Saskatchewan
Learning

Child Care Home Start-up Grant Application

Return this application to your consultant.

(Provider Name) _____ (street/box number) _____

(city/town) _____ (postal code) _____ (telephone) _____

- ☐ Family Child Care Home - $400
- ☐ Teen Student Support Home - $400
- ☐ Group Family Child Care Home - $600
- ☐ Northern Family Child Care Home - $600
- ☐ Northern Teen Student Support Home - $600
- ☐ Northern Group Family Care Home - $900

Please complete the following expenditure section.

Proposed Expenditure Items	Estimated Cost	Proposed Expenditure Items	Estimated Cost
		Total Estimated Cost	

I hereby make application for the above grant as indicated.

_____ Provider Signature

_____ Date

Office Use Only

Facility # _____ **Grant Type** SH

CCS: Grant # _____ **Start Date:** ____/____/____ (Year/Month/Day) **Expiry Date:** ____/____/____ (Year/Month/Day)

***CCS grant start date and expiry dates must match 1st month of licence period.**

_____ **Date:** _____
Recommended by Child Care Consultant

_____ **Date:** _____
Recommended by Program Manager, Child Day Care Branch

_____ **Date:** _____
Approved by Director or Designate, Child Day Care Branch

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