

# **Canadian Institutes of Health Research**

## **Quarterly Financial Report for the Quarter Ended December 31, 2024**

# Canadian Institutes of Health Research

Quarterly Financial Report for the Quarter Ended December 31, 2024

## 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 2024-25 [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 [Departmental 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 2024-25 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.

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## 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 2024-25, as well as budget adjustments approved by Treasury Board up to December 31, 2024.

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

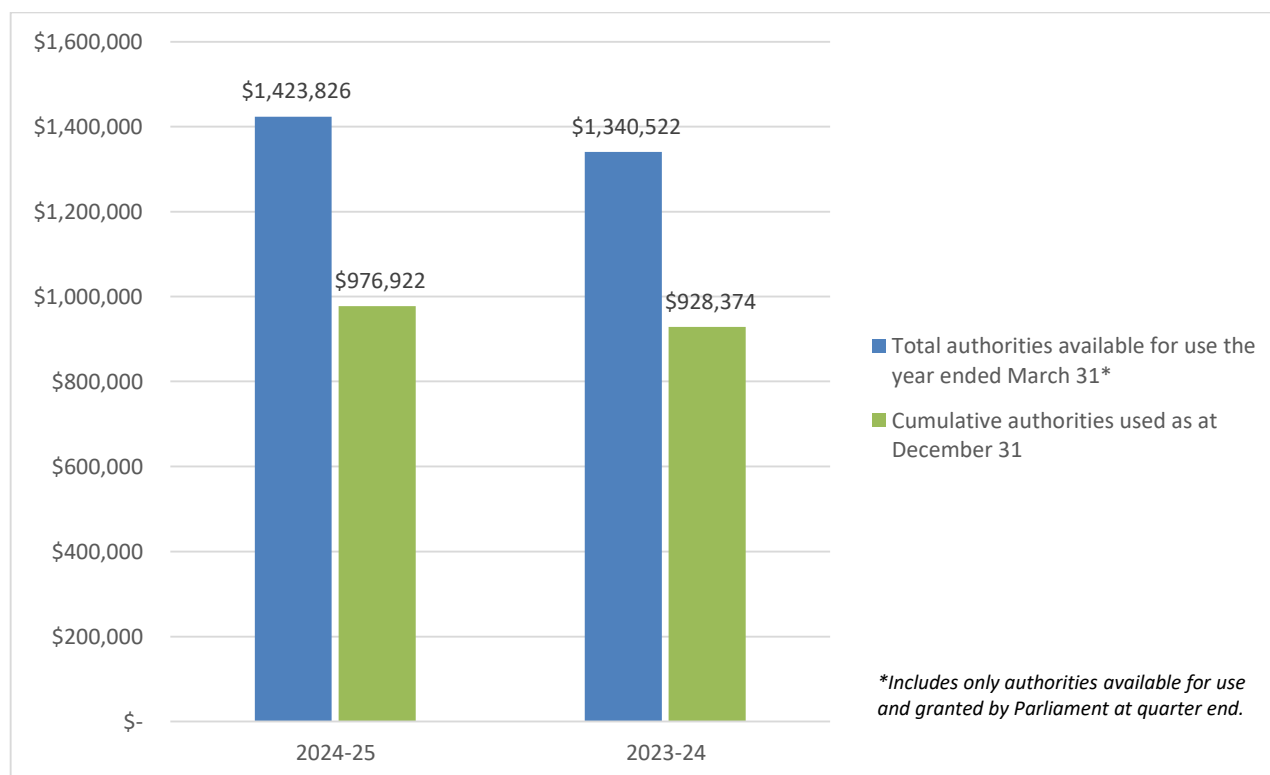
As of December 31, 2024, total authorities available for use for CIHR have increased by \$83.3 million compared to December 31, 2023 as shown in Figure 2.1.1. below. The increase to CIHR's total authorities available is due to:

