



## Application for O&M Top Funding & Program Contribution

<b>Please submit to the following Early Childhood Program Offices:</b>			
<b>Qikiqtani Region</b>	<b>Iqaluit</b>	<b>Kivalliq Region</b>	<b>Kitikmeot Region</b>
Fax: (867) 473-2695	Fax: (867) 979-2517	Fax: (867) 645-2127	Fax: (867) 983-4025
Ph: 1-833-930-3935	Ph: 1-833-930-3938	Ph: 1-833-930-3936	Ph: 1-833-930-3937
<a href="mailto:ECOQikiqtani@gov.nu.ca">ECOQikiqtani@gov.nu.ca</a>	<a href="mailto:ECOIqaluit@gov.nu.ca">ECOIqaluit@gov.nu.ca</a>	<a href="mailto:ECOKivalliq@gov.nu.ca">ECOKivalliq@gov.nu.ca</a>	<a href="mailto:ECOKitikmeot@gov.nu.ca">ECOKitikmeot@gov.nu.ca</a>

<b>Please attach the following with this application:</b>	
<input type="checkbox"/> Proof of non-profit status, and in good standing.	<input type="checkbox"/> List of Current Board Members and Parental Committee (if applicable)
<input type="checkbox"/> Financial Statement (signed by two Board of Directors) for the previous year's operation (if applicable)	

<b>Centre Information</b>				
<b>Name of Child Care Centre</b>			<b>E-mail</b>	
<b>Mailing Address</b>		<b>Community</b>	<b>Phone Number</b>	
<b>Main Contact</b>	<b>Number of Licensed Spaces</b>	<b>Infants</b>	<b>Preschool</b>	<b>Afterschool</b>

<b>Statistical Information (must be complete)</b>					
<b>1. What are your parental fees?</b>					
Full-time Infants		Full-time Preschool		Afterschool	
Part-time Infants		Part-time Preschool		Other (explain)	
<b>2. Are these fees (check one)      Daily <input type="checkbox"/>      Weekly <input type="checkbox"/>      Monthly <input type="checkbox"/></b>					
<b>3. How many children on your waitlist, ending March 31<sup>st</sup>?</b>					
Infant		Preschool		Afterschool	

<b>Applicant's Certification</b>		
I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.		
<b>Name (please print)</b>	<b>Signature</b>	<b>Date</b>