

## CANADA-ONTARIO EARLY LEARNING AND CHILD CARE CAPITAL FUNDING APPLICATION

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# Peel Region Non-Profit Community-Based Licensed Child Care Providers & Government Agencies

**2017**

**Application Submission Due:**

**November 17th, 2017**

**SECTION 1 PROVIDER INFORMATION**

### Head Office Legal Name

Site Name

Site Address City

Province Postal Code

Telephone Number

Email Address

Contact Name & Position

Incorporation Number Date of Incorporation

2017-08-29

**SECTION 2 ELIGIBILITY CRITERIA**

Ontario-Canada Early Learning and Child Care (ELCC) Capital Funding can be used for children 0-6 years of age to create and support new non-profit community based capital projects, excluding capital projects for child care programs that run during school hours for kindergarten and school-age children. Capital funds may be used for retrofits, renovations or expansion projects, but cannot be used to purchase land or building. Projects that began after January 1, 2017 may be eligible for retroactive funding.

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| To be eligible to apply for ELCC Capital Funding, child care providers are required to satisfy the following requirements: |
| Be a licensed non-profit child care provider or a government agency in Peel Region |
| Have a current Purchase of Service Agreement with the Region of Peel |
| Meet the following requirements under 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 |
| Have sound business management practices and be in good standing with respect to financial/contract reporting requirements for all funds provided by the Region of Peel |
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| Providers submitting an application will be required to: |
| Submit only **one** **application per site** |
| Consult with an Early Years Specialist prior to submitting a completed application |
| Submit a copy of your communication that was sent to the Ministry of Education (MEDU), Child Care Quality Assurance and Licensing Branch requesting a Floor Plan Approval letter to ensure retrofits, renovations or expansion projects are consistent with licensing standards; **(Please note that the Floor Plan Approval letter will be required for approved projects before payments are issued).** |
| Provide a minimum of two quotes for the capital work that must be completed |
| Ensure projects are created to accommodate a maximum group size for each age grouping for children aged 0 to 6 years |
| Complete the approved capital project by **December 31st, 2018** |

**SECTION 3 PROJECT PLAN**

**Project Purpose**

(I.e. new child care spaces that increase the number of children served by a program)

**Project Description** (please provide any supporting documents i.e. Business/Project Plan)

Proposed In Progress  Completed

Consultation with      Early Years Specialist was completed on ­ 2017-08-29

Estimated Project Cost:

**$0.00**

Provider financial contribution to the project, if applicable:

**$0.00**

Funding requested:

**$0.00**

Expected project start date: 2017-08-30

Expected project completion date: 2017-08-26

**SECTION 4 SERVICE GAP AND DEMAND**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **SERVICE LEVELS AS AT 2017-08-26** | | | | | | | |
| Infant Toddlers Preschool JK/SK (Before and After) | | | Licensed Capacity Before Retrofits | Current Operating Capacity | Number of Children on Waitlist (if applicable) | Licensed Capacity After Retrofits | Net Increase in Licensed Capacity | Estimated Cost to Increase Licensed Capacity (By Age Group) |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
|  |  |  |  |  | $0.00 |
| **Total** | | |  |  |  |  |  |  |

Number of Hours per Week Number of Hours per Week

Program Operates **Before** Capital Project Program Operates **After** Capital Project

Number of Weeks per Year Number of Weeks per Year

Program Operates **Before** Capital Project Program Operates **After** Capital Project

**SECTION 5 FINANCIAL INFORMATION**

**YES NO**

1. Has your agency ever filed for bankruptcy or defaulted on any debt?

If yes, please explain

1. Has your agency guaranteed loans or financial commitments of others?

If yes, please explain

1. Does your agency have any arrears in payroll deduction or taxes?

If yes, please explain

1. Does your agency have any arrears in rent?

If yes, please explain

1. Please complete the projected monthly **cash flow** (attached)

**SECTION 6 REQUIRED DOCUMENTS**

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| In order for your application to be processed, following documents are required: |
| 1. Completed and signed application form 2. Cash Flow Statement (excel format) including projected information for the next 12 months on a monthly basis 3. A copy of your communication to the Ministry of Education requesting a Floor Plan Approval Letter (e.g. email, screen shot of CCLS upload of your floor plan) 4. Where the project is proposed or in progress, a minimum of two quotes is included from licensed contractors/suppliers, one of which should be completing the proposed work. For projects that have been completed since January 1st of the current calendar year receipts and/or paid invoices |
| If your application is approved, the following documents may be required if not already on file with the Region: |
| * Region of Peel Certificate of Insurance (Liability Insurance of $5 million is required) for current year * Articles of Incorporation & Letters Patent * Vendor Direct Deposit Form * Verification of non-profit status * A Floor Plan Approval Letter from EDU * An occupancy letter from the owner, in cases where the provider leases or rents the premises in which the ELCC Capital Funding will be used, that: * Authorizes the provider to complete the proposed ELCC Capital project; and * States that the provider has a commitment for the continued use of the space for a minimum of 3 years following the completion of renovations   Please submit the required documents for each program site to EarlyYearsSystemDivision@peelregion.ca  Please specify "Request for Community Based Capital Funding" in the subject line. |

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| **PART F : SIGNATURE\*** | |
| Signature | Date |
| Signature | Date |

\*I/we have authority to bind the Agency.

**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.