



The information collected on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIPPA) and the Child Care BC Act (SBC 2001, c. 4) and will be used for the purpose of administering the Child Care Operating Funding Program. FOIPPA protects the personal information collected from unauthorized use and disclosure. Any questions about the collection, use or disclosure of this information should be directed to the Director, Child Care Programs and Services Branch PO Box 9965 Stn Prov Govt Victoria BC V8W 9R4 Phone: in Greater Victoria: 250 356-6501 Outside of Greater Victoria: Toll Free: 1 888 338-6622

ID Number (office use only) []

A. LICENSEE INFORMATION

LEGAL NAME OF LICENSEE (First, Middle, and Last) OR ORGANIZATION (As it appears in BC Corporate Registry)
LICENCE FACILITY NAME (As it appears on the Community Care and Assisted Living Act licence) NAME OF CARE PROVIDER (If different from Licensee)
LICENCEE MAILING ADDRESS (as it appears on the Community Care and Assisted Living Act licence) CITY/TOWN POSTAL CODE
LICENCEE STREET ADDRESS CITY/TOWN POSTAL CODE
FACILITY STREET ADDRESS CITY/TOWN POSTAL CODE
YEAR FACILITY BEGAN OPERATION (YYYY) BUSINESS E-MAIL BUSINESS PHONE () BUSINESS FAX ()

B. INFORMATION TO DETERMINE ELIGIBILITY

FACILITY LICENCE NUMBER EFFECTIVE DATE OF CURRENT LICENCE (YYYY MM DD) EXPIRY DATE OF LICENCE (if applicable) (YYYY MM DD)
Has this facility or you as a licensee ever received funding under the Child Care Operating Funding Program?
[] No [] Yes, as a licensee [] Yes, as facility: Facility Name _____

C. INFORMATION TO DETERMINE FUNDING AMOUNTS

Are there any months when your facility is closed for the entire month? [] Yes [] No
If YES, check the months your facility is closed:
[] JAN [] FEB [] MAR [] APR [] MAY [] JUN [] JUL [] AUG [] SEP [] OCT [] NOV [] DEC
Licence Type (choose one): [] Family Child Care [] In-Home Multi-Age Child Care [] Multi-Age Child Care
Facility hours of operation: Time From: _____ To: _____
Maximum number of days per week you provide child care Maximum number of weeks per year you provide child care
Maximum number of child care spaces you offer: Note: DO NOT include any children living in your home, under the age of 12. Maximum licensed capacity (as indicated on your Community Care and Assisted Living Act Licence):
Do you regularly offer extended daily hours of child care (before 6 a.m., after 7 p.m., or overnight)? [] Yes [] No If YES, what is the maximum number of spaces you offer for extended hours of child care?
Maximum number of days per week you offer extended hours of child care? Maximum number of weeks per year you offer extended hours of child care?
Maximum number of hours per day you offer extended hours of child care: [] 4 hours or less a day [] more than 4 hours a day

D. LICENSEE DECLARATION

I hereby confirm that the information I have provided in this application is complete and accurate. I certify that I have read and understand the following requirements:

- Each facility must be licensed under the *Community Care and Assisted Living Act*;
- Each facility must be in compliance with the *Community Care and Assisted Living Act* and Child Care Licensing Regulation;
- Each facility must be willing to provide services to families who receive Child Care Subsidy;
- The organization must be in good standing with BC Corporate Registry (if a nonprofit society or a registered company); and
- The licensee must be in good standing with the Ministry of Children and Family Development (that is, the Licensee must either have no outstanding balances owing to the Ministry OR the Licensee must have established payment plans for outstanding balances and these must be in good standing).

Intentionally supplying information that is false or misleading with respect to a material fact in order to obtain a child care grant may lead to action being taken under Section 9 of the *Child Care BC Act*. If you are convicted of an offence under section 9, a court may order you imprisoned for up to six months, fine you not more than \$2,000.00, or order you to pay the government all or part of any amount received under the child care grant.

I, the licensee, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief. By clicking this check-box, I indicate that I agree to the foregoing terms and conditions.

COMPLETED BY (PRINT NAME)

SIGNATURE

COMPLETED DATE (YYYY-MMM-DD)

Important: If the application is incomplete or the required documentation is missing, the application review process will be delayed and your application will be found ineligible. A complete application is not a guarantee of funding.

Return completed application form and **a copy of your current *Community Care and Assisted Living Act* Licence for each facility** to:

Mailing Address:

Child Care Operating Funding Program
Child Care Programs and Services Branch
Ministry of Children and Family Development
Po Box 9965 Stn Prov Govt
Victoria BC V8W 9R4

Please contact the Child Care Operating Funding Program if you have any questions:

- In Greater Victoria 250 356-6501
- Outside Greater Victoria toll free 1 888 338-6622
- Fax number: 250 953-3327
- Website: www.gov.bc.ca/childcareoperatingfunding