



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 for Emergency Repair, Emergency Replacement, Relocation), AMOUNT REQUESTED (\$), Items Requested, PLANNED COMPLETION DATE(S).

C. CERTIFICATION BY APPLICANT AND AGREEMENT

1. The organization must be licensed by and be in compliance with the Community Care and Assisted Living Act and the Child Care Licensing Regulation.
2. The funding requested must be of an emergency nature in order to meet licensing requirements and the organization must not have the financial resources to meet the requirements, without financial assistance from the Province.
3. Any projects completed or items acquired prior to approval of funding application are NOT eligible, unless deemed an emergency by Community Care Licensing and the Ministry of Children and Family Development Child Care Programs and Services.
4. The organization must be in good standing with the BC Corporate Registry (if applicable).
5. The organization must be in good standing with the Ministry of Children and Family Development (that is, the organization must either have no outstanding balances owing to the Ministry OR the organization must have established payment plans for outstanding balances and must be in good standing regarding the payments under those plans).
6. All funding provided as a result of this application must be applied only to the emergency repairs, equipment and furnishings replacement, or relocation, detailed in the application documentation. Any funds not so applied will be repayable by the organization as a debt owed to the Province.
7. The organization must complete a reconciliation form listing approved items, along with supporting proof of payment documents and return to the Province within 60 days of receipt of funds.
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 also agree to the foregoing terms and conditions.

Form section C: CERTIFICATION BY APPLICANT AND AGREEMENT. Includes fields for SIGNATURE OF AUTHORIZED SIGNING AUTHORITY, NAME OF AUTHORIZED SIGNING AUTHORITY (Please print), POSITION, DATE SIGNED (yyyy/mm/dd).

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.

- A Facility Inspection Report or an Incident Report from the Health Authority Child Care Licensing Officer confirming that the repairs and/or replacement of equipment and furnishings are necessary to meeting licensing requirement; or
- A Facility Inspection Report from the Health Authority Child Care Licensing Officer confirming the relocation of the facility and that the funding request is to assist in meeting licensing requirements at the new location; and
- 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 9788 STN PROV GOVT
VICTORIA BC V8W 9S5

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/>