



SPECIAL NEEDS GRANT APPLICATION

Personal Information on this form is collected under the Special Needs Funding Policy and will be used for the purpose of determining the level of support and compiling statistics. If you

have any questions about this collection of personal information, you may contact Doreen Gillis, Director of Early Years, 902-368-4733.

Applications for Special Needs Grants must provide information according to the following outline. Please complete all sections of this application. (Please submit current staff policies if not done so previously.)

PART A: CENTRE INFORMATION

Name of Centre:	License #
Name of Supervisor or Contact Person:	Telephone:
Mailing Address:	Email address:

PART B: CENTRE STAFFING AND ENROLLMENT

	Average Number of Children per Category	Average Child/Staff Ratio – Program Staff
Infants		
Toddlers		
Threes & Fours		
School Age		

PART C: CHILDREN

Name of Child:	
Date of Birth (YY/MM/DD):	Diagnosis (if applicable)

PART C: CHILDREN (CONTINUED)

Start date at centre:	Days Enrolled: Hours of Attendance:
Parents Name(s):	Telephone: Mailing Address:
Brief history/Description of Child's Strengths and Challenges:	
Detailed Summary of why funding is required:	
Date of Case Conference and who attended (N/A for first time applicants):	
List measurable goals-based on 6 month period:	
Name of professional(s) & their job title of others working with this child:	
Attaching Relevant Reports <input type="checkbox"/> Yes - _____ (Name the Report) <input type="checkbox"/> No	

If you are applying on behalf of multiple children, please fill out page 3 and attach for each additional child.

Name of Child:	
Date of Birth (YY/MM/DD):	Diagnosis (if applicable):
Start date at centre:	Days Enrolled: Hours of Attendance:
Parents Name(s):	Telephone: Mailing Address:
Brief history/Description of Child's Strengths and Challenges:	
Detailed Summary of why funding is required:	
Date of Case Conference and who attended (N/A for first time applicants):	
List measurable goals-based on a 6 month period:	
Name of professional(s) & their job title of others working with this child:	
<p>Attaching Relevant Reports</p> <p><input type="checkbox"/> Yes - _____ (Name the Report)</p> <p><input type="checkbox"/> No</p>	

PART D: FUNDING

Number of Staff positions requested: _____

Hours per week per Person (fill out the Table below).

If you are requesting funding for more than one staff person, please put all proposed staff on the same table.

Name of Child(ren)	Name of SNA	Requested # Hours Per Week	Schedule (Days & Times)
	Position: 1		
	Position: 2		
	Position 3:		
	Position 4:		
	Position 5:		
	Position 6:		
	Position 7:		

The Special Needs Grant provides a maximum of \$14.75 per hour for uncertified staff (\$15.00 per hour October 1, 2023) and pays an hourly wage to all certified Special Needs Assistants based on the provincial wage grid for Special Needs Assistants for infants to preschool children. Mandatory Employer related costs will be calculated at 12.59% and included in funding to contribute to employer's share of Canada Pension Plan, Employment Insurance, Workers Compensation and Vacation Pay.

Section 4: DECLARATION

Declaration	
I have applied for Special Needs funding for _____ (name of centre) and I declare that all information given on this application is true, correct and to the best of my knowledge.	
Signature:	Date:

Send completed application: Yvette Winchester
 Email: ymwinchester@gov.pe.ca
 Fax: 902-438-4874

For Office Use Only	
Date Application Received:	
Approved ____ Yes ____ No	
List Name of Child, Number of Approved Hours and Effective Date:	
Staff Signature:	
Date:	