# Childcare Facility Funding Application

Childcare

Licensed Childcare Facilities can apply for funding to cover the costs of Basic Operations & Maintenance, Inuit staff incentive and Attendance Base for a year.

## CHILDCARE FACILITY INFORMATION

Contact Person: ____________________

Name of Childcare Facility: ____________________

Street Address and PO Box: ____________________

Community: ____________________

Postal Code: ____________________

Facility Phone Number: ____________________

Facility Email Address: ____________________

## ELIGIBILITY AND FUNDING LEVELS

We wish to apply to Kakivak Association to receive funding under Kakivak's Childcare Policy for the period of

### A) These are the fees that parents are charged by the Facility for childcare services:

| | NUMBER OF LICENSED SPACES | DAILY FULL TIME RATE |
|---|---|---|
| Infant (0-2 years old): | | $ |
| Toddler (3-5 years old): | | $ |
| After school (6-12 years old): | | $ |

### B) Childcare Facility Hours of Operation for the year:

| OPERATING SCHEDULE | EXAMPLE | YOUR CHILDCARE FACILITY |
|---|---|---|
| Days of the Week | Monday to Friday | |
| Hours of Operation | 9 am to 5 pm | |
| Weeks of Operation between April 1 & March 31 | April 1 – June 30 | |
| | July 1 – September 30 | |
| | October 1 – December 31 | |
| | January 1- March 31 | |

*Please Note: All quarterly reports must be signed by the Manager, Administrator or a member of the Board. All Societies / Boards must be majority Inuit directed.*

## C) Names of the Officers and Manager of the Childcare Facility

| TITLE | NAME |
|---|---|
| Chair | |
| Vice Chair | |
| Treasurer | |
| Manager/Administrator | |

### Have you attached the following?

☐ License
☐ Insurance policy
☐ Board list contact information

If not, explain why?

### What are you applying for? *(check all that applies)*

☐ Basic O&M
☐ Inuit Staff Incentive
☐Attendance Base (A/S)

## DECLARATION

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Dated at ____________________ on ____________________ ,
(Community) (Date)

____________________ ____________________
(Authorized Signing Officer) (Position)

____________________ ____________________
(Authorized Signing Officer) (Position)

## KAKIVAK USE ONLY

Contract Number: Date Received *(dd/mm/yy)*: