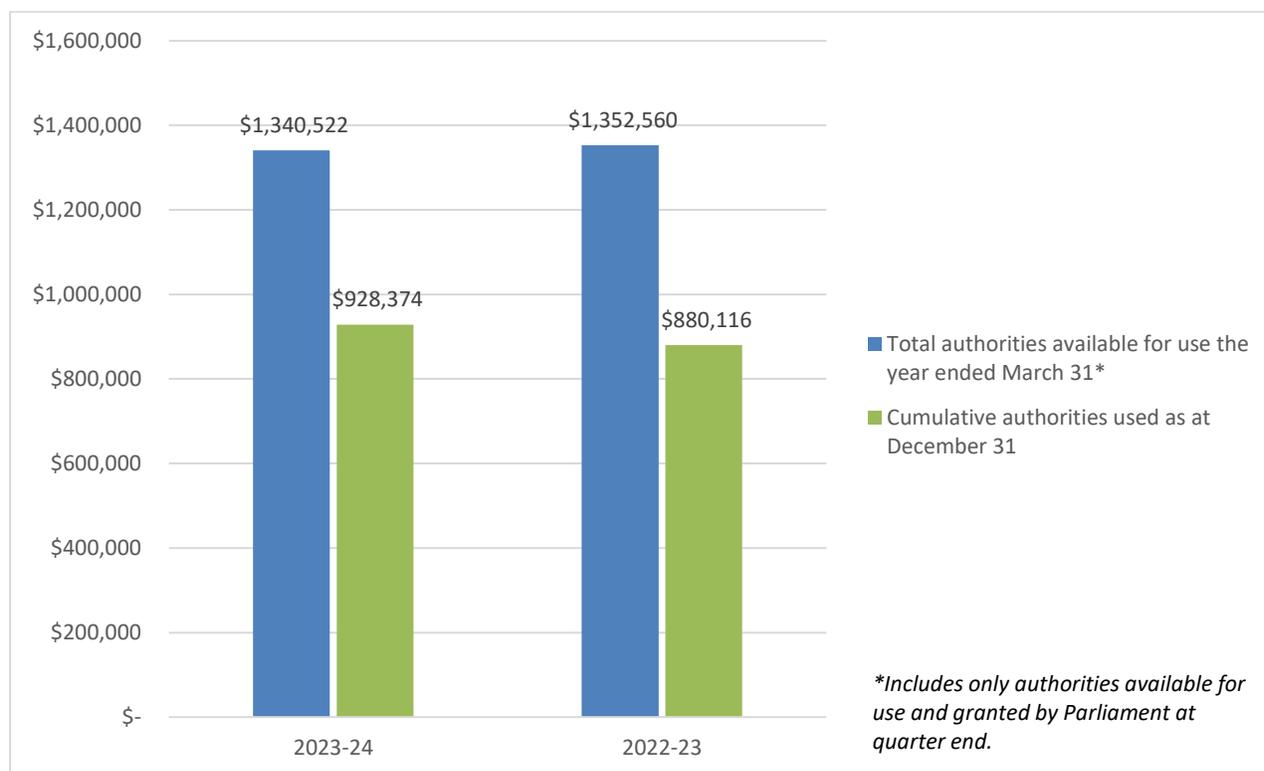


Table 2.1.1 – Changes to annual authorities available and cumulative authorities used by vote.
 (\$ thousands)

	2023-24			2022-23			Variance	
	Annual authorities available	Cumulative authorities used (as at December 31)	% used	Annual authorities available	Cumulative authorities used (as at December 31)	% used	(1) vs (3)	(2) vs (4)
	(1)	(2)		(3)	(4)			
Vote 1 – Operating Expenditures	73,938	53,599	72.5%	74,197	49,550	66.8%	(0.3%)	8.2%
Vote 5 – Grants	1,257,718	868,126	69.0%	1,269,202	824,766	65.0%	(0.9%)	5.3%
Statutory Authorities – Employee benefits plan	8,866	6,649	75.0%	9,161	5,800	63.3%	(3.2%)	14.6%
Total	1,340,522	928,374	69.3%	1,352,560	880,116	65.1%	(0.9%)	5.5%

