

## Major Renovation 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

Date					
Name of Program or Organization					
License Number					
Physical Address of Facility					
Mailing Address					
Contact				Title	
Phone		Fax		Email	

#### B. Applicant Profile

<i>Please Check Appropriate Boxes</i>		
Early Childhood Centre Type	Early Years Centre	
	Pre-school Centre	
Other (Identify Type)		

#### C. Program Information

	Spaces Approved on License	Current Enrollment	
		Part Time	Full Time
Infant (0-22 mos)			
Toddler (22-36 mos)			
Pre-school (37 mos - school entry)			

# Application

## 1. Summary of Proposed New Spaces

# Infant Spaces Approved on License	Current Enrollment		# on Wait List	# Proposed New Infant Spaces	Total # Infant Spaces (Current +New)
	Part Time	Full Time			

# pre-school (22mos to school age) Spaces Approved on License	Current Enrollment		# on Wait List	# Proposed New Pre-school Spaces	Total # of Pre-school Spaces (Current +New)
	Part Time	Full Time			

## 2. Project Overview

- a. Provide a brief summary of this project and be clear to identify how the proposed investment will support the increase of early learning and child care spaces, including alternate hours spaces.

## 3. Capital Improvements

- a. **Summary.** Provide a brief summary of capital improvements. Capital improvements may include expansion, renovation or modification of indoor / outdoor environment to accommodate additional early learning and child care spaces.

- b. **Floor Plans.** Provide 1) a current floor plan for your Center, and if space changes are proposed, 2) a floor plan depicting the proposed changes. Include things like: kitchen space; office space, staff room, and learning centers, as well as windows, doors, sleep areas, kitchen areas, bathrooms and access to outdoors.

## 4. Capital Equipment

- a. **Rationale.** Provide a brief summary of new capital equipment required and how that equipment will allow your centre to expand early learning and child care spaces.

b. **Budget.** Provide a budget estimate of the proposal

Item	Description	Estimated Cost
Total Estimated Cost (Including Taxes, Shipping, etc.)		
<b>Total Request</b>		

C. **Supporting documents.** Provide supporting documentation, such as a written estimate of proposed capital improvements and or equipment from a qualified contractor and or vendor or proof of payment for capital improvements started after April 1, 2018.

**5. Additional Information**

Provide any additional information which may support your application.

## Authorization

---

**Applicant (Print Name)**

**Title**

---

**Organization**

---

**Signature**

**Date**

### Important Information

**Deadline** February 25, 2019 @ 4:00 p.m. (AST).

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

**Expanded Early Learning and Childcare Access Program**

c/o Jerri-Lynn Mann

Department of Education, Early Learning and Culture

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

Email: [jlmann@edu.pe.ca](mailto:jlmann@edu.pe.ca)

Fax: 902 438-4874

**Forms & Info** <https://www.princeedwardisland.ca/en/service/early-childhood-centre-major-expansion-capital-grant>

**Questions** Contact Garth Waite at [glwaite@gov.pe.ca](mailto:glwaite@gov.pe.ca) or by phone at 902-438-4880

**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.

**For office use only**

Date application was received:

---

Date of Site Visit

---

Comments:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Recommend Approval

Do Not Recommend Approval

---

Authorization

---

Date