

Family Home Centre Capital Grant Application Form

Instructions: Complete the form by filling in the spaces provided. Print clearly if completing the form by hand. Additional sheets may be attached to the application if more space is required. Remember to include all additional information requested.

Center Profile

A. Applicant Information

| | | | | | |
|------------------------------|--|-----|--|-------|--|
| Name of Centre | | | | | |
| License Number | | | | | |
| Physical Address of Facility | | | | | |
| Mailing Address | | | | | |
| Contact | | | | Title | |
| Phone | | Fax | | Email | |

B. Grant Application

| | | |
|--|---|--------------------------|
| <i>Please check appropriate boxes for grants to which you are applying</i> | | |
| Capital Grants | Capital Improvements | <input type="checkbox"/> |
| | Infant Programming Equipment | <input type="checkbox"/> |
| | Family Home Centre Program Improvements | <input type="checkbox"/> |

C. Program Information

| | Spaces Approved on License | Current Enrollment | |
|---------------------------------|----------------------------|--------------------|-----------|
| | | Part Time | Full Time |
| Infant (0-22 mos) | | | |
| Toddler (22-36 mos) | | | |
| Preschool (36 mos - school age) | | | |

Application

1. Project Overview

Provide a brief summary of and be clear to identify how the proposed funding will support the licensing of the centre. Provide information for each stream of funding to which you are applying.

2. Summary of Licensed Spaces

| # Infant Spaces | Enrollment | |
|-----------------|------------|-----------|
| | Part Time | Full Time |
| | | |
| | | |

| # Pre-school Spaces (22mos to school age) | Current Enrollment | |
|--|--------------------|-----------|
| | Part Time | Full Time |
| | | |
| | | |

3. Capital Improvements

a. **Budget.** Provide a budget estimate of the proposed capital improvements

| Item | Description | Estimated Cost |
|---|-------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Estimated Cost | | |
| Total Capital Improvement Grant Requested (Maximum \$15,000) | | |

4. Infant Programming Equipment

Budget. Provide a budget estimate of the proposed new items required.

| Item | Description | Estimated Cost |
|---|-------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Estimated Cost | | |
| Total Infant Programming Grant Requested (Maximum \$5,000) | | |

5. Family Home Centre Program Improvement

Budget. Provide a budget estimate of the proposed new items required.

| Item | Description | Estimated Cost |
|---|-------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Estimated Cost | | |
| Total Family Home Centre Programming Grant Requested (Maximum \$5,000) | | |

6. Additional Information

Provide any additional information which may support your application.

Authorization

Applicant (Print Name) **Title**

Organization

Signature **Date**

Important Information

Deadline 4:00 PM AST, January 25, 2019

Submission Completed forms may be dropped, mailed, emailed or faxed to:

Family Home Centre Capital Grants

c/o Melissa Raynor

Department of Education, Early Learning and Culture

250 Water St., Suite 101. Summerside, PEI C1N 1B6

Email: mraynor@edu.pe.ca

Fax: 902 438-4874

Forms & Info www.princeedwardisland.ca/familyhomecentre

Questions Contact Janice Pettit at jspettit@gov.pe.ca or by phone at 902-368-6337

PRIVACY STATEMENT: Personal information on this form is collected under Section 31(c) of Prince Edward Island's Freedom of Information and Protection of Privacy Act and will be used to determine and verify, in conjunction with other supporting documents, certified child care staff's eligibility for the Certified Child Care Staff Wage Enhancement, as well as statistical information. If you have any questions about this collection of personal information you may contact Carolyn Simpson, Director, Early Childhood Development at 902-438-4854.