

**2018 ACCESS FUNDING APPLICATION**

***Intended for Peel Region Licensed Child Care Providers***

**Instructions:**

* **Submit only one application per site**
* **Consult/converse with an Early Years Specialist prior to submitting a completed application**
* **Include all additional information requested**

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| 1. **Provider Profile** | | | | | | | | | | | | | | | | | | | | |
| **Head Office Legal Name** | | | | | | | | | | | | | | | | | | | | |
| **Site Address** | | | | | | **City** | | | | | **Province** | | | | | **Postal Code** | | | | |
| **E-mail Address** | | | | | | **Telephone** | | | | | **Ext.** | | | | | **Fax** | | | | |
| **Auspice**  Non-profit organization  For-Profit Organization | | | | | | | | | | | | | | | | | | | | |
| **Contact Person** | | | | | | **Position** | | | | | | | | | | | | | | |
| **Telephone** | | | | | | **E-mail Address** | | | | | | | | | | | | | | |
| **Representative with Signing Authority 1** | | | | | | **Representative with Signing Authority 2** | | | | | | | | | | | | | | |
| **Incorporation Number** | | | | **Date of Incorporation**  2018-01-01 | | | | | | | | | | **Charitable Registration Number** *(if applicable)* | | | | | | |
| 1. **General Eligibility Criteria & Declaration** | | | | | | | | | | | | | | | | | | | | |
| All child care providers are required to satisfy the following requirements:  The agency I represent is a child care provider in Peel Region as of 2018-01-01  The agency I represent has a current Fee Subsidy and Funding Agreement with the Region of Peel  The agency I represent has sound business management practices and is in good standing with respect to financial/contract reporting requirements for all funds provided by the Region of Peel  As a representative with signing authority I declare that the agency I represent meets the following requirements under the Fee Subsidy and Funding Agreement and Peel’s Funding and Policy Framework:   * Engagement in continuous quality enhancement practices; * Inclusion of children with special needs by participating in Peel Inclusion Resource Services (PIRS); and * Inclusion of children in receipt of fee subsidy through a Purchase of Service Agreement | | | | | | | | | | | | | | | | | | | | |
| 1. **Overview (All Funding Streams)** | | | | | | | | | | | | | | | | | | | | |
| **Please indicate which stream/s you are applying for**  Stream 1  Stream 2  Stream 3 | | | | | | | | | | | | | | | | | | | | |
| **Purpose and Description**  *Provide details of the funding stream being applied for and include supporting documents i.e. Business/Project Plan, staffing required, any changes to the facility which will be required, evidence of how the project responds to family and community needs.*                Proposed In Progress  Completed | | | | | | | | | | | | | | | | | | | | |
| **Parent and Community Needs**  *Demonstrate that there is sufficient need and demand for the funding. Sources of evidence could include number of children on your program’s waitlist (by age group), feedback from parents at your program; identification of local businesses which operate outside of current licensed hours of program operation; etc.* | | | | | | | | | | | | | | | | | | | | |
| **Total Estimated Project Costs (all streams)**  **$0.00** | | | | | | | | **Total of Provider Financial Contributions, if Applicable**  **$0.00** | | | | | | | | | | | | |
| **Total Funding Amount Requested** (include amounts for all streams) **$0.00** | | | | | | | | | | | **Project Start Date**  **2018-01-01** | | | | | | | | **Project End Date**  **2018-01-01** | |
| **FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **Bankruptcy YES NO**  Has your agency filed for bankruptcy or defaulted on any debt?  *If yes, please explain* | | | | | | | | | | | | | | | | | | | | |
| **Loans YES NO**  Has your agency guaranteed loans or financial commitments of others?  *If yes, please explain* | | | | | | | | | | | | | | | | | | | | |
| **Payroll or Taxes Arrears YES NO**  Does your agency have any arrears in payroll deduction or taxes?  *If yes, please explain* | | | | | | | | | | | | | | | | | | | | |
| **Rent Arrears YES NO**  Does your agency have any arrears in rent?  *If yes, please explain* | | | | | | | | | | | | | | | | | | | | |
| 1. **Stream 1 - Minor Improvements to the Physical Environment resulting in New Licensed Child Care Spaces and/or Increased Program Access (For-Profit and Non-Profit Providers) \*Not intended for support as operational funding to increase operating capacity for programs** | | | | | | | | | | | | | | | | | | | | |
| **Project Plan with Timelines** | | | | | | | | | | | | | | | | | | | | |
| **Space Ownership**  Is the proposed project located on leased space  or owned space ? | | | | | | | | | | | | | | | | | | | | |
| **Term of Lease (if Leased)**  (years) | | | | | | **Lease Expiration Date**  2018-01-01 | | | | | **Option to Renew?**  Yes  No | | | | | **Lease cost per square foot**  $0.00(include TMI) | | | | |
| **SERVICE LEVELS AS OF 2018-01-01** | | | | | | | | | | | | | | | | | | | | |
| **Age Group** | **Current License Capacity** | **Current Operating Capacity** | | | | | **# of Children on Waitlist (if applicable)** | | | | | **Licensed Capacity after Minor Improvements to the Physical**  **Environment** | | | | | | | | **Net Increase in Licensed Capacity** |
| Infant |  |  | | | | |  | | | | |  | | | | | | | |  |
| Toddler |  |  | | | | |  | | | | |  | | | | | | | |  |
| Preschool |  |  | | | | |  | | | | |  | | | | | | | |  |
| **TOTAL** |  |  | | | | |  | | | | |  | | | | | | | |  |
| **Changes to operating capacity YES NO**  Will your operating capacity change as a direct result of this funding?  *If yes, please explain how* | | | | | | | | | | | | | | | | | | | | |
| **Estimated Cost**  **$0.00** | | | | | | | | **Provider Financial Contribution, if Applicable**  **$0.00** | | | | | | | | | | | | |
| **Funding Amount Requested** (not to exceed receipt amounts) **$0.00** | | | | | | | | | | **Project Start Date**  **2018-01-01** | | | | | | | **Project Completion Date**  **2018-01-01** | | | |
| 1. **Stream 2 – Evening and Weekend Program (For-Profit and Non-Profit Providers)** | | | | | | | | | | | | | | | | | | | | |
| **Project Plan (with timelines if applicable)** | | | | | | | | | | | | | | | | | | | | |
| **Day Hours of Operation** | | | **Evening Hours of Operation** | | | | | | | | | | | | **Weekend Hours of Operation** | | | | | |
| **Please describe the *incremental* costs that you incur as a result of the evening or weekend program** | | | | | | | | | | | | | | | | | | | | |
| **Cash Flow**  Please complete the monthly **cash flows for** your agency for the day and the evening/ weekend program (attached) | | | | | | | | | | | | | | | | | | | | |
| **SERVICE LEVELS FOR THE WEEKEND/EVENING PROGRAMS AS OF 2018-01-01**  **\*\*\*Please include information for the Weekend/Evening program ONLY\*\*\*** | | | | | | | | | | | | | | | | | | | | |
| **Age Group** | **Current License Capacity** | **Current Operating Capacity** | | | | | **# of Children on Waitlist (if applicable)** | | | | | **Anticipated Increase in Licensed or Operating Capacity** | | | | | | | | **Net Increase in Licensed or Operating Capacity** |
| Infant |  |  | | | | |  | | | | |  | | | | | | | |  |
| Toddler |  |  | | | | |  | | | | |  | | | | | | | |  |
| Preschool |  |  | | | | |  | | | | |  | | | | | | | |  |
| **TOTAL** |  |  | | | | |  | | | | |  | | | | | | | |  |
| **Program Evaluation YES NO**  Is your program willing to participate in program evaluations?  Is your program willing to solicit parent participation in data collection and survey exercises?  Explain how your program will evaluate the evening and weekend program and collect parent participation in data collection and survey exercises | | | | | | | | | | | | | | | | | | | | |
| **Funding Amount Requested (as per receipts and incremental costs identified on cash flows)**  **$0.00** | | | | | | | | | | | | | | | | | | | | |
| 1. **Stream 3 – Project Consultants (Non-Profit Providers only)** | | | | | | | | | | | | | | | | | | | | |
| **Scope of the Proposed Project with Timelines** | | | | | | | | | | | | | | | | | | | | |
| **Capital Projects YES NO**  Do you expect these supports to result in a capital project application(s)?  *If yes, please explain how a project consultant will support your capital application* | | | | | | | | | | | | | | | | | | | | |
| **Postal code of potential area of interest for capital project** | | | | | | | | | | | | | | | | | | | | |
| **Qualifications**  *Please describe the qualifications of the project consultant (please attach verification)* | | | | | | | | | | | | | | | | | | | | |
| **Estimated Cost**  **$0.00** | | | | | | | | **Provider Financial Contribution, if Applicable**  **$0.00** | | | | | | | | | | | | |
| **Funding Amount Requested** (not to exceed receipt amounts) **$0.00** | | | | | | | | | **Consultant Start Date**  **2018-01-01** | | | | | | | | | **Consultant End Date**  **2018-01-01** | | |
| 1. **Application Signatures** | | | | | | | | | | | | | | | | | | | | |
| **Signature of Representative with Signing Authority** | | | | | **Printed Name** | | | | | | | | **Title** | | | | | | **Date**  2018-01-01 | |
| **Signature of Representative with Signing Authority** | | | | | **Printed Name** | | | | | | | | **Title** | | | | | | **Date**  2018-01-01 | |
| **Please Note:** The amount of ELCC Capital Funding is limited; therefore, the Region of Peel is not able to guarantee  that funding will be available for all applications received. | | | | | | | | | | | | | | | | | | | | |

