



Social & Community Services
Department
Children's Services
690 Dorval Drive 5th Floor
Oakville ON L6K 3X9
Fax: 905-825-8821

Dear Service Provider:

Thank you for your interest in a Child Care Service Management Funding Agreement with Halton Region. The Region provides various types of funding to Service Providers for services for children and their families.

In preparation to receive an agreement, please complete the following pre-requisites. These must be completed prior to submitting the remaining requirements listed below:

- Submit a letter of intent which includes program name and contact information. Program must be in operation for 1 year from date of clear license.
- Contact Gwyneth Schermel, Manager of Community Development at 905-825-6000 ext. 2511 to participate in an orientation session
- Contact Melanie Cunha, Coordinator of Quality First at 905-875-4600 ext. 245 to enrol and maintain your status for Quality First In Good Standing
- Contact Genevieve McMurdie, Developmental Services Supervisor at 905-825-6000 ext. 2532 to review and sign the Memorandum of Understanding for Inclusion

Once the above pre-requisites are completed please submit the following information:

- Official name of your program, as well as a clear imprint of your official seal if available
- List the centre name(s) and full address and phone numbers for each location (see attached)
Please specify whether you are non-profit or commercial
- List of your Board of Directors, if applicable. Please complete the attached form with your signing officers and their positions. Ensure that you advise us of any changes in your Board of Directors and/or signing officers as they occur.
- Approximate date of your Annual General Meeting if applicable
- If you are a corporation, copies of the Articles of Incorporation, Letters Patent and the by-laws of the corporation
- Copy of the Corporate Profile Report located at www.oncorp.com dated within 30 days
- Copy of your Insurance Certificate, with the following insurance limits and the **Region of Halton added as "additional insured"**:
 - If proving transportation: Automobile liability insurance limit of \$5 million per occurrence; Comprehensive General Liability limit of \$5 million per occurrence; and if the policy includes an aggregate limit, it must not be less than \$10 million in the aggregate;
 - Effective January 1, 2016 – if you currently have protection in the case of workplace related injury by employees, contractors or agents, please provide evidence of your Employer's Liability coverage on your annual 2016 insurance certificate or a copy of your existing WSIB Clearance Certificate;

Regional Municipality of Halton

HEAD OFFICE: 1151 Bronte Rd, Oakville, ON L6M 3L1
905-825-6000 | Toll free: 1-866-442-5866

- Effective January 1, 2017 - if you do not currently have coverage in place for workplace related injury by employees, contractors or agents, this will be required for the Child Care Service Management Agreement beginning on January 1, 2017.
- If you provide your own transportation, a **safety certificate from a licensed mechanic** dated within 30 days stating that vehicles are maintained and safe
- Evacuation location for each location (see attached form)
- Copy of your fee schedule on letterhead given to parents, broken down into a **daily** rate
- Verification of financial viability- a financial budget to indicate monthly expense and revenues, proof of 3-6 months surplus funds in order to demonstrate financial stability. To be determined once you complete the rate application.
- Complete the Rate Request Application form (web address link will be forwarded by separate email). This form is required on an annual basis.
- Copy of the Operator's Conflict of Interest policy and by-law when the operator is a non-profit corporation
- Copy of the Operator's Serious Occurrence policy and Criminal Reference Check policy

While the Region is interested in entering into agreements with child care providers, the Region has an obligation to use public funds carefully. For this reason, the Region may require you to submit or provide additional information and may consider your performance under any previous or prior agreement with the Region (if applicable) in determining whether to approve your application. The Region reserves the right to accept or refuse any application, require further information from any applicant and request and check references.

If you have any questions please do not hesitate to call me at (905) 825-6000 extension 2503.

Sincerely,

Dawn Monckton
Child Care Services Coordinator



EVACUATION LOCATION FORM
(Please use one sheet for each location)

DATE: _____

CENTRE: _____

**EVACUATION
LOCATION:** _____

ADDRESS: _____

**PHONE
NUMBER:** _____



AGREEMENT INFORMATION SUBMISSION
(Please Print Clearly)

OFFICIAL NAME: _____

MAIN CENTRE ADDRESS: _____
(if more than 1 location list other locations below) _____

<u>ADDITIONAL CENTRE NAME</u>	<u>FULL ADDRESS</u>	<u>PHONE</u>
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____

(If additional locations please use back of sheet to continue)

OFFICIAL SEAL ((Imprint)
(Imprint Below)

SIGNING OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>DATE THIS WILL CHANGE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DATE OF ANNUAL GENERAL MEETING: _____

AGREEMENT CONTACT PERSON (Where agreements should be mailed)
Name, Address, Postal Code

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