

**SCHEDULE R**  
**FEES AND CHARGES ESTIMATE FORMULA**

**Service/Activity to be calculated:**

**Description of Service/Activity:**

**Input required in yellow cells only.**

The only items requiring input on this tab are those highlighted in yellow. This sheet is a summary tab of all of the input completed on the subsequent tabs and is used to calculate the final costs for the fee to be charged. There are hyperlinks in the title of each section below which will bring you directly to the tab where the input is required.

Please insert the name of the user fee under **Service/Activity to be calculated** along with a description of the fee under **Description of Service/Activity**

If the fee is to be offset by a revenue source (i.e. Subsidized by levy, grant funding, etc), enter the percentage or the dollar value of the reduction under **Ancillary Revenues** on this tab.

Once all information has been input, the total fee will be calculated in cell **G59**. If you plan on adjusting the fee (i.e. Rounding, or changing for any other purpose), please input the adjust amount, or duplicate the amount in cell G59 in cell **G60**. Ensure you document why the value is different in the Comment section.

Finally, please select from the drop down beside **Applicable Taxes**. If you are unsure what applies here, please contact your financial analyst for assistance.

| <b>COSTS:</b>                                | <b>DESCRIPTION OF COSTS/SERVICES:</b>                 | <b>HOURS/UNITS:</b> | <b>ESTIMATED COSTS:</b> |
|--|---|---------------------|-------------------------|
| <b>DIRECT COSTS:</b>                         |   |                     |                         |
| <b>WAGES &amp; BENEFITS:</b>                 |   |                     |                         |
| Staffing Costs:                              | Hours x Hourly Rate                                   | 0.00                | \$0.00                  |
| Staffing Benefit Costs:                      | County Average Benefit Percentage                     | 48%                 | \$0.00                  |
| Supervisor Costs:                            | Hours x Hourly Rate                                   | 0.00                | \$0.00                  |
| Supervisor Benefit Costs:                    | County Average Benefit Percentage                     | 48%                 | \$0.00                  |
| <b>VEHICLE COSTS:</b>                        |   |                     |                         |
|  | Vehicles Used:  | # of Vehicles Used: | Operating Hours:        |
|  |   | 0                   |                         |
|  |   |                     | \$0.00                  |
|  |   |                     | \$0.00                  |
|  |   |                     | \$0.00                  |
| <b>ADMINISTRATIVE COSTS:</b>                 |   |                     |                         |
| Inspection Costs:                            | Number of Staff x Hours x Hourly Rate                 | 0.00                | \$0.00                  |
| Benefits:                                    | County Average Benefit Percentage                     | 48%                 | \$0.00                  |
| Photocopying                                 | Cost of Photocopying & Paper                          |                     | \$0.00                  |
| Mailing                                      | Cost for Regular Mail                                 |                     | \$0.00                  |
| Filing                                       | Copying & Filing Internal Copies                      |                     | \$0.00                  |
| <b>OTHER COSTS:</b>                          |   |                     |                         |
|  | Description:  | Cost Per Unit:      | Units:                  |
|  |   | \$0.00              | 0                       |
|  |   | \$0.00              | 0                       |
|  |   | \$0.00              | 0                       |
|  |   |                     | \$0.00                  |
| <b>TOTAL DIRECT COSTS:</b>                   |   |                     | \$0.00                  |
| <b>INDIRECT COSTS:</b>                       |   |                     |                         |
| Department Overhead Allocation               | Allocation to Department of Allocation (%)            |                     | \$0.00                  |
| County General Admin Overhead                | Council, CAO, Finance, Clerk's & General Overhead (%) |                     | \$0.00                  |
| <b>TOTAL INDIRECT COSTS:</b>                 |   |                     | \$0.00                  |
| <b>TOTAL COSTS:</b>                          |   |                     | \$0.00                  |
| <b>Less: Ancillary Revenues:</b>             |   |                     |                         |
|  | Grants & Offsetting Revenues                          | Percentage:         | \$0.00                  |
|  |   | \$ Amount:          | \$0.00                  |
| <b>CALCULATED USER FEE</b>                   |   |                     | \$0.00                  |
| <b>ADJUSTED USER FEE APPROVED BY COUNCIL</b> |   |                     |                         |

|                                       |        |
|---------------------------------------|--------|
| <b>Applicable Taxes</b>               | 1      |
| <b>Final User Fee Including Taxes</b> | \$0.00 |

**Comments:**