Inclusion Support Program Staffing Grant Application



A • Facility Information					B • Reason for Application	
Director / Provider					New Grant	
Centre	Facility number				Increase in Salary	
Address					Decrease in Salary Increase in Hours	
City				Decrease in Hours Other		
Code				Requested		
Phone Fax					effective date	
C • Staffing Grant Application is Made on Behalf of the Following Child(ren)						
Name		Name				
Name		Name				
D • Salary Information (Salary information or salary scale must be attached to this form)						
hours per day x hourly rate x days per 4 week billing period =					= _\$	
					= \$	
employer benefits						
Total per billing period \$						
If benefits exceed 15%, a breakdown of benefits must be attached to this form.						
E • Variation in Hours						
Spring Break	days (max 5 days) for hours/day		Summer Break	days (max 45 days) for hours/day		
Winter Break	days (max 10 days) for hours/day		In-service Days	days (max 10 days) for hours/day		
F • Authorization						
Director / Provider signature					Date	
Board chairperson /				Date		
member signature						
The staffing grant may be claimed by submitting the Staffing Grant Payment Form within two weeks of the end of each billing period. Changes involving the use of this grant should be immediately reported to your child care co-ordinator.						
G • Approval – For office use only						
G • Appr		nis grant should	d be immediate	ly repo	red to your crima care co-ordinator.	
Child Care	oval – For office use only	nis grant should	d be immediate		rate	
Child Care signature	oval – For office use only Co-ordinator	nis grant should	d be immediate	D	ate	
Child Care	oval – For office use only Co-ordinator	nis grant should	d be immediate	D		
Child Care signature	oval – For office use only Co-ordinator	nis grant should	d be immediate	D A E	pproved	
Child Care signature Comments	oval – For office use only Co-ordinator		d be immediate	D A E	pproved ffective Date	