

Outline for Special Needs Grant Application

Applications for Special Needs Grants must provide information according to the following outline. Please make sure that each page of your proposal is numbered, and that the name of your centre is on each page.

1. CENTRE INFORMATION

- Name of centre
- Telephone
- e-mail address
- Mailing Address
- Name of supervisor or contact person for Special Needs Program
- Total number of staff, including those presently funded through the Special Needs Program
- Average daily enrollment of all children in centre

2. CHILDREN

Please provide the following information for each child for whom you are requesting support:

- Name of child
- Date of Birth
- Parents' names, telephone, mailing address
- Date of entry to centre
- Days and hours per week child will be attending (use attached **Table 1** - put all children on the same table - you can use arrows or initials to avoid too much writing)
- Brief history/description of child's strengths and challenges, a detailed summary of why funding is required, and the names of any other professionals who may be working with the child, or relevant reports
- Measurable goals for each child - based on a six month period

3. FUNDING

- Number of staff positions requested
- Hours per week per person (use attached **Table 2** - if you are requesting funding for more than one staff person, please put all proposed staff on the same table)

The Special Needs Grant is able to provide a maximum of \$13.25 per hour toward salary expenses for additional program staff. This amount does not include (12.59%) to cover employer's share of Canada Pension, Employment Insurance, Worker's Compensation and Vacation Pay.

Applications for Special Needs Grants should be submitted well in advance of the proposed start date. Please be certain that your application includes:

- **Information contained in Outline (items 1-3)**
- **Tables 1 and 2**
- **Funding Proposal**
- **Copy of personnel policies for your centre, including average salaries of your staff**
- **Completed Contract, with all required signatures**

DEPARTMENT OF EDUCATION AND LIFELONG LEARNING

SPECIAL NEEDS GRANT APPLICATION

On behalf of the _____ (centre name), I am submitting this application for Special Needs Grant to provide an individualized program for _____ (child [ren's] names).

Please note: Personal information on this form is collected under the Special Needs Funding Policy and will be used for the purpose of determining level of support and compiling statistics. If you have any questions about this collection of personal information, you may contact Early Childhood Services, 902-368-6513. If you have any concerns about freedom of information and protection of privacy in general contact the Access and Privacy Services Office, at 902-569-7590.

I have enclosed:

- _____ application outline (items 1 - 4)
- _____ funding proposal form
- _____ check if current policies have already been submitted
- _____ Table 1 and Table 2
- _____ centre's personnel policies

I acknowledge that I have read the Special Needs Grant Funding Guidelines of the Department of Education and Lifelong Learning and that I understand how these guidelines apply to my centre.

Signed: _____

Position: _____

Date: _____

Witness: _____

Date: _____

TABLE 1: CHILDREN NEEDING SUPPORT

Please indicate, in each box, the names of children who will be in attendance.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					

TABLE 2: STAFFING SCHEDULE

Please indicate staffing schedules and staff names for those positions for which you are requesting funding.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					

FUNDING PROPOSAL

APRIL - JUNE, 2020

Hourly wage _____ x # hours per day _____ x # days for this quarter _____ = _____
Vacation Pay, Employer's share of CPP, EI and Worker's Compensation (for the quarter)
12.59% = _____
TOTAL AMOUNT REQUESTED = _____

JULY - AUGUST, 2020

Hourly wage _____ x # hours per day _____ x # days for this quarter _____ = _____
Vacation Pay, Employer's share of CPP, EI and Worker's Compensation (for the quarter)
12.59% = _____
TOTAL AMOUNT REQUESTED = _____

SEPTEMBER - DECEMBER, 2020

Hourly wage _____ x # hours per day _____ x # days for this quarter _____ = _____
Vacation Pay, Employer's share of CPP, EI and Worker's Compensation (for the quarter)
12.59% = _____
TOTAL AMOUNT REQUESTED = _____

JANUARY - MARCH, 2021

Hourly wage _____ x # hours per day _____ x # days for this quarter _____ = _____
Vacation Pay, Employer's share of CPP, EI and Worker's Compensation (for the quarter)
12.59% = _____
TOTAL AMOUNT REQUESTED = _____

Proposed start date: _____

Proposed end date: _____

NAME OF CENTRE _____

Contact person _____ Phone number _____