May 4, 2018

Aboriginal Head Start

On–Reserve Program Expansion for BC First Nations Communities

Application Questions Working Copy

**Section 1: Community Information**

1. Community Name:
2. Are you a Treaty Community? \_\_\_\_\_\_(Y/N)
3. Band Number: \_\_\_\_\_\_\_\_\_\_\_
4. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Extension/Cell Phone (Please provide all, as applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Back up Contact 1\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Extension/Cell Phone (Please provide all, as applicable):

1. Back up Contact 2\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Extension/Cell Phone (Please provide all, as applicable):

***\*We may need to be in touch with you to follow up on your application. If and when the primary contact is not available (for example during the summer months) we ask that you list up to two other contacts who are knowledgeable about this application that we could contact for further information****.*

**Section 2: Community Need**

***Demographic Information***

1. Number of children from birth to 6 years of age currently living in your community \_\_\_\_
2. Number of anticipated births in the next year \_\_\_\_\_
3. Does your community currently provide AHSOR program/s? (Y/N) [If answer is NO, then go to question 16 and skip questions 11-15]

***Current Services for children ages 0-6 available in Your Community***

1. If yes, how many children do you receive funding for? \_\_\_\_\_
2. How many children does your program serve? \_\_\_\_\_\_
3. How many children are on a waitlist for your program? \_\_\_\_\_\_
4. Is your AHSOR program (checkbox)
* center based,
* outreach or
* other model
* Or, combination of center based/outreach. Please describe. (Expandable box to write description).
1. If center based, is your program licensed? (Yes/No)

If yes, what type of license do you hold and for how many children?

* Infant and Toddler \_\_\_\_
* 30 months to 5 years daycare \_\_\_\_
* Multi-age child care \_\_\_\_
* Preschool \_\_\_\_
* Out of school care \_\_\_\_

Are there other programs or services available in your community to support learning and development of children birth to six years of age? (Y or N)

If yes, which of the following programs are available?

• Childcare for infants and toddlers Y/N

• Childcare for 30 months to 5 years Y/N

• Out of school care Y/N

• Preschool Y/N

• Multi-age care Y/N

• Parent and Tot Groups Y/N

• Playgroup Y/N

• Aboriginal Infant Development y/N

• Aboriginal Supported Childcare Y/N

• Other (Expandable box to describe)

Are your childcare programs licensed facilities? (Y/N)

 If yes, please indicate age groups and the numbers of children you have licensing for

* Childcare for infants and toddlers \_\_\_\_
* Childcare for 30 months to 5 years \_\_\_\_
* Out of school care \_\_\_\_
* Preschool \_\_\_\_
* Multi-age care \_\_\_\_
* Childcare for infants and toddlers \_\_\_\_
* Childcare for 30 months to 5 years \_\_\_\_
* Out of school care \_\_\_\_
* Preschool \_\_\_\_
* Multi-age care children in the following age groups?
* Infant and toddler?
* 30 months – 5yrs?

**Section 3: Readiness to start new or expand current program**

1. Tell us why you wish to start a new ASHOR program or expand your current AHSOR program to serve additional children in your community. (Attach a separate File with your response)
2. Does your community wish to start a new AHSOR program ***or***expand your current AHSOR program to serve more children? (checkbox)
* Start new program
* Expand existing program to serve more children
1. Describe what steps you have taken to support young children and their families with early child education/development activities in your community? **Or**, what steps you have taken towards developing early years programs/activities in your community? (Attach a separate File with your response)
2. How many (additional) children does your program wish to serve? \_\_\_
3. What age groups will your program serve? (checkbox)
* Infant and toddler
* 30 months to 6 years
1. AHSOR Program Model:

Aboriginal Head Start On-Reserve offers a flexible program to suit your community’s needs. Which AHSOR model of delivery will you start with for your community? (checkbox)

• Drop-in

• Outreach

• Center based – unlicensed

• Center based - licensed

**Section 4: Facilities**

**Please note:**

* **FNHA expects new capital funding projects to use executed contractors, licensed builders and proper insurance.**
* **The maximum allowable for Capital request is $600,000.**
* **Fixed appliances (stove, dishwasher, fridge, washer, dryer) and fixed playground equipment are eligible Capital Expenditures.**
* **If you have previously received child care Capital funding from Ministry of Children and Family Development (MCFD) in the past five years, (since 2013) you are eligible for topping up that funding to a maximum of $600,000. E.g. If you received $500,000 from MCFD in 2014, the maximum you can request is $100,000.**
1. Are you applying for Capital Funding? Y/N [If No, you will be re-directed to Section 5: Staffing, question #29]. If you select Yes, you will see questions 23-28 and these are mandatory questions.
2. If you are considering starting a new AHS program, does your community need a facility to operate your program? Please consider the program model of your choice and indicate how you have assessed your space needs based on age requirements. (E.g. Have you been in touch with a Licensing Officer). Explain.
3. Does your community currently have a facility that could be used to operate a new AHSOR program? (Y/N)
4. If you currently have an AHS program, does your current facility have space to accommodate more children? (Y/N/Not Applicable) Explain.
5. If your community currently has facilities, will these require renovation/repairs to meet health, safety and licensing requirements? (Y/N)

If Yes, please describe

1. If your community does not currently have a facility, does your community have access to land and have the ability to build a new facility so that your program can be fully operational by March 31, 2020? (Y/N/Not Applicable)

If you need to repair, renovate an existing space or build a new space and purchase furnishings, please attach your plans, timelines and budget in support of your request. (Attach File with your response)

IMPORTANT: Please note, we may follow up with additional requirements.

1. Has your community been the recipient of MCFD Capital funding since 2013? Y/N If yes, how much were you awarded? \_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Staffing**

1. Do you have access to staff with Early Childhood Education training? (Y/N)
2. Please describe how you will address the staffing needs of the AHSOR program? Explain.
3. Do you have access to program managers and coordinators to oversee the program? Explain.

Please describe your plan to attract and retain qualified staff.

**Section 6: Program**

1. Please describe the key steps you will undertake, including timelines, to develop a new AHSOR program or expand your current AHSOR program. If you currently operate an outreach program and wish to transition to a center based program ***OR*** initially develop an outreach program and then transition to a center based program, please include a transition plan as well (Attach a separate File with your response).

**Section 7: Operation Budget**

1. Budget

Please attach an operational budget (Attach a separate File with your response).

The following is a sample program operation budget for you to review and consider the line items in your budget. Your budget may include other line items and this is only a sample and you do not have to use this example.

For your consideration:

|  |  |  |
| --- | --- | --- |
| Description | Expenditure | Revenue/In-kind |
| Staffing – wages and benefits costs of all the staffing you will need including substitute staff, outreach staff, ASCD, Speech and Language, OT and culture/language staff |  |  |
| Training/PD |  |  |
| Staff Travel |  |  |
| Rent |  |  |
| Utilities (Electricity, gas etc) |  |  |
| Telephone/internet |  |  |
| Maintenance/Janitorial |  |  |
| Insurance *(Please note: Adequate liability insurance is a requirement)* |  |  |
| Auditing/accounting |  |  |
| Office supplies |  |  |
| One time program startup costs (e.g. strollers/baby carriers, feeding chairs, potties etc. and materials such as toys, books, games, puzzles etc.) |  |  |
| Program materials/supplies (ongoing program costs) |  |  |
| Food |  |  |
| Participant transportation |  |  |
| Field trips |  |  |
| Honoraria |  |  |
| Etc. |  |  |

**Section 8: Accessibility of New/Expanded Program**

1. How will you ensure that your program is accessible to all children birth to six years of age who can benefit from it, including children who may need extra supports? Explain.
2. Do you foresee any transportation challenges? Y/N

If yes, how will you address this need?

**Section 9: Community Support/Collaboration**

1. How will the community be included in the planning and operation of the AHSOR program? Explain.
2. Please describe how the Band and Council will support the program to make it successful. Please note: we will require Band and Council Resolution (BCR) in support of the new or expansion of the program if your community is a successful candidate. ***You may consider preparing a BCR prior to the end of July.***
3. Are there others within or outside your community that you will collaborate with to develop and operate your program? Please describe.
4. Will you need support from any of the following resources to develop and or operate your new or expanded program:

Example:

* Aboriginal Head Start on Reserve Advisor
* Child Care Resource and Referral
* Aboriginal Supported Child Development
* Aboriginal Infant Development
* Band School
* Capital project support/Contractors
* Licensing Officer
* Environmental Health Officer
* Other

**Reminder: the final application needs to be submitted using the Interceptum application form. Please use this copy as your working copy only.**