



MAPLE RIDGE COMMUNITY MANAGEMENT LTD.  
5753 Coopers Avenue, Mississauga, Ontario L4Z 1R9  
T 905-507-6726 1-855-507-6726 F 905-507-6722 W mrcm.ca

July 22, 2020

Dear Homeowners:

RE: **TORONTO STANDARD CONDOMINIUM CORPORATION NO. 1956  
ANNUAL OPERATING BUDGET - AUGUST 1, 2020 – JULY 31, 2021**

Every year the Board of Directors and management team work together to develop an operating budget to meet the anticipated expenses of the condominium corporation in the coming year.

We have reviewed all expense items with an eye to ensuring we maintain a pleasant and safe space we're proud to call home, have the flexibility to respond to the ongoing COVID19 situation, and continue to plan appropriately for the future. While we are increasing the amount we contribute to the reserve fund in accordance with last year's reserve fund study, we have also made operational changes and sought new suppliers to ensure we get the best value for money.

As a result, the budget for Operating Expenses and the Reserve Fund, has **no increase in fees** for this fiscal year, commencing August 1, 2020. A copy of the Budget is enclosed.

Your Common Element Assessment Fee is per month.

If you currently pay by Pre-Authorized Payment ("PAP") the fee will continue to be automatically deducted starting August 1, 2020.

If you are not already using PAP and wish to take advantage of paying your fees through an automatic withdrawal at your bank, please contact Dene Cousins, Maple Ridge Community Management, at [dcousins@mrcm.ca](mailto:dcousins@mrcm.ca) or 416-896-7614.

Thank you for your continuing support of the Board, concierge, staff and management.

As always, please feel free to reach out to your Board ([garmentfactoryboard@gmail.com](mailto:garmentfactoryboard@gmail.com)) with any questions or concerns you may have. Our best wishes to you and your families as we work through this difficult time together. Stay safe!

Yours truly,

James Alberding  
President, TSCC 1956

**TSCC 1956 – 233 Carlaw Avenue, Toronto, Ontario M4M 3L1 416 466-6006**

**TSCC1956  
233 CARLAW AVENUE**

## OPERATING BUDGET

AUGUST 1, 2020 - JULY 31, 2021

Acct	Description	Projected Year End	Current Budget 2019-2020	0% increase Proposed Budget 2020-2021
<b>REVENUE</b>				
<b>OPERATING INCOME</b>				
4100	Common Element Fees	1,022,822.00	1,020,844.00	1,020,844.00
<b>TOTAL OPERATING INCOME</b>		<b>1,022,822.00</b>	<b>1,020,844.00</b>	<b>1,020,844.00</b>
4130	Interest Income	1,364.45	1,200.00	500.00
4135	Parking Rental Income	3,600.16	3,600.00	3,600.00
4150	Late Payment Interest Income	131.92	0.00	0.00
4180	Other Income	336.36	1,000.00	0.00
4190	Roof Top Rental Revenue	22,414.81	13,800.00	22,400.00
4196	Bicycle Income	200.00	0.00	200.00
4225	Key and Access Cards	846.64	500.00	500.00
Total Other Revenue				27,200.00
<b>TOTAL REVENUE</b>		<b>1,051,716.34</b>	<b>1,040,944.00</b>	<b>1,048,044.00</b>
<b>EXPENSES</b>				
<b>UTILITIES</b>				
5005	Gas	45,907.52	50,000.00	50,000.00
5010	Hydro	55,424.37	55,000.00	60,000.00
5015	Water	78,480.28	80,000.00	81,600.00
5016	Telephone	10,090.99	10,500.00	10,500.00
5017	Cable TV	1,122.96	1,200.00	0.00
<b>TOTAL UTILITIES</b>		<b>191,026.12</b>	<b>196,700.00</b>	<b>202,100.00</b>
<b>ON-SITE WAGES &amp; BENEFITS</b>				
5120	Concierge Services	152,847.87	145,000.00	157,000.00
5125	Cleaning Services	78,173.45	85,000.00	85,000.00
5130	Uniforms	990.00	0	0
5145	Christmas Gratuities	1,059.04	1,300.00	850.00
<b>TOTAL ON-SITE WAGES &amp; BENEFITS</b>		<b>233,070.36</b>	<b>231,300.00</b>	<b>242,850.00</b>
<b>COMMON AREA HOUSEKEEPING</b>				
5153	Building Supplies	2,445.50	0	2,500.00
5155	Carpet and Flooring	2,274.10	1,500.00	1,500.00
5165	Mat Cleaning/Rental	742.94	500	800.00
5170	Hardware and Doors	2,069.94	5,000.00	3,000.00
5175	Waste Disposal	37,123.06	38,000.00	38,000.00
5177	Window Cleaning	5,669.16	4,600.00	8,000.00
5185	Pest Control	945.55	1,600.00	1,000.00
<b>TOTAL HOUSEKEEPING</b>		<b>51,270.25</b>	<b>51,200.00</b>	<b>54,800.00</b>
<b>MECHANICAL</b>				
5205	Elevator - Contract	5,953.68	9,000.00	9,000.00
5210	Elevator - Repairs and Maintenance	4,919.13	6,000.00	7,500.00

5215	HVAC - Contracts	6,616.54	8,900.00	9,000.00
5225	HVAC - Misc Repairs and Maintenance	3,024.92	7,000.00	5,000.00
5230	Fire Protection	8,910.83	10,000.00	10,000.00
5235	Plumbing Repairs and Maintenance	10,280.03	12,000.00	12,540.00
5240	Life and Safety Systems	2,740.12	3,500.00	3,500.00
5245	Security Systems	6,483.13	9,000.00	9000.00
<b>TOTAL MECHANICAL</b>		<b>48,928.38</b>	<b>65,400.00</b>	<b>65,540.00</b>
<b>GROUNDSKEEPING</b>				
5310	Groundskeeping - Contract	666.64	2,000.00	0
5315	Groundskeeping - Repairs and Maintenance	1,047.06	3,000.00	3,000.00
5317	Snow Removal	8,298.57	9,000.00	6000.00
<b>TOTAL GROUNDSKEEPING</b>		<b>10,012.27</b>	<b>14,000.00</b>	<b>9,000.00</b>
<b>RECREATION</b>				
5420	Recreation - Misc Repairs and Maintenance	1,184.37	1,500.00	1,500.00
<b>TOTAL RECREATION</b>		<b>1,184.37</b>	<b>1,500.00</b>	<b>1,500.00</b>
<b>BUILDING REPAIRS</b>				
5501	General Repairs and Maintenance	25,295.28	30,000.00	30,000.00
5510	Garage Cleaning	3,492.36	2,800.00	4,000.00
5515	Garage Repairs and Maintenance	1,643.54	3,000.00	3000.00
5525	Electrical - Repairs and Maintenance	2,604.14	1,000.00	2000.00
5570	Doors & Locks	621.00		1000.00
<b>TOTAL BUILDING REPAIRS</b>		<b>33,035.32</b>	<b>36,800.00</b>	<b>40,000.00</b>
<b>OPERATING EXPENSES</b>				
5610	Insurance	27,677.92	33,600.00	30,000.00
5620	Insurance Deductible	1,666.64	5,000.00	5,000.00
<b>TOTAL OPERATING EXPENSES</b>		<b>29,344.56</b>	<b>38,600.00</b>	<b>35,000.00</b>
<b>ADMINISTRATION EXPENSES</b>				
5710	Audit Fees	7,126.35	4,100.00	5,000.00
5720	Legal Fees	11,508.56	12,000.00	7,000.00
5740	Bank Charges	793.40	800	800.00
5750	Office Expenses	5,338.06	3,500.00	5,000.00
5752	Office Contracts	1,033.36	3,100.00	2,000.00
5775	Meeting Expenses	4,735.33	4,500.00	4,500.00
5810	Management Fees	120,499.92	120,500.00	120,500.00
5815	Condominium Authority Assessment	1,651.36	2,200.00	2,200.00
5880	Reserve Fund Allocation	239,744.00	239,744.00	245,654.00
5890	Recovery of Prior Year Deficit/(Surplus)	1,666.64	5,000.00	0.00
5895	Contingency	3,333.36	10,000.00	4,600.00
<b>TOTAL ADMINISTRATION EXPENSES</b>		<b>397,430.34</b>	<b>405,444.00</b>	<b>397,254.00</b>
<b>TOTAL EXPENSES</b>		<b>1,024,646.53</b>	<b>1,040,944.00</b>	<b>1,048,044.00</b>

