



The information collected on this form is collected under the authority of the Child Care BC Act. (SBC 2001, c. 4) and will be used for the purpose of administering the Child Care Capital Funding Program.

Supporting documentation must be attached in accordance with funding application criteria.

A. APPLICANT INFORMATION

Form section A: APPLICANT INFORMATION. Includes fields for LEGAL NAME OF ORGANIZATION, CHILD CARE CENTRE NAME, ORGANIZATION MAILING ADDRESS, CHILD CARE CENTRE ADDRESS, CITY, POSTAL CODE, Type of Organization (checkboxes), SOCIETY NUMBER, DATE CENTRE OPENED, LICENSED CAPACITY, CONTACT PERSON NAME, POSITION OF CONTACT PERSON, PHONE NUMBER, FAX NUMBER, EMAIL ADDRESS.

B. FUNDING REQUEST INFORMATION

Form section B: FUNDING REQUEST INFORMATION. Includes fields for Funds to be used for (checkboxes: Emergency Repair, Emergency Replacement, Relocation), AMOUNT REQUESTED (\$), ITEMS REQUESTED, PLANNED COMPLETION DATE(S).

C. CERTIFICATION BY APPLICANT AND AGREEMENT

Form section C: CERTIFICATION BY APPLICANT AND AGREEMENT. Includes a list of 6 conditions, a certification statement: 'On behalf of the sponsoring organization I, the undersigned, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief. By signing below, I agree to the foregoing terms and conditions.', and signature/position/date fields.

Please refer to page 2 of this form for the Required Documentation Checklist and mailing information.

**CHILD CARE CAPITAL FUNDING PROGRAM
MINOR CAPITAL FUNDING FOR EMERGENCY REPAIR, REPLACEMENT AND RELOCATION
REQUIRED DOCUMENTATION CHECKLIST**

If any of the information listed below is missing or incomplete, the application will not be considered until all information is received. Completed applications are reviewed in date order received.

A signed application is not a guarantee of funding.

- An inspection report or letter from the Health Region Licensing Officer confirming that repairs, relocation, and/or replacement of furnishings and equipment are necessary to meet licensing requirements;
- A copy of the current valid Community Care Facility Licence; and
- A written estimate for each requested item.

Please mail your funding application to:

CHILD CARE CAPITAL FUNDING PROGRAM ADMINISTRATOR
CHILD CARE PROGRAMS AND SERVICES BRANCH
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
PO BOX 9965 STN PROV GOVT
VICTORIA BC V8W 9R4

If you have any questions, please call the Child Care Call Centre
In Greater Victoria 250-356-6501 or toll free 1-888-338-6622
Website: <http://www.mcf.gov.bc.ca/childcare/>

Please refer to page 2 of this form for the Required Documentation Checklist and mailing information.