



<Date>

<Agency Name>
<Agency Officer or Director>
<Agency Address on File>
<Agency Address on File>
<Agency Address on File>

Dear <Agency Officer or Director>,

RE: WORKING CAPITAL ADVANCE

In response to your request for **<an increase to/a>** Working Capital Advance (Advance), I am pleased to advise you an amount of \$ **<X>** has been approved. **This payment will increase the amount of the Advance under the control of <Agency Name> to a total of \$ <X>.**

The Advance is being granted on the premise that its sole purpose is to help with your organizational cash flow on a short term basis while your **<per diem>/<subsidy>** payment is processed. An Advance represents a pre-payment for services rendered and there is an expectation the Advance will be re-paid to the Province.

For complete terms, a Working Capital Advance Agreement is enclosed. Kindly sign both copies and return both copies to the following address at your earliest convenience.

Agency Accountability and Support Unit
Administration and Finance Division
Department of Families
3rd Floor – 777 Portage Avenue
Winnipeg MB R3G 0N3

Once the signed agreements are received in our office, the Advance payment will be issued.

Going forward, a notice titled Working Capital Advance Confirmation will be mailed to you in February of each year you continue to hold the Advance. The notice must be signed and returned by the date indicated in the letter in order to carry over your Advance to the next year. If not completed, the funds could be reclaimed through deductions on future payments to your agency.



We appreciate the service delivery partnership between the Province of Manitoba, Department of Families and **<Agency name>**. If you have any questions, please contact me at (204)945-3242 or fadmin@gov.mb.ca.

Sincerely,

Assistant Deputy Minister
Administration and Finance

Encl: *Working Capital Advance Agreement*

Notes:

- **The Province of Manitoba reserves the right to recover all Working Capital Advances at any time.**
- **Provide a copy of this letter and agreement to your auditor.**

c: AASU file
Program Area Administration and Finance Manager