**APPLICATION WORKSHEET**

**EARLY CHILDHOOD EDUCATOR (ECE) WAGE SUBSIDY PROGRAM**

This worksheet is an optional tool for preparing your ECE Wage Subsidy application and/or collaborating with others involved in your application. This worksheet will not be accepted as your application to the ECE Wage Subsidy Program. You must apply using the [online application form](https://forms.ourtrust.org/ece-wage-subsidy-program/).

**If your organization operates more than one child care facility, complete one application per child care facility.**

**APPLICANT INFORMATION**

**Organization Information**

Organization/Business Legal Name

Organization/Business Operating Name (if different from above)

BC Registry Incorporation/Registration or Business Number

Organization type:

* Non-profit Society
* Public Institution (college/university/school district)
* Registered Company
* Local Government
* First Nation
* Sole Proprietor
* Partnership

Phone

Email

Website

What regional district does your organization reside in?

Organization Mailing Address

City Province Postal

Can your organization receive payment in the Organization Legal Name listed above? (Y/N)

*If No, please indicate to whom a cheque should be made payable.*

**Facility Information**

*If your organization operates more than one child care facility, complete one application per child care facility.*

Facility Name (as it appears on Community Care Facility License)

Facility License Number

*Upload a copy of your Community Care Facility License to the Supporting Documents section of the Application.*

Facility Address (if different from organization above)

City Province Postal

Facility Location

*You will be asked to select location(s) from a drop-down menu which represents all municipalities, regional district areas and First Nation communities in the Basin area. Identify the geographical location(s) that will benefit from this project.*

Year facility began operation

Is your facility unionized?

* Yes
* No

Is your facility a $10/ day site?

* Yes
* No

Are staff at your facility currently receiving a wage subsidy of at least $4/hour from a source other than the Trust?

* Yes
* No

*You must be receiving a wage subsidy of at least $4/hour from a source other than the Trust to be eligible.*

**Primary Employer Contact Information**

Contact Name Phone

Email

Total maximum licensed capacity (as per Community Care Facility License):

Enter maximum capacity per license type:

|  |  |  |
| --- | --- | --- |
| *Care Program* | *Total Capacity according to Community Care Facility License* | *Total maximum ECE requirement per Care Program:* |
| Group Child Care (under 36 months) |  |  |
| Group Child Care (30 months to school age) |  |  |
| Preschool (30 months to school age) |  |  |
| Multi-Age Child Care |  |  |
| In-Home Multi-Age Child Care |  |  |
| **Totals** |  |  |

Hours of operation (to/from)

Days your facility operates each week (choose all that apply)

* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Saturday
* Sunday

Number of weeks the facility operates per year

**WAGE SUBSIDY REQUEST AND CALCUATION**

*Ensure this calculation is reflective of your staffing needs for the calendar year in which you are applying (eg January 1, 2026 to December 31, 2026)*

**Current ECEs**

To calculate your requested one-year wage subsidy for January 1, (yyyy) – December 31, (yyyy), start by entering the requested information for each of your currently employed ECEs, which will auto-calculate their prospective subsidy.

**ECE 1**

Full-time or part-time position?

Hourly rate (before other wage enhancements):

# of hours per week \_\_\_\_ x # weeks/year \_\_\_\_ = Wage subsidy estimate: \_\_\_\_\_\_

ECE Certificate/Registration #:

ECE Certificate/Registration Expiry Date:

**ECE 2**

Full-time or part-time position?

Hourly rate (before other wage enhancements):

# of hours per week \_\_\_\_ x # weeks/year \_\_\_\_ = Wage subsidy estimate: \_\_\_\_\_\_

ECE Certificate/Registration #:

ECE Certificate/Registration Expiry Date:

**ECE 3**

Full-time or part-time position?

Hourly rate (before other wage enhancements):

# of hours per week \_\_\_\_ x # weeks/year \_\_\_\_ = Wage subsidy estimate: \_\_\_\_\_\_

ECE Certificate/Registration #:

ECE Certificate/Registration Expiry Date:

**add+**

**ECE Vacancies**

To calculate your requested subsidy for vacancies in which you expect to fill in (yyyy), enter the requested information for each of the prospective positions.

