

2019 APPLICATION GUIDE – CHILD CARE EQUIPMENT

USING THE ONLINE APPLICATION FORM

The Trust's online application system allows you to apply to various programs offered by the Trust. You will need to create an account to access application forms, save drafts and submit completed forms. Visit ourtrust.org/applicationforms to be directed the online application system.

Here are some tips for using the system:

- When logged in you can only work on one draft application per program. You must submit an application before you can begin another application within that specific program. Submitted applications can be edited up until the deadline.
- Drafts and submissions can be viewed once you have logged in.
- To ensure that your edits are saved, click the **Save Draft** button at the bottom of each page often, especially before navigating away from the page.
- **DO NOT CLICK YOUR BROWSER'S BACK BUTTON**: your application form will not auto-save and you will lose your work. However, the application form will auto-save when you click the **Next** and **Previous** buttons to navigate between pages.



- Keep your entries precise and clear. It is important to note that space in some sections is limited. Space allotment is identified in each section.
- You have the option to use a worksheet to prepare your application entries and/or collaborate with others involved in your project. The worksheet is a Word document and will not be accepted as your application to the program. All of the questions you will be asked on the online application form are included on this worksheet.

COMPLETING THE APPLICATION FORM QUESTIONS

APPLICANT INFORMATION

Organization Legal Name

Enter the full legal name of your registered non-profit, public organization, municipality, regional district or Indigenous organization.

BC Registry Incorporation/Registration or Business Number (if applicable)

Registered non-profits and businesses must be in good standing with the BC Registry Services. Enter your number here.

Signing Authority Contact Information

If your application is successful, we will send a Contribution Agreement to this contact for signature.

Check if Signing Authority information is the same as Project Contact information.

Primary Contact Information

Identify the person who will be leading the project, or if they are not in place at this time, identify someone in your organization who can be contacted about your project either at the application stage or if your application is successful.

Organization Mandate

Briefly describe your organization's mandate.

Can your organization receive payment in the Organization Legal Name listed above?

Select Yes or No. If No, please indicate to whom a cheque should be made payable.

Did you receive support from the Trust's Child Care Advisor Program, delivered in partnership with the Child Care Resource and Referral programs in the Basin?

Using the drop-down option, indicate yes or no.

To access these services, please email childcareadvisor@cbt.org or call Kootenay Kids Society toll-free at 1-866-551-KIDS.

PROJECT DETAILS

Facility Name

List the operating name of your facility. This may be different from your Organization Legal Name listed above.

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.

Estimated Start Date & Completion Date

Tell us when the project will begin and end. The end date should be when you anticipate all expenses will be paid for and final reports are ready.

Grant funds cannot be allocated to any project expenses before you have received funding approval, so it is recommended that your start date is no earlier than September 1, 2019.

What issues or opportunities will be addressed? How were they identified? (150 words)

Describe the issues or opportunities that the project will address. How were they identified and who was involved in that identification?

Does your Project address an issue or concern that did or could potentially affect your Community Care Facility Licensing? Y/N

If you answered 'Yes' please describe the licensing issue/concern addressed. (150 words)

Upload a copy of your Community Care Facility License or Registered License Not required status.

For upload instructions, please see page 6 of this guide.

Licensed Child Care Spaces

Complete the table provided.

- a) How many, and what type of licensed child care spaces is your facility currently licensed to operate?
- b) How many, and what type of new licensed child care spaces will your project create?
- c) How many, and what type of existing licensed child care spaces will your project improve?

PROJECT CASH BUDGET

Provide an itemized list of the equipment you plan to purchase to improve the quality and safety of child care at your facility.

- Round up values to the nearest dollar.
- Click the **+Add** button to add another row.
- Do not include any items that will be provided to the project as in-kind contributions.
- Provide itemized quotes and/or confirmation of pricing as supporting documents.
- Budgets that contain excessive rates or unreasonable purchases will not be considered and may jeopardize project approval.

