Family Child Care Home Start-Up Grant Application

Child Care Home Information	
Licensee Name	
Address	
City/Town	Postal Code
Phone Number	Email Address

Check (✓) the box that applies to your family child care home.

I am applying to receive the Start-Up grant in the following amount:

- ☐ Family Child Care Home - Maximum **$3,525**
- ☐ Teen Student Support Home – Maximum **$3,525**
- ☐ Group Family Child Care Home - Maximum **$3,725**
- ☐ Conversion to Group Family Child Care Home - Maximum **$400**
- ☐ Northern Family Child Care Home - Maximum **$3,975**
- ☐ Northern Teen Student Support Home - Maximum **$3,975**
- ☐ Northern Group Family Child Care Home – Maximum **$4,225**

Proposed Expenditures – Equipment and Program (minimum 50%) – Estimated cost includes taxes			
Item Description	**Estimated Cost**	**Item Description**	**Estimated Cost**
		Sub-Total (including taxes):	$0.00

Proposed Expenditures – Fire, Health and Safety (maximum 50%) – Estimated cost includes taxes Note: This section is used only for Fire, Health and Safety expenditures over and above $2,400			
Item Description	**Estimated Cost**	**Item Description**	**Estimated Cost**
Sub-Total (including taxes):			
Sub-Total %			0.00%

Total Proposed Expenditures (including taxes) **$**_____

I am applying to receive the Start-Up Grant for the above family child care home, and I agree to the following:

- ☐ I will use this grant according to its intended purpose to support the licensing of my family child care home.
- ☐ I will retain all receipts of the Start-Up Grant purchases and will provide these receipts to my ELCC Consultant upon request.
- ☐ I have attached written estimates for any Fire, Health and Safety items.
- ☐ I understand that if the Start-Up Grant is not spent on approved items, funds may be recorded as an overpayment and either recovered from future grants or subject to repayment to the Minister of Finance.
- ☐ I decline all or a portion of the Start-Up Grant: $_____.

I hereby make application for the above grant as indicated.

_____ _____

Signature of Licensee Date

EY 06/2024