- \$23.0 million of new funding in Budget 2024 for funding to increase support to core research grants;
- \$22.6 million of new funding in Budget 2024 for funding to support graduate students and postdoctoral researchers;
- \$21.2 million net increase in funding for the Clinical Trial Fund due to a reduction in reprofiling to future years;
- \$12.7 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 2024-25 for the Canada First Research Excellence Fund (\$11.1 million), Canada Excellence Research Chairs (\$1.5 million), College and Community Innovation Program (\$0.5 million), and fewer funds for the Network Centres of Excellence (\$0.4 million);
- \$10.0 million of new funding in Budget 2024 for funding for the Gairdner Foundation in support of increased prize amounts for international awards;
- \$9.9 million of new funding to build a World-Class Health Data System for Canadians;
- \$5.6 million increase in funding for compensation adjustments for employee salaries;
- \$2.2 million increase in funding for Dementia and Brain Health in Aging;
- \$0.7 million increase in funding for Canada's Black students and postdoctoral fellows;
- \$0.2 million increase in funding for Early Career Investigators;
- \$0.2 million increase in funding for the Strategy for Patient-Oriented Research;
- \$0.3 million decrease in funding due to various immaterial adjustments;
- \$1.7 million decrease due to employee benefit plan adjustments from the Treasury Board Secretariat;
- \$2.1 million decrease in funding for Eliminating Cervical Cancer in Canada (sunsetting);
- \$2.6 million decrease in the operating budget carryforward;
- \$3.7 million decrease in net transfers from other government departments for specific programs and initiatives; and
- \$14.6 million decrease in funding for Pediatric Cancer (sunsetting).

Total authorities used as of December 31, 2024 increased by \$48.5 million (5.2%) compared to the prior fiscal year mainly due to an increase in grant payments made through the third quarter. CIHR has used 68.6% (69.3% in 2023-24) 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)

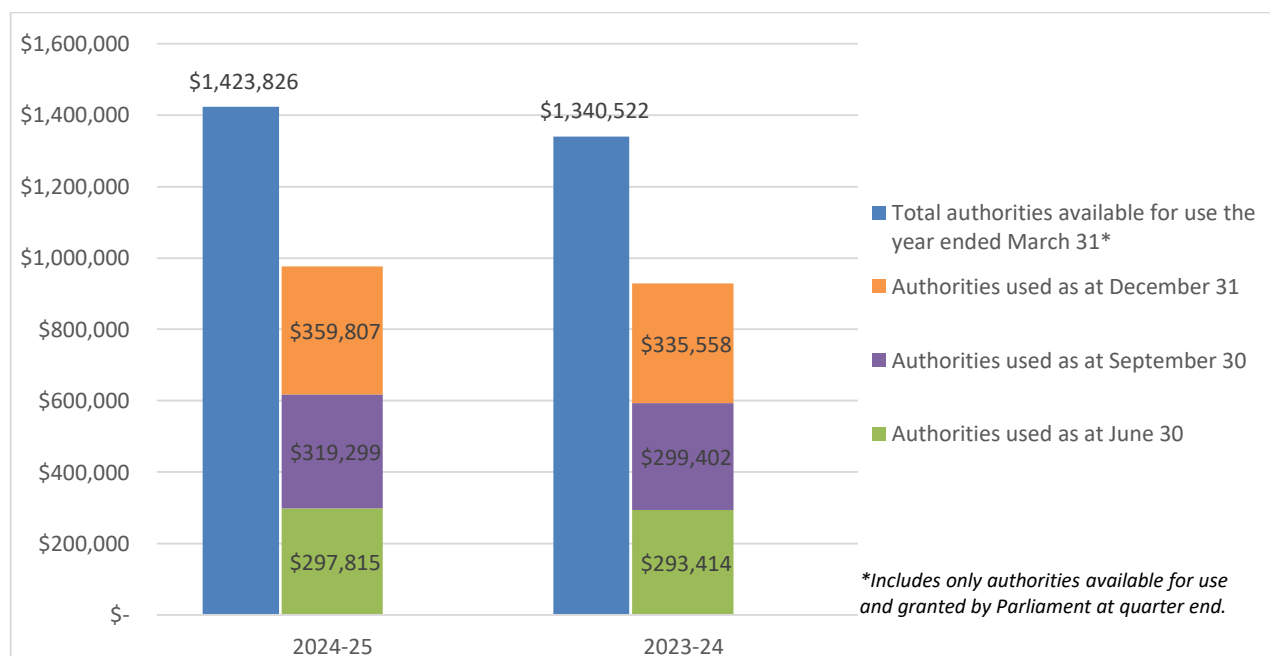


**Table 2.1.1 – Changes to annual authorities available and cumulative authorities used by vote**  
 (\$ thousands)

	2024-25			2023-24			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	77,957	53,483	68.6%	73,938	53,599	72.5%	5.4%	-0.2%
Vote 5 – Grants	1,336,871	916,832	68.6%	1,257,718	868,126	69.0%	6.3%	5.6%
Statutory Authorities – Employee benefits plan	8,998	6,607	73.4%	8,866	6,649	75.0%	1.5%	-0.6%
<b>Total</b>	<b>1,423,826</b>	<b>976,922</b>	<b>68.6%</b>	<b>1,340,522</b>	<b>928,374</b>	<b>69.3%</b>	<b>6.2%</b>	<b>5.2%</b>

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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)

	2024-25			2023-24			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	77,957	19,039	24.4%	73,938	17,902	24.2%	5.4%	6.4%
Vote 5 – Grants	1,336,871	338,566	25.3%	1,257,718	315,440	25.1%	6.3%	7.3%
Statutory Authorities – Employee benefits plan	8,998	2,202	24.5%	8,866	2,216	25.0%	1.5%	-0.6%
<b>Total</b>	<b>1,423,826</b>	<b>359,807</b>	<b>25.3%</b>	<b>1,340,522</b>	<b>335,558</b>	<b>25.0%</b>	<b>6.2%</b>	<b>7.2%</b>

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## Vote 1 – Operating Expenditures

Total authorities available for use for Vote 1 – Operating expenditures increased by \$4.0 million (5.4%) as at December 31, 2024 compared to the prior fiscal year.

This increase is due to:

- \$4.7 million increase in funding for compensation adjustments for employee salaries;
- \$0.9 million of new funding to build a World-Class Health Data System for Canadians;
- \$0.8 million of new funding in Budget 2024 for funding to increase support to core research grants;
- \$0.5 million of new funding in Budget 2024 for funding to support graduate students and postdoctoral researchers;
- \$0.3 million increase in funding for Clinical Trials Fund due to a reduction in reprofiling to future years;
- \$0.3 million increase in net transfers from other government departments for specific programs and initiatives;
- \$0.5 million decrease in funding due to various immaterial adjustments;
- \$0.4 million decrease in funding for Pediatric Cancer (sunsetting); and
- \$2.6 million decrease in the operating budget carryforward

Authorities used through the third quarter for Vote 1 – Operating Expenditures authorities have decreased by \$0.1 million (-0.2%) as compared to the prior fiscal year. The most significant change was a decrease of \$1.0 million in professional and special services (for example, management consulting, one time membership costs). Other decreases include \$0.3 million for transportation and communications (mainly due to less travel), \$0.1 million for repairs and maintenance, and \$0.1 million for materials and supplies. Increases include \$0.5 million for Personnel (increased wages offset by lower employee count), \$0.3 million for information (for example, a new research analysis solution), \$0.3 million for rentals (mainly due to increased costs of existing licenses), other subsidies and payments (\$0.2 million), and Acquisition of machinery and equipment (\$0.1 million). The percentage of operating authorities used has decreased from the prior year (68.6% and 72.5% respectively) due to the aforementioned reasons.

Overall spending as of December 31, 2024 is consistent with CIHR management expectations.

## Vote 5 – Grants

Authorities available for use for Vote 5 – Grants as of December 31, 2024 were \$1,336.9 million and included funding for the following transfer payment programs:

- Grants for research projects and personnel support – \$1,183.3 million
- Canada First Research Excellence Fund (CFREF) – \$58.4 million
- Canada Graduate Scholarships (CGS) – \$52.6 million
- Institute support grants – \$16.7 million
- Canada Excellence Research Chairs (CERC) – \$13.1 million
- Vanier Canada Graduate Scholarships – \$8.4 million
- Canada 150 Research Chairs (C150) – \$2.7 million
- College and Community Innovation Program (CCI) – \$1.7 million

Vote 5 authorities available for use increased by \$79.2 million (6.3%) as of December 31, 2024 as compared to the prior fiscal year. This increase is due to the following:

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- \$22.1 million of new funding in Budget 2024 for funding to increase support to core research grants;
- \$22.0 million of new funding in Budget 2024 for funding to support graduate students and postdoctoral researchers;
- \$20.9 million net increase in funding for the Clinical Trial Fund due to a reduction in reprofiling to future years;
- \$12.7 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 2024-25 for the Canada First Research Excellence Fund (\$11.1 million), Canada Excellence Research Chairs (\$1.5 million), College and Community Innovation Program (\$0.5 million), and fewer funds for the Network Centres of Excellence (\$0.4 million);
- \$10.0 million of new funding in Budget 2024 for funding for the Gairdner Foundation in support of increased prize amounts for international awards;
- \$8.8 million of new funding to build a World-Class Health Data System for Canadians;
- \$2.2 million increase in funding for Dementia and Brain Health in Aging;
- \$0.7 million increase in funding for Canada's Black students and postdoctoral fellows;
- \$2.1 million decrease in funding for Eliminating Cervical Cancer in Canada (sunsetting);
- \$4.0 million decrease in net transfers from other government departments for specific programs and initiatives; and
- \$14.1 million decrease in funding for Pediatric Cancer (sunsetting).

Grant authorities used through the third quarter of 2024-25 increased by \$48.7 million (5.6%) compared to the prior fiscal year. The percentage of grant authorities used is consistent with the prior year (68.6% and 69.0 % respectively) as grants are typically paid out in monthly installments throughout the year.

Overall spending as of December 31, 2024 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 increased year over year by \$0.1 million (1.5%). The increase to CIHR's statutory authorities available is due to:

- \$0.9 million increase in funding for compensation adjustments for employee salaries;
- \$0.2 million of new funding to build a World-Class Health Data System for Canadians;
- \$0.2 million increase in funding for Early Career Investigators;
- \$0.2 million increase in funding for the Strategy for Patient-Oriented Research;
- \$0.1 million of new funding in Budget 2024 for funding to increase support to core research grants;
- \$0.1 million of new funding in Budget 2024 for funding to support graduate students and postdoctoral researchers;
- \$0.1 million decrease in funding for Pediatric Cancer (sunsetting); and
- \$1.7 million decrease due to employee benefit plan adjustments from the Treasury Board Secretariat.

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Actual spending for statutory authorities in the third quarter of 2024-25 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, 2024, total authorities available for use by CIHR increased by \$83.3 million (6.2%) compared to the prior fiscal year. Total authorities used as of December 31, 2024 increased by \$48.5 million (5.2%) 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)

	2024-25			2023-24			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*	73,878	54,405	73.6%	67,349	54,003	80.2%	9.7%	0.7%
Other Operating Expenditures	13,077	5,685	43.5%	15,455	6,245	40.4%	-15.4%	-9.0%
Transfer Payments	1,336,871	916,832	68.6%	1,257,718	868,126	69.0%	6.3%	5.6%
<b>Total</b>	<b>1,423,826</b>	<b>976,922</b>	<b>68.6%</b>	<b>1,340,522</b>	<b>928,374</b>	<b>69.3%</b>	<b>6.2%</b>	<b>5.2%</b>

\* Personnel includes statutory authorities provided for the employee benefit plan

