

Family Child Care Capacity Initiative Funding Application

Section A – Project Information

| | |
|-----------------|--|
| Applicant Name: | |
| Street Address: | |
| City / Town: | Province: NL Postal Code: |
| Telephone: | Fax Number: |
| Email Address: | Incorporation Number (if applicable): |

Section B – Capacity Information

| | | | | |
|--|----------|--------------|-------------------------|--------------------|
| Indicate type of funding application is for: <input type="checkbox"/> Start-Up Funding <input type="checkbox"/> Renovation Funding | | | | |
| Total Proposed Capacity (Number of Spaces being created by age group) | | | | |
| Infants | Toddlers | Preschoolers | Younger School - Age | Older School - Age |
| | | | | |
| Provide a brief description of project (e.g. location, community need, anticipated opening date/stage of Licensing or Approval process). | | | | |
| | | | | |

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Section C – Developmental Costs

Table 2 – Child Care Capacity Initiative Developmental Budget

| Budget Category | Item | Cost (\$) | Comments |
|-------------------------------|---|------------------|---------------------------------------|
| Start-Up | Incorporation Fees | | |
| | Play Materials and Equipment | | Maximum of \$750/space |
| | Other Related Items | | |
| | Subtotal | | |
| Renovations | Fire Suppression System/Interconnected Smoke Alarms | | |
| | Professional Fees | | |
| | Egress Door/Window | | |
| | Fence | | |
| | Other Required Renovation | | |
| TOTAL AMOUNT REQUESTED | | | Total must not exceed \$15,000 |

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Section D – Project Work Plan

| Activity to be Completed | Person/Group Responsible | Timelines | Status | Comments |
|--------------------------|--------------------------|-----------|--------|----------|
| | | | | |
| | | | | |
| | | | | |

Section E – Signature

I hereby confirm that the information that I have provided is complete, true and accurate. I certify that I have read and understand the following requirements:

- The facility is in the process of being licensed or approved under the **Child Care Act**.
- The facility attests parent fees will be set as outlined in the Family Home Child Care Operating Grant Program and will not surcharge for items or activities as indicated in the terms and conditions of the Service Agreement for the duration of the Return of Service Requirement (Duration dependent on Amount of Funding).
- The applicant, affiliated /associated companies, nor are its officers involved in any litigation, or in any proceedings before any government board, agency or tribunal which have not been disclosed in writing as an attachment to this application.
- EDU may, at any reasonable time, access the site and premises of the facility.
- The facility meets all the terms and conditions of the Family Home Child Care Child Care Capacity policies and procedures Manual including good standing status with CRA, Workplace NL, and return of service years applicable to the grant amount disbursed.
- The licensee is in good standing with the Department of Education and has no outstanding balances owing to the Department.
- Any overpayments will be applied against future payments or repayment arrangements established as determined by the Government of Newfoundland and Labrador, including interception processes used to pay outstanding debts to the Crown.

I, the licensee, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief. I acknowledge that failure to not disclose relevant information may result in cancellation of this application by EDU.

Completed by:

Name (Please Print) _____ Date (YYYY-MM-DD) _____

Signature _____

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| FOR OFFICE USE ONLY | |
|---|--|
| Name of the Family Home: | ISM File # |
| Anticipated Opening Date: | Required Funding \$ |
| Region: <input type="checkbox"/> Metro <input type="checkbox"/> Central East | Provincial District: |
| <input type="checkbox"/> Western <input type="checkbox"/> Labrador | Federal District: |
| Project Considerations: | |
| <p>Verification of Project:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Incorporation (if applicable) and confirmation of good standing with CADO <input type="checkbox"/> Stage of the Licensing or Approval Process or a copy of the License or Approval Certificate. <input type="checkbox"/> Renovations are required by the Department of Education, and/or Digital Government and Service NL(DGSNL). <input type="checkbox"/> The Start-Up and/or Renovation items are eligible expenses as indicated in the FHCCCI Policy and Procedure Manual. <input type="checkbox"/> Pre approval was obtained from the Regional Child Care Office and/or Family Child Care Agency and/or DGSNL. <input type="checkbox"/> Materials and equipment list; Play materials and equipment do not exceed \$750 per space. <input type="checkbox"/> Application includes a budget and work plan. <input type="checkbox"/> An approval letter from the homeowner. <input type="checkbox"/> Applicant is aware of the required return for service years based on the grant amount. | |
| Recommendation & Approval | |
| Recommendation: <input type="checkbox"/> Approve funding in the amount of \$ _____ <input type="checkbox"/> Do not approve funding | |
| Capacity Consultant Name (Please Print): | Regional Manager Name (Please Print): |
| Capacity Consultant Signature: | Regional Manager Signature: |
| Date: (YYYY/MM/D) | Date: (YYYY/MM/D) |

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PRIVACY NOTICE

The information collected on this form is collected under the authority of the *Child Care Act* and the *Access to Information and Protection of Privacy Act (ATIPPA)* and is used solely for the purposes of administration/operation of the Family Child Care Capacity Initiative Program provided by the Early Learning and Child Development Division. This information is kept confidential and held securely as required by *ATIPPA*. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education at 709-729-7425.