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Figure 2.1.2 Total annual authorities available and authorities used by quarter.
 (\$ thousands)

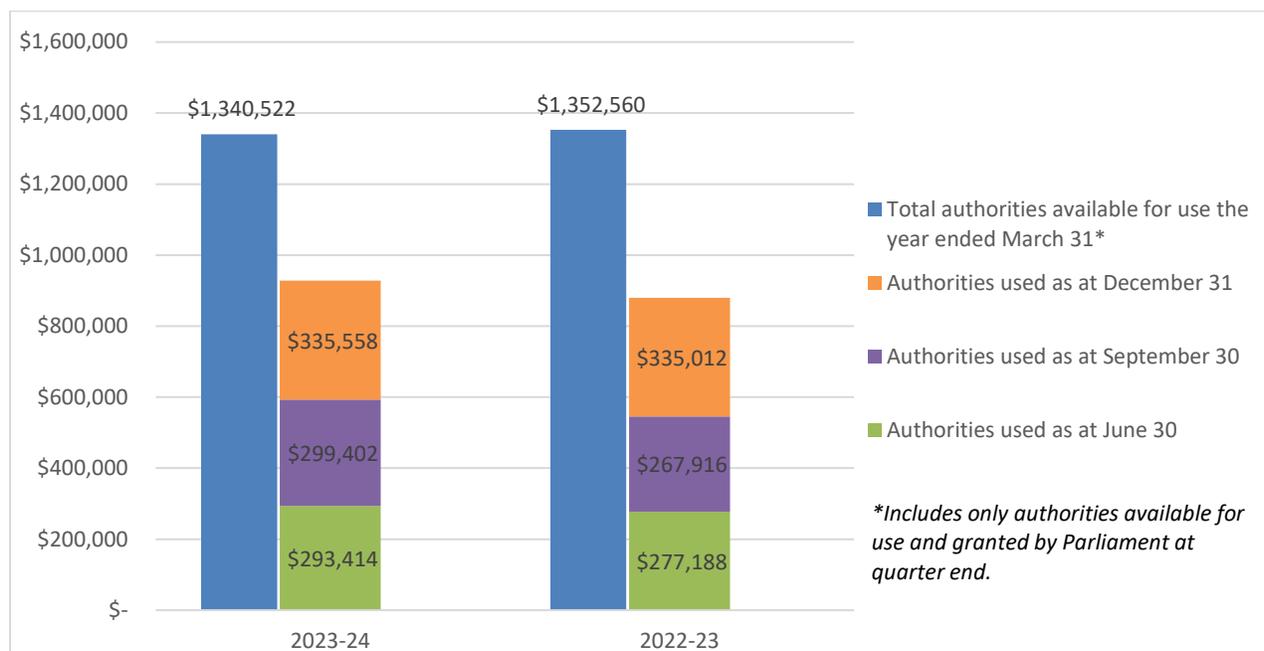


Table 2.1.2 – Changes to annual authorities available and authorities used during the third quarter by vote
 (\$ thousands)

	2023-24			2022-23			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	73,938	17,902	24.2%	74,197	16,969	22.9%	(0.3%)	5.5%
Vote 5 – Grants	1,257,718	315,440	25.1%	1,269,202	316,110	24.9%	(0.9%)	(0.2%)
Statutory Authorities – Employee benefits plan	8,866	2,216	25.0%	9,161	1,933	21.1%	(3.2%)	14.6%
Total	1,340,522	335,558	25.0%	1,352,560	335,012	24.8%	(0.9%)	0.2%

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Vote 1 – Operating Expenditures

Total authorities available for use for Vote 1 – Operating expenditures decreased by \$0.3 million (0.3%) as at December 31, 2023 compared to the prior fiscal year.

This decrease is due to:

- \$0.8 million increase from new funding for the National Strategy for Drugs for Rare Diseases;
- \$0.7 million increase in funding for compensation adjustments for employee salaries;
- \$0.5 million increase from new funding for Dementia and Brain Health in Aging;
- \$0.5 million increase in net transfers from other government departments for specific programs and initiatives;
- \$0.2 million increase in funding for long-term health impacts of COVID-19;
- \$0.1 million increase in funding for Canada’s Black students and postdoctoral fellows;
- \$0.1 million increase in funding for the National Women’s Health Research Initiative;
- \$0.2 million decrease in funding for the response to monkeypox outbreaks in Canada;
- \$0.2 million decrease in funding for post-traumatic stress disorder research;
- \$0.3 million decrease in funding for supporting mental health affected by COVID-19;
- \$0.7 million decrease in funding due to various immaterial adjustments;
- \$0.8 million decrease in funding for the Clinical Trial Fund. This reduction is due to a reprofiling of funds to future fiscal years completed in the second quarter of the fiscal year; and
- \$1.0 million decrease due to reductions to travel and professional services through Budget 2023.

Authorities used through the third quarter for Vote 1 – Operating Expenditures authorities have increased by \$4.0 million (8.2%) as compared to the prior fiscal year. This variance is primarily due to a \$2.7 million increase in personnel costs due to an increased employee count, a \$1.0 million increase in expenditures for rentals (more specifically for cloud services and yearly client and application software licenses), a \$0.2 million increase in transportation and communication costs as a result of increased staff travel and increased data communication costs, \$0.2 million increase for repair and maintenance and materials and supplies, as well as a \$0.1 million increase in professional and special services (for example, management consulting fees and protection services). This increase is offset by minor decreases in information services (such as e-subscriptions) and other miscellaneous operating costs totaling \$0.2 million. The percentage of operating authorities used has increased from the prior year (72.5% and 66.8% respectively) due to the aforementioned reasons.

Overall spending as of December 31, 2023 is consistent with CIHR management expectations.

Vote 5 – Grants

Authorities available for use for Vote 5 – Grants as of December 31, 2023 were \$1,257.7 million and included funding for the following transfer payment programs:

- Grants for research projects and personnel support – \$1,130.7 million
- Canada First Research Excellence Fund (CFREF) – \$47.2 million
- Canada Graduate Scholarships (CGS) – \$39.0 million
- Institute support grants – \$16.5 million

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- Canada Excellence Research Chairs (CERC) – \$11.6 million
- Vanier Canada Graduate Scholarships – \$8.4 million
- Canada 150 Research Chairs (C150) – \$2.7 million
- College and Community Innovation Program (CCI) – \$1.2 million
- Business–Led Networks of Centers of Excellence (BL–NCE) – \$0.4 million

Vote 5 authorities available for use decreased by \$11.5 million (0.9%) as of December 31, 2023 as compared to the prior fiscal year. This decrease is due to the following:

- \$14.0 million increase 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 more funds in 2023-24 for the Canada First Research Excellence Fund (\$19.1 million), Canada Excellence Research Chairs (\$6.0 million), and fewer funds for the College and Community Innovation Program (\$0.4 million), the Business Led Network Centres of Excellence (\$1.0 million), Centres of Excellence for Commercialization and Research (\$4.1 million), and the Network Centres of Excellence (\$5.6 million).
- \$6.4 million increase from new funding for the National Strategy for Drugs for Rare Diseases;
- \$3.3 million increase in funding for long-term health impacts of COVID-19;
- \$3.0 million increase in funding for the National Women’s Health Research Initiative;
- \$2.7 million increase in net transfers from other government departments for specific programs and initiatives;
- \$2.5 million increase from new funding for Dementia and Brain Health in Aging;
- \$1.3 million increase in funding for Canada’s Black students and postdoctoral fellows;
- \$0.5 million decrease in funding for the Canada Research Chairs;
- \$1.9 million decrease in funding for supporting mental health affected by COVID-19;
- \$2.8 million decrease in funding for post-traumatic stress disorder research;
- \$10.0 million decrease in funding for the response to monkeypox outbreaks in Canada; and
- \$29.5 million decrease in funding for the Clinical Trial Fund. This reduction is due to a reprofiling of funds to future fiscal years completed in the second quarter of the fiscal year.

