

**MITIGATION FUND APPLICATION**

***Intended for Peel Region***

***Not-for-profit and For-profit Licensed Child Care Providers***

**Notice with Respect to the Collection of Personal Information**

This information is collected pursuant to the Child Care and Early Years Act, 2014 and will be retained, used disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56. This information will be used to determine whether the applicant qualifies for Mitigation Fund. Any questions regarding this collection may be directed to the Early Years and Child Care Services Division, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail or telephone at 905-791-1585.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Purpose:** The purpose of the Mitigation Fund is to support licensed child care providers with unforeseen operational pressures/costs that impact ongoing viability. Approval of Mitigation Fund requests is subject to the sole discretion of the Region of Peel and the availability of funds at the time of the request. | | | | | |
| 1. **Provider Profile** | | | | | |
| **Head Office Legal Name** | | | **Name of Program** | | |
| **Site Address** | **City** | | **Province** | | **Postal Code** |
| **E-mail Address** | **Telephone** | | **Ext.** | | **Fax** |
| **Contact Person** | **Position** | | | | |
| **Telephone** | **E-mail Address** | | | | |
| **Representative with Signing Authority 1** | | | **Representative with Signing Authority 2** | | |
| 1. **Financial Information** | | | | | |
| Please use the table below to itemize all funding received from the Region in the current and previous year. This information must align with the details reported in your Cash Flow Statement (if applicable). | | | | | |
| **Funding Type** | | **Amount Received in Previous Year** | | **Amount Received in Current Year** | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
|  | | $0.00 | | $0.00 | |
| **TOTAL** | | **$0.00** | | **$0.00** | |
| 1. **Request Details** | | | | | |
| **CRITERION 1** | | | | | |
| 1. **Describe the unforeseen circumstances/operational pressures/costs that impact your ongoing viability.** | | | | | |
| 1. **Based on the above pressure/costs, how has/will this impact your ongoing viability?** | | | | | |
| **3. When did you learn about the unforeseen circumstances/operational pressures/costs that impact your ongoing viability?**  2019-10-18 | | | | | |
| **4. Which steps have you taken to mitigate these unforeseen circumstances/operational pressures/costs?** | | | | | |
| **5. Describe the impact on the community if your service was not able to continue operating** | | | | | |
| **CRITERION 2** | | | | | |
| **6. Provide a breakdown of the Mitigation Fund Request**   |  |  |  |  | | --- | --- | --- | --- | | **Cost Category** | **Amount $** | **Details of Cost** | **How will this support your ongoing viability?** | |  | $0.00 |  |  | |  | $0.00 |  |  | |  | $0.00 |  |  | |  | $0.00 |  |  | |  | $0.00 |  |  | | **Total Mitigation**  **Fund Request** | **$0.00** |  |  |   **Note:** Attach two (2) quotes if applicable | | | | | |
| **7. How will the funding allow your agency/program to continue operating and achieve/improve your**  **Agency’s long-term viability***(include timelines)* | | | | | |
| **8. a) Has your agency’s enrollment been impacted from the unforeseen pressures/costs?**  Yes  No  **b) If yes, please complete the chart below to identify how your enrollment has been impacted and provide**  **additional information as available**   |  |  |  |  | | --- | --- | --- | --- | | **Age Group** | **Licensed Capacity** | **Enrollment Prior to Unforeseen Pressures/Costs** | **Current Enrollment** | | Infant | 0 | 0 | 0 | | Toddler | 0 | 0 | 0 | | Preschool | 0 | 0 | 0 | | Kindergarten | 0 | 0 | 0 | | School Age | 0 | 0 | 0 | | **Total** | **0** | **0** | **0** |   **c) Additional information as available** | | | | | |
| **10. a) Are you entitled to receive compensation/funding from another source (i.e.: insurance, donations,**  **landlord, etc.?**  Yes  No  **b) If yes, please complete the chart below and provide details as available. You will be required to utilize**  **this compensation/funding prior to requesting support from Mitigation Funding**   |  |  |  |  | | --- | --- | --- | --- | | **Source of Funding** | **Amount $** | **Timing of Receipt of Funding** | **How has Funding Been Distributed?** | |  | $0.00 | 2019-10-18 |  | |  | $0.00 | 2019-10-18 |  | |  | $0.00 | 2019-10-18 |  | |  | $0.00 | 2019-10-18 |  | |  | $0.00 | 2019-10-18 |  | | **Total Funding Amount** | **$0.00** |  |  |   **c) Additional information as available** | | | | | |
| **9. a) Has your agency reduced Reserves/Retained Earnings to manage the costs/unforeseen pressures?**  Yes  No  **b) If yes, please provide details** | | | | | |
| 1. **Risk and Mitigation Strategy** | | | | | |
| Please complete the table below by providing information on the following:   * **Risk:** If you request for Mitigation Fund is not approved, how will this impact the viability of your business? * **Mitigation Strategies:** Describe what plans/strategies you will put in place to support future viability of your agency, if your application for Mitigation Funding is approved. * **Anticipated Outcomes:** Identify the outcomes that are anticipated to be achieved from the implementation of these plans/strategies. You will be required to report back to the progress of these outcomes according to the schedule outlined in your agreement. | | | | | |
| |  |  |  | | --- | --- | --- | | **Risk** | **Mitigation Strategies to Manage Risk** | **Anticipated Outcomes** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | |
| 1. **Declaration and Signature** | | | | | |
| I/We certify that:  To the best of my/our knowledge, the information provided is true and correct  The agency I represent has a Fee Subsidy and Funding Agreement with the Region of Peel dated 2019-01-01  The agency I represent is facing unforeseen circumstances /operational pressures/costs that impact the agency’s ongoing viability 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  The agency I represent is in good standing /full compliance with the requirements of our EYCC Services Fee Subsidy and Funding Agreement, the guidelines and any applicable reporting requirements for all funds provided by the Region of Peel  The agency I represent has exhausted all other available resources to overcome threats to the agency’s financial viability before applying  I acknowledge that the agency I represent is in need of Mitigation funding, which cannot be supported through any other funding we have already received from the Region of Peel | | | | | |
| **Signature** | | **Printed Name** | | **Date**  2019-10-18 | |
| **Signature** | | **Printed Name** | | **Date**  2019-10-18 | |

**REQUIRED DOCUMENTS/ CHECKLIST**

|  |
| --- |
| **In order for an application for mitigation funding to be considered, you must submit:** |
| Application Form (completed and signed). Incomplete or late applications will not be considered.  Any other documents/additional information (e.g.: estimates and quotes, insurance claim, lease agreement, etc.) that  support your request for Mitigation Fund |
| **Based on the nature of your application, the Region may also ask you to submit:** |
| Cash Flow Statement (please do not convert to PDF) including:  Actual information for the previous 12 months of operations  Projected information for the next 12 months on an annual basis (Regional template provided)  Funding received from sources noted in question 10  [Template – EYCCS Financial Annual Information Return (XLS)](http://www.peelregion.ca/children/working/service-providers/pdf/2019/template-finance-annual-information-return.xls) as of the date of the Mitigation Fund Application- Tabs A1  And A2 only  Tab A1 - Identification  Tab A2 – Financial Position  Any other document required to assess/verify the merit of your application |
| **Important Information** |
| **Deadline: Deadline 4:30 PM, November 4, 2019**  **Submission:** Please submit the required documents to [EarlyYearsSystemDivision@peelregion.ca](mailto:EarlyYearsSystemDivision@peelregion.ca)  Please specify "*Request for 2019 Mitigation Fund"* in the subject line. |
|  |