



Initial Application Renewal Amendment

Section A: Applicant Information

Legal Name of Licensee (First, Middle, Last) or Organization name (As it appears in the Registry of Companies)		
Facility Name (As it appears on License)	Vendor Number (If known)	
Mailing Address:	City/ Town	Postal Code
Street Address:	City/ Town	Postal Code
Year Facility Began Operation (YYYY)	E-Mail	Phone

Section B: Information to Determine Eligibility

Facility License Number	Date of issue	Date of Variance	Date of Expiry
Have you received previous Operating Grant Funding <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate number of years on the Operating Grant Program: _____ Are you applying for the supplemental funding? <input type="checkbox"/> Yes, Salary costs attached <input type="checkbox"/> Yes, Financial statements attached <input type="checkbox"/> No			

Section C: Information to Determine Funding Amounts

Are there months when the facility is closed? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the months when the facility is closed: <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC Indicate the holidays that the Centre is closed: <input type="checkbox"/> New Year's day <input type="checkbox"/> St. Patrick's Day <input type="checkbox"/> Good Friday <input type="checkbox"/> St George's Day <input type="checkbox"/> Victoria Day <input type="checkbox"/> Discovery Day <input type="checkbox"/> Canada Day <input type="checkbox"/> Orangeman's Day <input type="checkbox"/> Regatta Day <input type="checkbox"/> Labour Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Remembrance Day <input type="checkbox"/> Christmas Day <input type="checkbox"/> Boxing Day <input type="checkbox"/> Other: _____
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Hours of Operation (Time): Monday to Friday From: _____ To: _____
 Saturday and Sunday From: _____ To: _____

Please indicate each service that your facility offers:

- Infant
- Toddler
- Preschool
- Before school
- Afterschool
- Full Days during school closures (weather closures, PD days)
- Full days School Breaks and Summer

School age only:

Indicate the projected number of days that the Centre will offer Full time care due to health and safety related closures (weather, utility): _____

Indicated the projected number of children expected to participate in the program Full time: _____

Number of **days per week** that child care is provided:

Number per **weeks per year** that child care is provided:

Maximum number of Child Care Spaces (attach license)

Type of Space	Max Number of Spaces (Licensed Capacity)	Number of Children Enrolled			Percentage Enrolled
		Full Time	Part Time AM	Part Time PM	
Infant					
Toddler					
Preschool					
School Age					
School Age Full Days					
TOTAL					

Do you offer extended hours (6:30 am to 8:30 pm)?

- Yes
- No

If yes, what is the maximum number of hours per day that extended child care is provided:

Number of **days per week** that extended child care is provided:

Number per **weeks per year** that extended child care is provided:

Do you provide nutritious meals and snacks?

- Yes
- Please Specify: am snack mid-day meal pm snack
- No: exempt
- Other: e.g. breakfast/ dinner if extended hours offered.
#___ in receipt of additional meal/ snack

How will families be notified of that fees are set at current Provincial Subsidy Rates:

- Parents will be notified in writing and the fee structure will be posted on the parent board
- Billboard outside the facility
- Other

Section D: Applicant’s Declaration/ Consent and Disclosure

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 licensed or approved under the **Child Care Act**
- The facility attests parent fees are set at the current Child Care Subsidy Rate and does not surcharge for items or activities as indicated in the terms and conditions of the service agreement.
- 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.
- EECD may, at any reasonable time, access the site and premises of the facility.
- The facility meets all the terms and conditions of the Operating Grant Program policies and procedures Manual including good standing status with CADO, WHSSC,
- If this application is approved, legal documentation may be requested including, but not limited to, By-Laws, Certificate of Good Standing, Certificate of Secretary under seal for current shareholders /directors or unanimous shareholder consent, Unanimous Shareholders’ Agreement, Demand Note, General Security Agreement and/or property or other mortgage documentation.
- The licensee is in good standing with the Department of Education and Early Childhood Development and has no outstanding balances owing to the Department.
- Any overpayments will be applied against future payments or repayment arrangements established as determined by EECD or 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 EECD.

Completed by (Print name):	Signature:	Completed (YYYY-MM-DD)
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Section E - Information for Submission

Incomplete applications or applications missing required documentation will be returned. The following documents must be included with your application form

Applications that are approved shall receive a Letter of Offer stating the amount approved and conditions of that approval. Upon acceptance of the offer, centres must immediately adjust parent fees to a maximum of the current Child Care Subsidy Program rates. Submission of a completed application is not guarantee of funding. Funding under the program is limited and contingent upon the department’s annual budget appropriations.

If you have any questions regarding the completion of this application form, please contact the Regional Manager of Family and Child Development or Child Care Capacity Consultant in your area. Completed applications must be submitted to:

Mailing Address:
 Operating Grant Program
 Department of Education and Early Childhood Development
 P.O. Box 8700,
 St. John’s, NL, A1B 4J6



Education and Early Childhood Development

Operating Grant Program Application Form

Courier

Operating Grant Program
Department of Education and Early Childhood Development
100 Prince Phillip Drive
3rd Floor West Block, Confederation Building

Email

OGP@gov.nl.ca

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 regulated child care program and services provided by the Family and Child Development Division.

FOR OFFICE USE ONLY

Section E - Recommendation

Form with fields for Recommended/Not Recommended checkboxes, Signature, Date, Name (Please Print), and Title.

Section H - Approval

Form with fields for Signature of Authorized Official, Date, Name (Please Print), and Title.

Checklist: List of items to be included with the application:

- Copy of license
WCHS
Certificate of Incorporation
Salary statements
Financial statements