Are you planning to add more ECE positions to this facility or fill current vacancies in the year you are applying for? *This excludes ECEs you may hire to replace/address turnover of current ECEs listed above.*

* Yes
* No

If yes, choose the following option(s) indicating why you intend to add more ECEs:

* Currently operating under capacity
* Planning to add new child care spaces to this facility in this calendar year.
* Other (please explain)

If you indicated the facility is currently operating under capacity, what is the status of your recruitment process? (175 words max)

If you indicated you are planning to add new child care spaces, complete the table below:

|  |  |
| --- | --- |
| *Care Program* | *New Spaces to be Created* |
| Group Child Care (under 36 months) |  |
| Group Child Care (30 months to school age) |  |
| Preschool (30 months to school age) |  |
| Multi-Age Child Care |  |
| In-Home Multi-Age Child Care |  |
| **Totals** |  |

If you indicated you are planning to add new child care spaces, what is the status of your expansion plans and when do you expect to open the new spaces at this facility? (175 words max)

**ECE 1 Vacancy**

Full-time or part-time position? Choose from Dropdown.

Expected start date

Expected hourly rate:

# of hours per week \_\_\_\_ x # work weeks in (yyyy)\* \_\_\_\_ = Wage subsidy estimate: \_\_\_\_\_\_

\*Ensure *# work weeks in the year you are applying for* aligns with your expected start date.

**add+**

|  |
| --- |
| **Requested Wage Subsidy for January (yyyy) – December (yyyy)** |
| **Current ECEs** | *Auto-populate from above* |
| **ECE Vacancies** | *Auto-populate from above* |
| **Total Requested** | *Current ECEs + ECE Vacancies* |
| **Total Requested with MERCs** | *Total Requested x 19.56%* |

**Mandatory Employer Related Costs (MERCs)**

Approved applicants will also be subsidized for MERCs (EI, CPP, Vacation Pay, WorkSafe BC and Statutory Holiday Pay). The MERC subsidy will be calculated at 19.56% of the approved wage subsidy.

**WORKSAFEBC COVERAGE**

Do you have general commercial liability coverage?

Yes – Enter the amount of coverage (#s only, required if selected Yes) No

Do you have WorkSafeBC coverage? (WorkSafeBC is not required for sole proprietors that do not have employees.)

Yes – Enter the Account Number

No – I will obtain WorkSafeBC coverage prior to receiving the wage subsidy (if I have employees)

N/A – I do not have employees and do not require WorkSafeBC.

*Upload WorkSafeBC Clearance Letter as a supporting document (required if have coverage).*

**SUPPORTING DOCUMENTS**

**Upload the following documents:**

* your Community Care Facility License; and
* WorkSafeBC Clearance Letter (required if have coverage)

*Before uploading your supporting documents, ensure the file name is clear and identifies the content.*

**FINAL STEPS**

**Is there other relevant information you would like to add?**

What is the main, and first, way you heard about this program? [you may choose one]

* Trust Staff
* Trust Website
* Email or Our Trust monthly e-newsletter
* Newspaper article/story
* Newspaper advertisement
* Online advertisement
* Online news story
* Radio advertisement
* Word of mouth
* Social Media
* Other [blank text entry]

Would you like to receive email correspondence from the Trust?

* Yes [enter email address]
* No

Does your organization have social media accounts? *Share your account names and* *we can connect.*

* Facebook:
* Twitter:
* Instagram:
* Linked in:

How do you like to receive news and hear about updates from the Trust? [choose as many as applicable]

* Facebook
* Twitter
* LinkedIn
* BasinLink (email newsletter)
* website
* email from staff
* newsprint
* online news
* other – please list

**DECLARATION**

I am authorized to submit this application on behalf of the applicant organization and declare that:

a) I have read and understood the information in this application and the Early Childhood Educator Wage Subsidy Application Guide 2026.

b) The information I have provided in this application is true, accurate and complete in every respect.

I acknowledge that:

c) If any of the information described above is false or misleading, the applicant may be required to repay some or all the financial assistance that may be approved by the College of the Rockies.

d) The College of the Rockies, Columbia Basin Trust and its agents shall not be obligated in any manner to any applicant whatsoever and reserve the right to fund all or none of any application submitted.

e) By submitting this application, I hereby acknowledge that the College of the Rockies and Columbia Basin Trust may disclose this application, and the information contained herein—including but not limited to name, location and the amount and nature of any related funding—to the public, individuals or any other entity to the extent allowed by the Freedom of Information and Protection of Privacy Act (FOIPPA).

f) I further agree that the College of the Rockies and Columbia Basin Trust may proactively disclose to the public my name and location and the amount and nature of funding granted.

g) Any questions regarding such may be directed to: FOIPPA Inquiries, Senior Manager, Information Services, Columbia Basin Trust, 300–445 13 Avenue, Castlegar, BC, V1N 1G1, 1.800.505.8998.

I have read and agree to the declaration above. \*

I Agree

Date 

Applicant Name 

Applicant Title 