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

	2024-25			2023-24			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*	73,878	19,594	26.5%	67,349	18,109	26.9%	9.7%	8.2%
Other Operating Expenditures	13,077	1,647	12.6%	15,455	2,009	13.0%	-15.4%	-18.0%
Transfer Payments	1,336,871	338,566	25.3%	1,257,718	315,440	25.1%	6.3%	7.3%
<b>Total</b>	<b>1,423,826</b>	<b>359,807</b>	<b>25.3%</b>	<b>1,340,522</b>	<b>335,558</b>	<b>25.0%</b>	<b>6.2%</b>	<b>7.2%</b>

\* Personnel includes statutory authorities provided for the employee benefit plan



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## Personnel and Other Operating Expenditures

Authorities available for Personnel Expenditures for the period ended December 31, 2024 increased by \$6.5 million (9.7%) as compared to the prior year. Authorities available for Other Operating Expenditures decreased by \$2.4 million (-15.4%). These variances are due to:

- \$5.6 million (Personnel) increase in funding for compensation adjustments for employee salaries;
- \$0.9 million (Personnel) increase and \$0.2 million (Other) increase of new funding to build a World-Class Health Data System for Canadians;
- \$0.6 million (Personnel) increase and \$0.3 million (Other) increase of new funding in Budget 2024 for funding to increase support to core research grants;
- \$0.4 million (Personnel) increase and \$0.2 million (Other) increase of new funding in Budget 2024 for funding to support graduate students and postdoctoral researchers;
- \$0.4 million (Personnel) increase and \$3.0 million (Other) decrease in the operating budget carryforward;
- \$0.3 million (Other) increase in net transfers from other government departments for specific programs and initiatives;
- \$0.2 million (Personnel) increase and \$0.1 million (Other) increase in funding for the Clinical Trial Fund;
- \$0.2 million (Personnel) increase in funding for Early Career Investigators;
- \$0.2 million (Personnel) increase in funding for the Strategy for Patient-Oriented Research;
- \$0.2 million (Personnel) increase and \$0.5 million (Other) decrease in funding due to various immaterial adjustments;
- \$0.5 million (Personnel) decrease in funding for Pediatric Cancer (sunsetting); and
- \$1.7 million (Personnel) decrease due to employee benefit plan adjustments from the Treasury Board Secretariat.

Personnel authorities used through the third quarter increased by \$0.4 million (0.7%) compared to the prior fiscal year. This increase is less than the increase in wages as a result of a decreased employee count. The percentage of authorities used for Personnel Expenditures through the third quarter (73.6%) is reasonable for this type of expenditure and is consistent with the prior year (80.2%).

Other Operating Expenditures used through the third quarter decreased by \$0.6 million (-9.0%) compared to the prior fiscal year due mainly to a \$1.0 million decrease in professional and special services, and decreases for transportation and communications (\$0.3 million), materials and supplies (\$0.1 million), and repairs and maintenance (\$0.1 million). These decreases were offset by increases in expenditures for rentals (\$0.3 million), information (\$0.3 million), other subsidies and payments (\$0.2 million), and acquisitions of machinery and equipment (\$0.1 million).

Overall spending as of December 31, 2024 is consistent with CIHR management expectations.

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## Transfer Payments

Authorities available for the period ended December 31, 2024 increased by \$48.7 million (5.6%) over the prior year due primarily to new funding announced in Budget 2024 (\$54.1 million), as well as a reduced reprofiling of funding to future years for the Clinical Trials Fund (\$20.9 million), an increase of \$12.7 million for CIHR's share of tri-agency programs and other new funding for building a world-class health data system (\$8.8 million). These increases were offset by a decrease of \$14.1 million for pediatric cancer research as this funding is sunseting, as well as \$4.0 million decrease in transfers from other departments. The remaining change is made up of less significant increases and decreases to programs. Authorities used through the quarter ended December 31, 2024 increased by \$79.2 million (6.3%) compared to the prior fiscal. The percentage of grant authorities used through the third quarter of 2024-25 (68.6%) is similar to the authorities used through the third quarter of 2023-24 (69.0%).

