

Section 1 - Applicant Business Information

Name of Agency	Location Name	
Loc ID	Location Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)	
Ward		
Application Date (yyyy-mm-dd)		
Application Submitted by		
Contact Information (First, Last Name)	Business Telephone Number	Business Email

Project Details

Project Status		
<input type="checkbox"/> Proposed	<input type="checkbox"/> In progress	<input type="checkbox"/> Complete
Brief description of the project		

Project estimate or cost	\$ _____
Agency's financial contribution to the project	\$ _____
If the project is in excess of \$50,000.00 is the agency contributing the balance that exceeds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funding Allocation requested from the City	\$ _____
Partial advance of funding requested	\$ _____

Required Supporting Documents

Written report / documentation from: Licensing, Fire, Public Health, Third Party Playground Inspection or Children's Services Consultant

Written estimates from a contractor / supplier are included with this application where the project status is proposed or in progress

Invoices marked paid are included, including amount paid and applicable taxes (HST) where the project has been completed within 12 months of this application. Proof of payment may be requested at any time, please ensure it is available for review upon request.

Note: This application does not guarantee a funding allocation for projects proposed, in progress or complete. Any financial or contractual agreement the agency undertakes is at their own risk and the City takes no responsibility for any financial investments the agency makes prior to entering into an agreement.

Health & Safety Funding Application

Section 2 - Eligibility Criteria

All applications will be assessed and considered based on the criteria and objectives outlined below.

Please check "Yes" or "No" to indicate compliance with the items listed below:

Project falls within threshold for Health & Safety funding (\$5,000 to \$50,000)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project completion is achievable within a 12 month period	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency has an accumulated surplus in the most current audit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency has a lease for this location which is current for 12 months or more	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency meets Assessment for Quality Improvement (AQI) standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency had held a clear license for previous 12 month period	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency has completed and submitted required documentation for Health & Safety projects from previous years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please check the objectives below that apply to this request and provide a brief description of how this project meets these objectives:

☐ Project is required to ensure the program can meet the requirements of the Child Care and Early Years Act, Assessment for Quality Improvement (AQI), Public Health, Third Party Playground Inspection or Fire regulations.

☐ Project addresses emerging health and safety needs, including improvement to physical environments for children.

☐ Investment will be utilized to maintain current child care capacity or service levels.

☐ Investment responds to current service system pressures including accessibility, efficiencies and maintaining age or geographic equity.

☐ Investment supports service for younger children (0 - 4 years).

Applicants will complete the form and **using their business email accounts** send the request along with applicable supporting documents to:

tcsminorcapital@toronto.ca