**REQUIRED DOCUMENTS/ CHECKLIST**

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| **Documents Required with your Application:** |
| **For All Funding Streams**  Completed and signed application form  Consult/conversation with      Early Years Specialist was completed on ­ 2018-01-01  **Stream 1**  Minimum of one (1) quote (for items under $5,000)  Minimum of two (2) quotes (for items over $5,000)  **Stream 2**  Business case that demonstrates the need for the funding and supports the long-term viability of the program  Proof of enrollment  Cash flow statement for the site operation and cash flow statement (showing incremental costs) for the evening/weekend program (including parental fees). Regional template provided  Minimum of one (1) quote (for items under $5,000)  Minimum of two (2) quotes (for items over $5,000)  **Stream 3**  Two comparable quotes and/or paid receipts with detailed scope of work  **In addition to this, you can provide any additional information that supports your application.** |
| **In order to process payments, the following documents would be required:** |
| **For All Funding Streams**  Receipts and paid invoices  Other, as requested by the Region  **Stream 1**  Floor and site plan approval letter from MEDU  **Stream 2**  Attendance data (as requested)  Parent Survey/data information (as requested)  **Stream 3**  Evidence of work completed, as requested by the Region |
| **Important Information** |
| **Deadline: Deadline 4:30 PM EST, July 13, 2018.**  **Submission:** Please submit the required documents for each program site to [EarlyYearsSystemDivision@peelregion.ca](mailto:EarlyYearsSystemDivision@peelregion.ca)  Please specify "*Request for 2018 Access Funding"* in the subject line. |
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