## 2.3 Other Non-Financial Highlights

Other non-financial highlights for the third quarter of 2024-25 include:

- On October 9, Minister Holland [announced](#) \$37.6 million over five years for the renewal of the Network Environments for Indigenous Health Research (NEIHR). This investment will support the nine established NEIHR Centres in their vital work, assist the NEIHR National Coordinating Centre, and expand the program into the Yukon.
- On October 21, Minister Holland [announced](#) \$13.7 million to support 24 research projects related to women's and gender diverse people's health, including endometriosis, women's heart health, intimate partner violence, mental health, access to safe abortion and more.
- On October 29, Minister Holland [announced](#) \$4.3 million to help transform Canada's health systems through the Health System Impact program, with projects aimed at generating evidence to improve Canada's health systems, services and policies.
- On November 14, Minister Holland [announced](#) \$5.2 million to support 35 research projects that will help Canada prevent, prepare for, recover from, and respond to outbreaks of avian influenza A(H5N1).

## 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 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.

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## 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 who is accountable for what, and how decisions are made, 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 October 1, 2024, CIHR [announced](#) the appointment of Dr. Chelsea Gabel as the next Scientific Director of the CIHR Institute of Indigenous Peoples' Health for a term of four years, effective October 1, 2024.

On November 14, Minister Holland [announced](#) the appointment of Dr. Paul C. Hébert as the next President of CIHR for a term of five years, effective January 2, 2025.

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## Approval by Senior Officials

Approved by:

[original signed by]

[original signed by]

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Paul C. Hébert, MD, MHSc, FRCPC, FCAHS  
President

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Jimmy Fecteau, MBA, CPA, CMA  
Chief Financial Officer

Ottawa, Canada  
February 28, 2025

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### 5. Statement of Authorities (*unaudited*)

For the quarter ended December 31, 2024

<i>(in thousands of dollars)</i>	Fiscal year 2024-25			Fiscal year 2023-24		
	Total available for use for the year ending March 31, 2025 *	Used during the quarter ended December 31, 2024	Year to date used at quarter-end	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
Vote 1 – Operating expenditures	77,957	19,039	53,483	73,938	17,902	53,599
Vote 5 - Grants	1,336,871	338,566	916,832	1,257,718	315,440	868,126
Budgetary statutory authorities						
Contributions to employee benefit plans	8,998	2,202	6,607	8,866	2,216	6,649
<b>Total budgetary authorities</b>	<b>1,423,826</b>	<b>359,807</b>	<b>976,922</b>	<b>1,340,522</b>	<b>335,558</b>	<b>928,374</b>

\* 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, 2024

	Fiscal year 2024-25			Fiscal year 2023-24		
	Planned expenditures for the year ending March 31, 2025 *	Expended during the quarter ended December 31, 2024	Year to date used at quarter-end	Planned expenditures for the year ending March 31, 2024 *	Expended during the quarter ended December 31, 2023	Year to date used at quarter-end
<i>(In thousands of dollars)</i>						
<b>Expenditures:</b>						
Personnel	73,878	19,594	54,420	67,349	18,109	54,003
Transportation and communications	799	90	295	853	218	591
Information	663	114	502	317	56	204
Professional and special services	6,623	618	1,621	9,907	899	2,644
Rentals	4,529	676	2,687	3,276	655	2,320
Repair and maintenance	174	32	88	44	161	186
Utilities, materials and supplies	29	11	15	301	(3)	120
Acquisition of machinery and equipment	260	107	250	757	26	180
Transfer payments	1,336,871	338,566	916,832	1,257,718	315,440	868,126
Other subsidies and payments	-	(1)	212	-	(3)	0
<b>Total budgetary expenditures</b>	<b>1,423,826</b>	<b>359,807</b>	<b>976,922</b>	<b>1,340,522</b>	<b>335,558</b>	<b>928,374</b>

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