

#### **Education and Early Childhood Development**

## **Operational Support Grant Application**

The Operational Support Grant is intended to provide temporary financial support to licensed, provincially funded, early learning and child care centres that have demonstrated financial need related to child care operations.

This initiative is made possible through the Canada-Nova Scotia Canada-Wide Early Learning and Child Care Agreement.

**Application process:** Email your application and supporting documents to **ECDSGrants@novascotia.ca**. The Department of Education of Early Childhood Development (EECD) aims to respond within 3 weeks of receiving all requested information.

**Privacy notice:** The personal information collected for this application will only be used and accessed by authorized staff in accordance with the *Nova Scotia Freedom of Information and Protection of Privacy Act*. The information will be used to process your application and for planning/analysis. The information will not be disclosed to anyone else unless it is authorized or required by law.

# 1. Compliance with Funding Agreements and Licensing Requirements Is your organization compliant with both 2023-24 and 2024-25 funding agreements with EECD? ☐ **Yes**—proceed with application ■ **No**-contact <u>ECDSGrants@novascotia.ca</u> Is your organization compliant with licensing requirements? ☐ **Yes**—proceed with application ■ No-contact ECDSGrants@novascotia.ca 2. Child Care Centre Details Type of child care centre: \( \subseteq \text{Not-for-profit} \) ☐ Commercial Centre identification number(s):\_\_\_\_\_ Child care centre name: Phone number:\_\_\_\_\_ Email address: Primary contact name: Email address:

**Region:** ☐ Central ☐ Eastern ☐ Northern ☐ Western

3.	3. Operational Support: Amount and Frequency  ☐ Type A—one grant for \$10,000 or less				
	☐ <b>Type B</b> —Greater than \$10,000  TOTAL REQUESTED AMOUNT: \$				
	Type B—Indicate desired payment frequency:				
	☐ Monthly ☐ Quarterly ☐ Lump sum	☐ Other:			
	Start date (DD/MM/YYYY):	End Date (DD/MM/YYYY):			
4.	. Operational Support: Context				
	te: Please do not provide any personal or identifying inforrividuals. If additional space is needed, further details may				
a)	a) In a few sentences, provide an overview of the situation giving rise to your need for operational superfunding.				
b)	What specifically would the operational support grant be used for?				
c)	What will be the impact on your organization if this	grant is not awarded?			
d)	If this grant is awarded, what actions will be taken to	o raduce the chance similar financial support will be			
u)	needed in the future?	o reduce the chance similar financial support will be			

### **5. Required Supporting Documents to be Attached** (depending on Type A or B)

Is your request \$10,000 or less in total?

- **Yes**—complete Table 5.1 below
- **No**—complete Table 5.2 on the next page

#### Table 5.1

Type A Documents Required	Attached? Y/N	File Name(s)
a) Current Year Financial Statements (from the first day of the current fiscal year to the last day of the most recent complete month; these are usually generated from your internal accounting records)		
b) Previous Year Financial Statements		
<b>External statements:</b> If an external firm or accountant completes the annual financial statements, please provide all applicable documentation for the last fiscal year as follows:		
If an Audit: Auditor's Report, Balance     Sheet, Income Statement, Statement of     Cash Flows, Management Letter		
If a Review: Review Report, Balance     Sheet, Income Statement, Statement of     Cash Flows		
If a Notice to Reader/Compilation:     Balance Sheet, Income Statement,     Statement of Cash Flows		
Internal statements: If you do not engage an external firm to complete an audit, review, or notice to reader, please provide all of last year's financial statements as completed by your organization (Balance Sheet, Income Statement, etc.).		
c) Financial Analysis  Please attach a Microsoft Excel file that provides sufficient information for EECD to understand the financial need for the request of \$10,000 or less.		

If you are unclear on any of the above, *please do not forward your application*. First, contact <u>ECDSGrants@novascotia.ca</u> for further clarity.

Table 5.2

Type B Documents Required	Attached? Y/N	File Name
a) Current Year Financial Statements (from the first day of the current fiscal year to the last day of the most recent complete month; these are usually generated from your internal accounting records)		
b) Previous Year Financial Statements		
<b>External statements:</b> If an external firm or accountant completes the annual financial statements, please provide all applicable documentation for the last fiscal year as follows:		
If an Audit: Auditor's Report, Balance Sheet, Income Statement, Statement of Cash Flows, Management Letter		
If a Review: Review Report, Balance     Sheet, Income Statement, Statement of     Cash Flows		
If a Notice to Reader/Compilation:     Balance Sheet, Income Statement,     Statement of Cash Flows		
Internal statements: If you do not engage an external firm to complete an audit, review, or notice to reader, please provide all of last year's financial statements as completed by your organization (Balance Sheet, Income Statement, etc.).		
c) Payroll Register		
Most recent payroll register for full staffing compliment at the child care centre (including position, rate of pay, ECE number, and ECE wage scale level/step)		
d) Financial Analysis		
Please attach a Microsoft Excel file for the current operating year that clearly outlines revenues, expenses, and associated financial need. This may be a combination of actuals to date, and projections for the remaining of the fiscal year.		

If you are unclear on any of the above, *please do not forward your application*. First, contact <u>ECDSGrants@novascotia.ca</u> for further clarity.

#### For all operational support requests, please note:

- All required information must be provided, otherwise EECD will be unable to proceed with your application.
- Additional documentation may be required to assess your request.
- A member of EECD's Early Childhood Development Services team will contact you to discuss your application.

#### 6. Terms & Conditions

This grant is subject to the following terms and conditions:

- The applicant must maintain a license issued by the EECD under the *Early Learning and Child Care Act* and be compliant with the current 2024–25 Master Funding Agreement, AND have no outstanding issues related to 2023–24 funding agreement(s).
- The applicant must use the Operational Support Grant directly and solely for the items identified and approved in the Operational Support Grant Application, and/or specified in the written response from EECD.
- The Operational Support Grant may not be used for capital expenditures or debt repayment.
- If it is determined by EECD that the Operational Support Grant is not used in accordance with these terms and conditions, or if the licensee ceases operating, EECD may take steps to recover an amount equal to the payments that were not used in accordance with these terms and conditions, either from any future entitlements under provincial grant programs or through any other legal process available to EECD.
- The applicant declares that all information provided for this application is true and complete to the best of their knowledge. If any of the information provided is determined by EECD to be false or misleading, EECD may require repayment of all or part of the funding in the amount and within the time period as determined by EECD.
- The applicant understands that:
  - a) it is their responsibility to clearly demonstrate financial need and provide EECD with information deemed necessary to inform a decision on the grant award,
  - b) the grant award is at the discretion of EECD, and in consideration of EECD budget, and
  - c) acceptance of funds under the Operational Support Grant does not create an obligation for EECD to provide ongoing or future funding under this or other programs.

#### 7. Submission

By submitting this application, I/we, the undersigned, attest:

- I/we have the authority to sign on behalf of the organization,
- information and attachments included are true, accurate, and complete, and may be subject to audit or further verification,
- I/we have read, understood, and agree to be bound by the terms and conditions of this application, and
- I/we understand that acceptance of any funding from EECD indicates agreement with the terms and conditions of the grant and creation of a binding agreement with the Province of Nova Scotia.

Signature 1:	Date (DD/MM/YYYY):
Full name (printed):	
Position with child care centre:	
If applicable:	
Signature 2:	Date (DD/MM/YYYY):
Full name (printed):	
Position with child care centre:	

#### **Questions?**

For general guestions, contact your Early Childhood Development Consultant.

For specific questions about your application, email <a href="mailto:ECDSGrants@novascotia.ca">ECDSGrants@novascotia.ca</a>.