Grant authorities used through the third quarter of 2023-24 increased by \$43.4 million (5.3%) compared to the prior fiscal year. The percentage of grant authorities used is consistent with the prior year (69.0% and 65.0% respectively) as grants are typically paid out in monthly installments throughout the year.

Overall spending as of December 31, 2023 is consistent with CIHR management expectations.

Statutory Authorities

Contribution to employee benefit plans

Budgetary statutory authorities representing CIHR’s contribution to employee benefit plans available for use decreased year over year by \$0.3 million (3.2%). The decrease to CIHR’s statutory authorities available is due to:

- \$0.2 million increase from new funding for the National Strategy for Drugs for Rare Diseases;
- \$0.1 million increase in funding for long-term health impacts of COVID-19;

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- \$0.1 million increase from new funding for Dementia and Brain Health in Aging; and
- \$0.7 million decrease due to employee benefit plan adjustments from the Treasury Board Secretariat.

Actual spending for statutory authorities in the third quarter of 2023-24 is 75.0% of the total available authorities for use for the year, which is consistent with CIHR management expectations given that this expenditure is distributed equally throughout the fiscal year.

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

As of December 31, 2023, total authorities available for use by CIHR decreased by \$12.0 million (0.9%) compared to the prior fiscal year. Total authorities used as of December 31, 2023 increased by \$48.3 million (5.5%) 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)

	2023-24			2022-23			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*	67,349	54,003	80.2%	66,921	50,492	75.5%	0.6%	7.0%
Other Operating Expenditures	15,455	6,245	40.4%	16,437	4,858	29.6%	(6.0%)	28.6%
Transfer Payments	1,257,718	868,126	69.0%	1,269,202	824,766	65.0%	(0.9%)	5.3%
Total	1,340,522	928,374	69.3%	1,352,560	880,116	65.1%	(0.9%)	5.5%

* Personnel includes statutory authorities provided for the employee benefit plan

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Table 2.2.2 – Changes to annual authorities available and authorities used during the third
(\$ thousands)

	2023-24			2022-23			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*	67,349	18,109	26.9%	66,921	17,091	25.5%	0.6%	6.0%
Other Operating Expenditures	15,455	2,009	13.0%	16,437	1,811	11.0%	(6.0%)	10.9%
Transfer Payments	1,257,718	315,440	25.1%	1,269,202	316,110	24.9%	(0.9%)	(0.2%)
Total	1,340,522	335,558	25.0%	1,352,560	335,012	24.8%	(0.9%)	0.2%

* 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, 2023 increased by \$0.4 million (0.6%) as compared to the prior year. Authorities available for Other Operating Expenditures decreased by \$1.0 million (6.0%). These variances are due to:

- \$0.9 million (Personnel) and \$0.1 million (Other) of new funding for the National Strategy for Drugs for Rare Diseases;
- \$0.7 million (Personnel) of increased funding for compensation adjustments for employee salaries;
- \$0.6 million (Personnel) increase from new funding for Dementia and Brain Health in Aging;
- \$0.3 million (Personnel) increase in funding for long-term health impacts of COVID-19;
- \$0.1 million (Personnel) increase in funding for the National Women’s Health Research Initiative;
- \$0.1 million (Personnel) increase in funding for Canada’s Black students and postdoctoral fellows;
- \$0.1 million (Personnel) decrease and \$0.6 million (Other) increase in net transfers from other government departments for specific programs and initiatives;
- \$0.1 million (Personnel) and \$0.1 million (Other) decrease in funding for post-traumatic stress disorder research;
- \$0.2 million (Personnel) decrease in funding for the response to monkeypox outbreaks in Canada;
- \$0.3 million (Personnel) decrease in funding for supporting mental health affected by COVID-19;
- \$0.3 million (Personnel) and \$0.5 million (Other) decrease in funding for the Clinical Trial Fund;
- \$0.6 million (Personnel) and \$0.1 million (Other) decrease due to other immaterial adjustments;
- and,
- \$0.7 million (Personnel) decrease due to employee benefit plan adjustments from the Treasury Board Secretariat.
- \$1.0 million (Other) decrease due to reductions to travel and professional services through Budget 2023.

Personnel authorities used through the third quarter increased by \$3.5 million (7.0%) compared to the prior fiscal year, mainly due to an increased employee count. The percentage of authorities used for Personnel Expenditures through the third quarter (80.2%) is reasonable for this type of expenditure and is consistent with the prior year (75.5%).

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Other Operating Expenditures used through the third quarter increased by \$1.4 million (28.6%) compared to the prior fiscal year due mainly to a \$1.0 million increase in expenditures for rentals (more specifically cloud services and yearly software licenses) and increases for transportation and communication costs as a result of increased staff travel and increased data communication costs (\$0.2 million), professional and special services (\$0.1 million) and for materials and supplies (\$0.1 million).

Overall spending as of December 31, 2023 is consistent with CIHR management expectations.

Transfer Payments

Authorities available for the period ended December 31, 2023 decreased by \$11.4 million (0.9%) over the prior year due primarily to the re-profiled funds for the Clinical Trials fund, offset by increases to existing funding and an increase in the net transfers from other government departments for specific programs and initiatives. Authorities used through the quarter ended December 31, 2023 increased by \$43.4 million (5.3%) compared to the prior fiscal. The percentage of grant authorities used through the third quarter of 2023-24 (69.0%) is slightly higher than the authorities used through the third quarter of 2022-23 (65.0%).

2.3 Other Non-Financial Highlights

Other non-financial highlights for the third quarter of 2023-24 include:

- On October 20, Minister Holland [announced](#) the funding of 13 implementation science teams and a knowledge mobilization and impact hub under CIHR's Transforming Health with Integrated Care (THINC) initiative, which aims to improve the health of people in Canada through integrated care policies and practices.
- On October 27, Minister Holland [announced](#) funding to support the creation of a pan-Canadian Genome Library, which will provide researchers and health care professionals with a centralized database that reflects the rich diversity of people living in Canada and help harness the potential of genomic medicine.
- On November 2, Minister Holland [announced](#) the creation of the Dementia Research and Innovation Funders Alliance, a new collaboration that will further strengthen and advance dementia research in Canada. The Alliance is a component of CIHR's Brain Health and Cognitive Impairment in Aging research initiative.

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. In 2023–24, CIHR developed a new Corporate Risk Profile (CRP) through a cross-organizational consultation process led by an

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external consultant firm to identify current risks for the Agency. The CRP provides a proactive response to manage and monitor risks to ensure CIHR's ability to deliver on its mandate. The key risks identified for implementation in 2023–24 and 2024–25 are as follows.

Risk 1 - Corporate Prioritization

There is a risk that CIHR's current corporate prioritization process may cause it to establish new priorities without preplanning to ensure the necessary resources (e.g., infrastructure, staff, funding) are available thus risking the viability of initiatives, programs and Agency plans as well as expending available resources beyond sustainable levels.

Risk 2 - CIHR/Institutes' Authorities, Roles, and Responsibilities

There is a risk that the lack of a clear governance framework within CIHR and between CIHR and the Institutes including the authorities, roles, and responsibilities may cause an important misalignment between how key decisions are being made among stakeholders, leading to potential reputational damage to CIHR as well as inefficient decision-making and use of limited resources.

Risk 3 - Tri-Agency Grants Management Solution (TGMS)

There is a risk that CIHR's current issues in sustaining the ongoing TGMS initiative could result in the failure of the TGMS project itself (or unacceptable delays in its operational delivery), thus leading to a significant loss of confidence in CIHR's role as an innovative leader in the health research eco-system.

