

Section A – Project Information

Sponsoring Agency / Applicant Name:		
Street Address:		
City/Town:	Province: NL	Postal Code:
Telephone:	Fax Number:	
Key Contact:	Incorporation Number:	
Email Address:		

Section B – Type of Application

<input type="checkbox"/> Needs Assessment		<input type="checkbox"/> Renovation		<input type="checkbox"/> Start-Up		<input type="checkbox"/> Amendment Reason:				
Existing Spaces (Prior to Capacity Funding):					Total Proposed (Resulting from Capacity Funding):					
Infant	Toddler	Preschool	School Age (After School)	School Age (Full Time)	Infant	Toddler	Preschool	Pre K	School Age (After School)	School Age (Full Time)
Provide a brief description of project (e.g. number of spaces; age group served; number of homerooms; current enrollments)										
Previous Capacity Funding received, specific to project		<input type="checkbox"/> \$ _____ <input type="checkbox"/> N/A		Date that Centre became licensed:					<input type="checkbox"/> Date <input type="checkbox"/> N/A	

Section C – Needs Assessment Costs

Staff	Pay Information				Employers Costs			Total
	Rate of Pay	Hours / Week	# of Weeks	Total Salary	MERC	Workers' Comp	Other Benefits	
Developmental Worker (Maximum 4 Weeks)								\$
Totals								\$

Budget Category	Item	Cost (\$)	Comments
Human Resources	Personnel ¹	\$	
	Board Development	\$	Up to \$2,000
	Subtotal	\$	
Needs Analysis	Office Supplies – Paper, Ink, Envelopes, Postage	\$	\$1,000

	Computer, Printer, Desk, Chair	\$	\$4,000
	Travel	\$	Government reimbursement rate/km. Up to \$150 a month
	Subtotal	\$	
Rent / Utilities	Rent	\$	In-Kind wherever possible
	Utilities	\$	In-Kind whenever possible
Total Costs Phase One		\$	\$

Section C – Developmental Costs: Renovations

Table 1 – Developmental Phase Personnel Table

Staff	Pay Information				Employers Costs			Total
	Rate of Pay	Hours / Week	# of Weeks	Total Salary	MERC	Workers' Comp	Other Benefits	
Developmental Worker (10 Weeks)								\$
Totals								\$

Table 2 – Child Care Capacity Initiative Needs Assessment Budget

Budget Category	Item	Cost (\$)	Comments
Human Resources	Personnel ¹	\$	
	Board Development	\$	Up to \$3,000
	Subtotal	\$	
Renovations	Incorporation Fees	\$	Up to \$500
	Insurance	\$	Up to \$7,000
	Travel	\$	Government reimbursement rate/km. Up to \$150 a month
	Professional Costs (including building, floor plans and permits)	\$	Up to 30 spaces: up to \$45,000 31-60 spaces: up to \$60,000 61+ spaces: up to \$75,000 3 quotes are required were available
	Facility Renovation including materials, labour and HST	\$	Up to \$8,000/new space created
	Outdoor Play Renovation (including surfacing, landscaping, fencing, storage)	\$	Up to \$5,000
	Fire Suppression	\$	Up to 30 Spaces: Up to \$95,000 31-60 Spaces: Up to \$120,000. 61+ Spaces: Up to \$170,000 3 quotes required where available.
	Office and Staff Room Equipment	\$	Up to \$12,000
	Kitchen and Accessible Washroom Equipment	\$	Up to \$17,000
	On-Site Laundry Facilities	\$	Up to \$5,000
Subtotal		\$	
Total Amount Requested		\$	

Section C – Development Costs: Start Up

Table 1 – Developmental Phase Personnel Table								
Staff	Pay Information				Employers Costs			Total
	Rate of Pay	Hours / Week	# of Weeks	Total Salary	MERC	Workers' Comp	Other Benefits	
Administrator (6 Weeks)								\$
Totals								\$

Table 2 – Start Up Costs Assessment Budget			
Budget Category	Item	Cost (\$)	Comments
Human Resources	Personnel ¹	\$	
	Board Development	\$	Up to \$5,000
	Travel	\$	Government reimbursement rate/km. Up to \$150 a month
	Subtotal	\$	
Home Room Equipment (includes shipping and HST)	Number of new Spaces by Age Group	\$	Up to: Infants \$2,000/Space Toddler \$1,500/Space Preschool \$1,500/Space School-Age \$1,250/Space
Outdoor Play Equipment (includes shipping and HST)	Consumable Program Materials	\$	Up to: Infants \$500/Space Toddler \$450/Space Preschool \$450 /Space School-Age \$300/Space
	Outdoor Play Equipment	\$	Up to \$9,000
	Promotion/Advertising	\$	Up to \$3,000
	Audit/Admin Fees/Book-Keeping	\$	Up to \$100/Space
	Staff Development / PD – Recruitment and Retention	\$	Up to \$2,000
	Independent Financial Audit	\$	Up to \$7,000
	Other (requires Provincial Director approval)	\$	Up to \$5,000
	In-Kind Donations	\$	
Subtotal		\$	
Total Amount Requested		\$	

Final Total Amount Requested

¹ Personnel – Copy the final total from Section C – Table 1 here

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Please sign below. **Legal entity must sign if incorporated.**

Sponsoring Agency /
Applicant Signature _____ Title _____
Date
(YY/MM/DD) _____
Name (Please Print) _____

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Project Name:		File #:	
Client Name:		Projected Spaces:	
Anticipated Opening Date: <small>YYYY/MM/DD</small>		Required Funding: \$	
Region:	<input type="checkbox"/> St. John's Metro	<input type="checkbox"/> Central East	Provincial District:
	<input type="checkbox"/> Western	<input type="checkbox"/> Labrador	Federal District:
Purpose of Project:			
Previous Funding (List by year and funding type)			<input type="checkbox"/> N/A
Project Considerations:			
Recommendation & Approval			
Regional Office Recommendation <input type="checkbox"/> Approve funding in the amount of \$ <input type="checkbox"/> Do not approve funding			
Capacity Consultant Signature		Regional Manager Signature	
Name (Please Print)		Name (Please Print)	
Date:			
Application meets policy requirements		<input type="checkbox"/> Yes	<input type="checkbox"/> No, Reassessment Required
Regional Office Recommendation <input type="checkbox"/> Approve funding in the amount of \$ <input type="checkbox"/> Do not approve funding			
Program Consultant Signature		Director Signature	
Name (Please Print)		Name (Please Print)	
Approved by Minister or Designate		Date YYY/MM/DD	