



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

A. ORGANIZATION INFORMATION

ID Number (office use only) [ ]

LEGAL NAME OF LICENSEE (First, Middle, and Last) OR ORGANIZATION (As it appears in BC Corporate Registry)
LICENSEE MAILING ADDRESS (as it appears on the Community Care and Assisted Living Act licence) CITY/TOWN POSTAL CODE
LICENSEE STREET ADDRESS CITY/TOWN POSTAL CODE
ORGANIZATION CONTACT NAME POSITION BUSINESS PHONE ( ) BUSINESS FAX ( )
ORGANIZATION BUSINESS E-MAIL INCORPORATION NUMBER (as it appears in BC Corporate Registry)
TYPE OF ORGANIZATION: [ ] Non-Profit Society [ ] Public Institution (college/university) [ ] Registered Company [ ] Local Government [ ] First Nations Government [ ] Sole Proprietorship or Partnership

B. FACILITY INFORMATION

LICENCE FACILITY NAME (as it appears on the Community Care and Assisted Living Act licence) YEAR FACILITY BEGAN OPERATION (YYYY)
FACILITY STREET ADDRESS CITY/TOWN POSTAL CODE
FACILITY CONTACT NAME POSITION BUSINESS PHONE ( )
ORGANIZATION FACILITY EMAIL 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

Maximum number of days per week you provide child care
Maximum number of weeks per year you provide child care
Is the facility located on school property? [ ] Yes [ ] No
Facility hours of operation: Time From: \_\_\_\_\_ To: \_\_\_\_\_
Are there months when ALL of the programs at this facility are closed for the entire month? [ ] Yes [ ] No
If YES, check all applicable months [ ] JAN [ ] FEB [ ] MAR [ ] APR [ ] MAY [ ] JUN [ ] JUL [ ] AUG [ ] SEP [ ] OCT [ ] NOV [ ] DEC

Complete the licence information table below using your Community Care and Assisted Living Act Licence.

Table with 3 columns: Type of Service, Maximum Number, and details for Preschool and Group Child Care (School Age) sessions.

**C. INFORMATION TO DETERMINE FUNDING AMOUNTS (continued)**

Do you <b>regularly offer</b> extended hours of child care ( <b>before 6 a.m., after 7 p.m. or overnight</b> )? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If YES to Extended Hours:</b> What is the maximum number of <b>days per week</b> you offer extended hours of child care?		
		What is the maximum number of <b>weeks per year</b> you offer extended hours of child care?
Write the maximum <b>number of spaces</b> you offer extended hours of child care for each type of service.		
Type of Service	<b>4 hours or less</b> extended child care	<b>More than 4 hours</b> extended child care
Group Child Care (Under 36 Months)		
Group Child Care (30 Months to School Age)		
Group Child Care (School Age)		
Multi-Age Child Care		

**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)
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**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](http://www.gov.bc.ca/childcareoperatingfunding)