Project Cash Budget EXAMPLE

- This reflects the total cash required to complete the project.

CASH BUDGET ITEM	Total Amount Required (\$)
Equipment and Project Supplies	
Stroller	550
Car seat (2)	580
Water table	347
Children's table and four chairs	420
Storage cubes (5)	210
Floor mats (2)	150
Outdoor climbing structure	1,495
TOTAL	\$3,752

CASH REVENUE SOURCES

We recommend that your organization seeks cash funding from a variety of sources. Projects that have secured multiple funding sources often demonstrate wide-ranging support and may be prioritized for funding.

The Trust has a directory of grants that may be applicable to your work which can be found in the resource section of our Non-profit Advisors Program (ourtrust.org/nonprofit).

Source - Identify your sources for cash revenue. This may include sources such as other grants or cash donations.

- In the first line labelled *Columbia Basin Trust*, indicate what you are requesting in this grant application.
- **Applied (Y/N)** – indicate whether you have applied to the listed source.
- **Confirmed (Y/N)** - indicate whether the contribution is confirmed at the time you submit the application to the Trust. If the funder has confirmed that they will be committing resources to your project, you will select yes. If you have applied for funding, but have not yet heard back, you will select *no*.
- **Amount** - Indicate the dollar amount you will receive from each cash funding source. The form will automatically calculate subtotals for you.

Cash Revenue Sources EXAMPLE

This reflects who else is contributing cash to the project.

CASH REVENUE SOURCES			
Source	Applied (Y/N)	Confirmed (Y/N)	Amount (\$)
<i>Columbia Basin Trust (max \$5,000)</i>	Y	N	1,952
Child Care Operator Contribution	Y	Y	800
Other funding source	Y	Y	1,000
TOTAL CASH REVENUE:			\$3,752

Total Project Cash Budget and Total Cash Revenue Project Budget

These boxes will auto-fill. *Total Project Revenue* **must equal** *Total Project Budget* to show you have enough funds to complete your project. If the numbers are not equal, recheck your entries as the form adds them automatically.

In-kind Sources & Contributions (150 words)

Describe what contributions are being made to the project other than cash. In-kind contributions are goods or services donated to your project from another organization or individual that you would have otherwise had to pay for. Where possible, please quantify the monetary value of in-kind contributions.

For example:

- Local store is providing a 10% discount on purchases for stroller and car seat ($(0.1 * \$300 \text{ stroller}) + (0.1 * \$200 \text{ car seat}) = \50).

SUPPORTING DOCUMENTS

Supporting documents provide additional evidence that the project is viable and important.

You may upload up to six supporting documents.

Please include:

- quotes for equipment you plan to purchase
- copy or screen shot of online shopping cart or catalogue confirming item prices
- confirmation of additional revenue

1. List what you are submitting.
2. Before uploading your supporting document, ensure the file name is clear and identifies the content.
3. File size may not exceed 3MB per document.

ADDITIONAL INFORMATION

Is there anything else you would like to add that has not already been mentioned? (220 words)

Include anything else you would like to add. Be sure it is something that is not already addressed in this application.

What is the main, and first, way you heard about this program?

Choose only one.

Would you like to receive email correspondence from the Trust?

Select yes or no from the drop-down options.

Does your organization have social media accounts?

Share your account names and we can connect.

How do you like to receive news and hear about updates from the Trust?

Choose as many as applicable.

FINAL STEPS AND SUBMISSION

DECLARATION & APPLICANT AGREEMENT

Read these sections thoroughly.

Click the box to indicate that you have read and understood the Declaration and Applicant Agreement.

IMPORTANT NOTE: If your project is selected from funding this application will become your contractual agreement and outlines the funding and contractual requirements that go along with your grant.

SIGNATURE

Draw or type your signature into the box provided.

SUBMISSION

Click Submit. You will receive an automatic reply from us shortly after clicking submit, confirming that your application has been received.