

The information contained on this form collected under the authority of the Child Care BC Act (SBC 2001, c. 4) and will be used for the purpose of administering the ChildCareBC New Spaces Fund program. Any questions about the collection, use or disclosure of this information should be directed to the Child Care Capital and Community Services Branch, PO Box 9788 STN PROV GOVT, Victoria BC, V8W 9S5. Telephone: 1 888-338-6622 (option 5), Email: CCCF@gov.bc.ca

Project Information

Quarterly Report for:			
<input type="checkbox"/> Q1 (April 1 – June 30)	<input type="checkbox"/> Q2 (July 1 to September 30)	<input type="checkbox"/> Q3 (October 1 – December 31)	<input type="checkbox"/> Q4 (January 1 – March 31)
Project ID:			
Organization Name:		Child Care Centre Name:	
If not directly operating the child care facility, have you recently secured an Authorized Operator?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information previously provided	
If yes, what type of Authorized Operator has been selected? <i>Note: Please also submit a copy of your executed lease agreement</i>		<input type="checkbox"/> Public/Not-For-Profit <input type="checkbox"/> For-Profit Organization	
Name of Authorized Operator:			
If you are proposing to partner with a For-Profit operator, please provide a justification (i.e. evidence of attempts to partner with a Not-For-Profit, and specific rationale as to why a Not-For-Profit was not selected):			
<small><i>Please note that approval of partnership with a For-Profit operator is at the discretion of the Ministry and will only be considered in extenuating circumstances. Should you have further questions regarding eligibility, please contact the Ministry directly.</i></small>			
Total New Spaces Funding Amount approved (\$):		Percentage of total Funding Amount spent (%):	
Since submitting your Application, have you received any additional sources of funding? (In the case of a larger build, this means funding in relation to the child care portion of the build)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information previously provided			
If yes, what was the amount of funding received, and from whom?			

Project Schedule

Please complete the project schedule template below

Activity	Start Date	Completion Date
Project Start Date		
Project Design		
Construction, including Site Development		
Lockup (installation of doors and windows and building can be effectively secured) <i>For Major Capital Grants (ground-up construction, exterior major renovations, or installation of modular buildings <u>only</u>)</i>		
Electrical		
Plumbing		
Interior Finishing		
Equipment		
Furnishings		
Licensing		
Opening Date		
Others (please specify)		
Project Completion		

Extension Request

An extension request is required for any report that indicates a Project Completion Date or Licensing Date later than previously reported in the application for funding, previously listed in an updated project schedule at the time of approval, or previously approved in a Quarterly Report. For all extension requests please provide reasons as to why your project has experienced schedule delays.

Please provide details outlining the extenuating circumstances around your Project Completion date or Licensing date extension request:

Note: Once your request has been reviewed, the Ministry will provide confirmation whether your extension request has been approved

Extension Request – Financial Reconciliation Report

An extension request is required should your organization be unable to submit the required Financial Reconciliation Report within 60 days after the project completion date.

Please provide details outlining the extenuating circumstances for your Financial Reconciliation Report extension request:

Note: Once your request has been reviewed, the Ministry will provide confirmation whether your extension request has been approved

Report Completed By: (Project Contact or Authorized Signing Authority Name):	Signature:	Date:
---	------------	-------