Risk 4 – Cybersecurity

There is a risk that CIHR's current IM/IT infrastructure (e.g., systems, software) and support framework (e.g., strategies, policies, procedures, expertise) may allow for significant cybersecurity incidents affecting confidentiality, integrity, and availability of services (core and/or critical).

Risk 5 – Research Funding Integrity

There is a risk related to partnered research competitions and initiatives with regards to 1) inconsistent interpretation and application of Central Agency policies as well as 2) conflicting or misaligned policies and/or competition delivery requirements between CIHR and the partner. This may impact CIHR's overall reputation and financial management autonomy as well as the integrity of the process and may result in uneven and/or non-compliant application of the research funding delivery process.

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

On December 20, CIHR [announced](#) the appointment of Dr. Ariane Marelli as the next Scientific Director of the CIHR Institute of Circulatory and Respiratory Health for a term of four years, effective April 1, 2024. Dr. Marelli replaces Dr. Brian Rowe whose term as Scientific Director was completed on December 31. CIHR Vice-President, Research Programs, Dr. Christian Baron, will provide interim leadership for the Institute until Dr. Marelli begins her term.

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Budget 2023 proposed reduced spending on consulting, travel, and other professional services, by roughly 15 percent of planned 2023-24 discretionary spending in these areas. These reductions have resulted in a decrease of CIHR authorities by \$1.0M in 2023-24. Moving forward, Budget 2023 proposes to phase in a 3 percent reduction in spending by all federal departments and agencies by 2026-27. CIHR continues to revise its spending plans in accordance with guidance from the Treasury Board Secretariat and Department of Finance.

Approval by Senior Officials

Approved by:

[original signed by]

[original signed by]

Catherine MacLeod
Acting President

Jimmy Fecteau, MBA, CPA, CMA
Chief Financial Officer

Ottawa, Canada
February 29, 2024

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5. Statement of Authorities *(unaudited)*

For the quarter ended December 31, 2023

<i>(in thousands of dollars)</i>	Fiscal year 2023-24			Fiscal year 2022-23		
	Total available for use for the year ending March 31, 2024 *	Used during the quarter ended December 31, 2023	Year to date used at quarter-end	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
Vote 1 – Operating expenditures	73,938	17,902	53,599	74,197	16,969	49,550
Vote 5 - Grants	1,257,718	315,440	868,126	1,269,202	316,110	824,766
Budgetary statutory authorities						
Contributions to employee benefit plans	8,866	2,216	6,649	9,161	1,933	5,800
Total budgetary authorities	1,340,522	335,558	928,374	1,352,560	335,012	880,116

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

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6. Departmental budgetary expenditures by Standard Object (*unaudited*) For the quarter ended December 31, 2023

	Fiscal year 2023-24			Fiscal year 2022-23		
	Planned expenditures for the year ending March 31, 2024 *	Expended during the quarter ended December 31, 2023	Year to date used at quarter-end	Planned expenditures for the year ending March 31, 2023 *	Expended during the quarter ended December 31, 2022	Year to date used at quarter-end
<i>(In thousands of dollars)</i>						
Expenditures:						
Personnel	67,349	18,109	54,003	66,921	17,091	50,492
Transportation and communications	853	218	591	3,437	232	370
Information	317	56	204	91	143	361
Professional and special services	9,907	899	2,644	9,068	1,055	2,495
Rentals	3,276	655	2,320	2,778	177	1,303
Repair and maintenance	44	161	186	86	73	114
Utilities, materials and supplies	301	(3)	120	284	1	10
Acquisition of machinery and equipment	757	26	180	693	121	180
Transfer payments	1,257,718	315,440	868,126	1,269,202	316,110	824,766
Other subsidies and payments	-	(3)	-	-	9	25
Total budgetary expenditures	1,340,522	335,558	928,374	1,352,560	335,012	880,116

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