

## Operational Support

Operational Support provides operational or financial assistance to licensed, provincially funded early learning and child care centres when they have demonstrated a need. It is temporary support based on an operational and financial review.

Once completed, email your application and supporting documentation to [ECDSGrants@novascotia.ca](mailto:ECDSGrants@novascotia.ca). You will be contacted within 2 business days to review your application and obtain additional information, if required. You will receive a decision within 4 weeks from the date of submission.

### 1 Operator Details

Select auspice:  Not-for-Profit Centre  Commercial Centre

Centre ID(s): \_\_\_\_\_

Organization name: \_\_\_\_\_

Organization phone number: \_\_\_\_\_

Organization email address: \_\_\_\_\_

Primary contact name: \_\_\_\_\_

Primary contact phone number: \_\_\_\_\_

Primary contact email address: \_\_\_\_\_

Select region:  Northern  Western  Eastern  Central

### 2 Operational Support Request Details:

Duration of need: Start (dd/mm/yyyy): \_\_\_\_\_ End (dd/mm/yyyy): \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Requested interval:  Monthly  Quarterly  One-Time Only

Why is assistance required?

How will financial assistance be used?

Please outline the actions/mitigations you will take, including timelines, to help alleviate operational and/or financial pressures.

### 3 Supporting Documents Identified and Attached

- 3 Years of Financial Statements (audited or equivalent)
- Interim Financial Statements (from fiscal year end to current month)
- Operating Hours by Program/Age Group
- Payroll Register for Full Staffing Complement (including position, rate of pay, ECE number, and ECE level/step on the wage scale)
- Other (if applicable)

\* **Please note:** additional documentation may be required to assess your request.

### 4 Submission

By submitting this application, I confirm the data included is accurate and I understand it may be subject to audit.

Signature: \_\_\_\_\_ Date: (dd/mm/yyyy): \_\_\_\_\_

Full Name (printed): \_\_\_\_\_ Position with Organization: \_\_\_\_\_

### Questions?

For general questions, contact your Early Childhood Development Consultant.

For specific questions about your application, email [ECDSGrants@novascotia.ca](mailto:ECDSGrants@novascotia.ca).