Childcare Facility Funding Application

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)*: