

**Family/Group Child Care Home
Operating Grant Application
April 1, 2019 to March 31, 2020**

Family Services
Manitoba Early Learning and Child Care
210 – 114 Garry Street
Winnipeg MB R3C 4V6
Phone: (204) 945-0776
Fax: (204) 948-2625
Toll Free: 1-888-213-4754
Website: www.manitoba.ca/childcare



Please print clearly or type

Grant Period: _____ to _____

Facility Information:

Facility ID number: _____

Facility Legal Name /Facility "Operating As" Name :

Please select only one:

☐ I am **not** applying for the operating grant for this fiscal year.

Or

☐ I will be open to provide care for 12 months in this fiscal year and would like to receive the grant for the full year of April to March of the following year.

Or

☐ I will be open to provide care for the following months _____ to _____ and am applying for the grant for these months only.

Comments: *(please give us any information that may affect your eligibility or the calculations for grant monies in the upcoming fiscal year, i.e. anticipated space changes, months closed, closure for an extended period of time...etc.)*

Please submit this form only once per year. Please contact your Child Care Co-ordinator, if you want to make changes during the year that may affect your grant, such as requests:

- To change your funded spaces;
- To apply for extended hour care funding ;
- To stop your funding during the year;
- To change the months your facility will be open;
- To temporarily or permanently close your facility prior to the end of the fiscal year.

Declaration

☐ I have read, understand and agree to the Funding Policies and Procedures for Family/Group Child Care and the Subsidy Program Orientation Policies and Procedures and understand that payment of grants and subsidy may be withheld if I do not comply with these policies.

Signature: _____