# TSCC 1956 – Garment Factory

233 Carlaw Avenue, Toronto, Ontario, M4M 3N6

## RESIDENT REGISTRATION FORM PLEASE COMPLETE BOTH SIDES AND SIGN

<b>SUITE #:</b>	Legal Description (For Office Use Only)				
	Level No.	Unit No.	Closing Date of Resale		
<b>NAME OF RESIDENT(S) – List all individuals who live in the suite</b> If more space is required, please complete an additional form Non-Resident Owners – please complete next page					
a) SURNAME: (Please Print Below) <input type="checkbox"/> Legal Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other		FIRST NAME:			
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:		
b) SURNAME: (Please Print Below) <input type="checkbox"/> Legal Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other		FIRST NAME:			
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:		
c) SURNAME: (Please Print Below) <input type="checkbox"/> Legal Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other		FIRST NAME:			
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:		
<b>RENTERS</b>					
Please attach a copy of your lease agreement or Form 5 Summary of Lease					
COMMENCEMENT DATE OF LEASE	TERM OF LEASE (Specify Number of months/years): _____ Month(s) _____ Year(s)				
<b>PARKING INFORMATION</b>					
LEVEL: <input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Floor	SPACE #	LICENCE PLATE #	MAKE OF VEHICLE	VEHICLE COLOUR	GARAGE REMOTE #
LEVEL: <input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Floor	SPACE #	LICENCE PLATE #	MAKE OF VEHICLE	VEHICLE COLOUR	GARAGE REMOTE #
<b>LOCKER INFORMATION</b>					
LEVEL: <input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Floor	UNIT #		ROOM #		
LEVEL: <input type="checkbox"/> Basement <input type="checkbox"/> Ground <input type="checkbox"/> 2nd Floor	UNIT #		ROOM #		
<b>ACCESS FOBS</b>					
Please list below all access card numbers issued to your unit. See security for assistance with identifying your fob #.					
CARD OR FOB #:	NAME OF CARD HOLDER:		CARD OR FOB #:	NAME OF CARD HOLDER:	
CARD OR FOB #:	NAME OF CARD HOLDER:		CARD OR FOB #:	NAME OF CARD HOLDER:	
<b>ENTERPHONE</b>					
NAME TO BE LISTED ON DIRECTORY: (Last Name & First Initial)			PHONE#:	ENTER-PHONE#: (4-digit Code)	

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## NON-RESIDENT OWNERS

a) SURNAME or COMPANY NAME: (Please Print Below)		FIRST NAME:	
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:
b) SURNAME or COMPANY NAME: (Please Print Below)		FIRST NAME:	
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:	E-MAIL ADDRESS:

## MAILING ADDRESS (Required by Sec. 83 of the Condominium Act, 1998)

STREET AND HOUSE NUMBER:			
CITY:	PROVINCE:	POSTAL CODE:	COUNTRY:

## INSURANCE

Must be completed by Owners AND Tenants

OWNER(S) INSURANCE – LIST NAME OF COMPANY BELOW:	POLICY #:	EXPIRY DATE:
TENANT(S) INSURANCE – LIST NAME OF COMPANY BELOW:	POLICY #:	EXPIRY DATE:

## EMERGENCY ASSISTANCE

The following information is vital for the Fire Safety Records and must be available and updated for the Fire Dept.

DO YOU REQUIRE HELP TO LEAVE THE BUILDING IN THE EVENT OF AN EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF RESIDENT WITH DISABILITY AND /OR MEDICAL CONDITION(S):
PLEASE DESCRIBE NATURE OF MEDICAL CONDITION AND/OR TYPE OF ASSISTANCE REQUIRED:

## EMERGENCY CONTACT

NAME:	RELATIONSHIP:	
HOME TELEPHONE #:	BUSINESS TELEPHONE #:	CELL #:

## IN-SUITE ALARM

DO YOU HAVE AN IN-SUITE ALARM SYSTEM?  YES  NO

## PETS

DO YOU HAVE ANY PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES PLEASE SPECIFY: (Type, Breed, Colour & Weight)	DATE WHEN PET ACQUIRED:

May we communicate with you electronically (by e-mail):  YES  NO

OWNER/TENANT SIGNATURE	DATE
OWNER/TENANT SIGNATURE	DATE

### FOR OFFICE USE ONLY

Date Received:	Date Entered	Entered by
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**PRE-AUTHORIZED PAYMENT PLAN**

PAP may commence on the 1<sup>st</sup> of the month if a void cheque is submitted **no later than the 15<sup>th</sup>** of the month prior.

Complete and sign the enrolment/authorization form below.  
 Attach your personal blank cheque marked 'void'.



**\*\*Mail or deliver the enrolment/authorization form and void cheque to our head office at 5753 Coopers Avenue, Mississauga, ON L4Z 1R9\*\***

Terms and Conditions

I (we) authorize the payee to debit my (our) account as indicated on the attached 'void' cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.

I (we) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods or services exchanged.

I (we) will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days.

- a) I (we), never provided authorization to the payee.
- b) The pre-authorized debit was not drawn in accordance with my (our) authorization.
- c) My (our) authorization was revoked.
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.



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**Pre-Authorized Payment Authorization**

Name(s) \_\_\_\_\_  **Yes!** I want to join and enclose my VOID cheque.

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I (we) authorize TSCC 1956 to process a debit from my account in the  
 (Corporation No.)  
 amount of \$ \_\_\_\_\_ on my (our) account beginning \_\_\_\_\_  
 (month/year)

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I (we) have received a copy.

Signature \_\_\_\_\_ Date \_\_\_\_\_