



FNHA AHSOR Licensed Child Care Conversion Spaces Funding

Sample Application Form and Sample FNHA AHSOR Budget Template

Section 1: Community Information

1. Community Name: Alexander First Nation
2. Program Name: Little Eagles Nest
3. Are you a Treaty Community: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. Band Number: 444
5. Do you currently receive FNHA AHSOR Funding? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please provide us with your Contribution Agreement Number
6. Do you have a Health Service Agreement with another First Nation Community or Collaborative to provide Aboriginal Head Start On-Reserve services? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> *Please note -successfully funded applications that do have a Health Funding Arrangement with FNHA would then enter into an agreement between the First Nations Health Authority. The recipient regarding the delivery of Health programs and Services: includes all schedules, the program plan, terms and conditions and new funding letters. Name of First Nation community collaboration: Click here to enter Name.
7. Do you currently operate an Unlicensed program, or Soon to Open facility or Licensed Child Care program? 1. Unlicensed Child Care <input type="checkbox"/> 2. Soon to Open Licensed Child Care <input type="checkbox"/> Please note, if yes, you will need to provide the documentation that confirms your Licensed Child Care Facility will be open and fully operational before March 31, 2022 3. Licensed Child Care <input checked="" type="checkbox"/> If yes, please provide the Community Care Facilities License(s) # FA-23456 4. Do you have a Licensed Multi-Age Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8. Does your existing Licensed Child Care Program(s) apply for any of the following Provincial funding streams? 1. Child Care Operating Funding (CCOF) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Child Care Fee Reduction Initiative (CCFRI) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Affordable Child Care Benefit (Subsidy) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Aboriginal Supported Child Development (ASCD) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Mailing Address: 4591 Spirit Road, Vancouver BC V2P 0B4



10. Primary Contact 1: Laura Jane Williams Title: Program Supervisor Email: LauraJW.@yahoo.ca Phone/Extension: 604 555-9999 Cell Phone: 250-455-5555
11. Primary Contact ¹ : Jonny Baker Title: Health Director Email: Jonnywbaker@yahoo.ca Phone/Extension: 604 555-8888 Cell Phone: 250-466-6666
12. Alternate Contact 1: Sam Joe Title: Band Administrator Email: SamJ@yahoo.ca Phone/Extension: 604 555-2222 Cell Phone: 250-566-8888

Section 2: Community Need

13. Please tell us how many children are in each Category?

# of Licensed Child Care Spaces Under 36 months	2
# Currently Enrolled	2
# of Children on a waitlist	3
# of Licensed Child Care Spaces for 30 months to School age	6
# Currently Enrolled	6
# of Children on a waitlist	4
Are there children attending that require additional staffing supports?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

14. Did your community apply for the MCFD New Spaces Child Care Funding?

<input checked="" type="checkbox"/> No, we did not apply for the MCFD New Spaces Child Care Funding. If you selected No here, Please proceed to question 15.
<input type="checkbox"/> Yes, we applied for the MCFD News Spaces Child Care Funding. If you selected Yes, what date did/will you open your Licensed Program? Click or tap to enter a date.

¹ We may need to be in touch with you to follow up on your application. If and when the primary contact is not available we ask that you list up to two other contacts who are knowledgeable about this application that we could contact for further information.



15. Describe your current Licensed Child Care Enrollment situation and identify any Barriers and Successes regarding Enrollment. Please include strategies that you have applied to address your situations.

We have a Multi-aged License Program and we have a waitlist of 7 and cannot support all of the families within our community which is a huge barrier. We have four year olds transitioning into the K 4 program. Part of our community successes in our partnership with our Language Program. Once per week the Language Program shares an Elder with our program. We also partner with the Band School for smooth transitions for the K4's and for transportation. Our Outreach staff currently supports families on the waitlist.

Section 3 – Community Readiness

16. Describe your Organizational process related to Operations, Administration and Management. This FNHA AHSOR Child Care Conversion Project requires an internal coordinated approach such as: Delivering the AHSOR 6 Key Components into your overall programming; incorporating the AHSOR 6 Key Components into your Daily Schedule and Curriculum; Submitting Narrative and Financial Reports on time and Managing Budgets (Coordinating with the Finance Team/Bookkeeper).

Little Eagles Nest is overseen by our Health Department Director Jonny. I the Supervisor of Little Eagles Nest, collaborate with the Book keeper and Health Director do the reports and budget. We have Language and Culture apart of our daily schedule and curriculum and have an Elder who attends our program once per week. We are aware of the 6 Key Components and want to learn more so our children and families can benefit from this AHSOR program. We invite our community Knowledge Keepers to participate and share their teachings with our children.

17. Describe your current Child Care Employees and Community Involvement level (prior to COVID).

We currently have 3 qualified ECE's. And a part-time Outreach staff. We have a few Elders in the community who invite to participate once per week. Two of the Elders are employed by the Language Nest Program.

Section 4 – Child Care Conversion Transition Plan and Financial Information

18. Please describe in full detail your current Child Care Financial overview. **You will need to attach your Program Budget from April 2020- March 2021.** We have provided a Sample Budget for you to use, however you may include your own document(s). Please list below all Program Funding Revenue Sources and Amounts- Federal and Provincial. For example: Nominal Role (ISC K4 Funding); Language Nest Funding; First Nations Inuit Child Care Initiative; Corporation Sponsorship; MCFD Aboriginal Service Innovation or Aboriginal ECD Funding.

Our parent fees are listed as \$0 as all of our family's access subsidy and we access the Child Care Fee Reduction Initiative. We have one child in our program with extra needs and receive funding from Aboriginal Supported Child Development (ASCD). We have one full time ECE staff position that is funded by ASCD. We currently receive funding and sponsorship from a local Corporation and have for the past



five years. We also receive a Band Contribution funding which covers Rent, Utilities, Audit and repairs and Maintenance Fees.

Please find our attached budget which fully details the above listed funding revenue.

19. Describe how the FNHA AHSOR Child Care Conversion Funding would create your ideal AHSOR Program. Please highlight any enhanced staffing level changes (ratio and wages/benefits); identify what steps your community will take to transition into this new Delivery Model and how you plan to involve employees, community members, funding partners and other community partners. Identify what supports you may require from your Regional AHSOR Advisor.

We would like to increase the Outreach staffing position from part time to full time and this will allow for the position to receive our full time benefits package. This will further address how we can support the families on our waitlist. To enhance our existing program and convert over to an AHSOR Program we will need the support of the FNHA AHSOR Regional Advisor. We would like to partner and learn how can implement the 6 key components into our program and how we can participate in AHSOR workshops and/or training. We will be hosting a community Zoom meeting to ensure of members voices are heard.

20. Please tell us about your current Employee, Qualifications and Wages. Tell us about your current Employee wage grid and benefit package for your Child Care or within your Community. Please note we only require the Child Care employee wage grid if your wage grid includes other positions within your community. Please tell us if you receive the BCACCS Wage Enhancement Funding and the supplement to the base wages that have been applied.

The Supervisor of the program is paid \$27 per hr for a total of 35 hours per week and they receive 12 days of sick leave per year and 21 days of vacation time with and extended benefit plan (15% to cover benefits). We have 1 ECE that are paid \$22 per hr. for a total of 35 hours per week and they receive 12 days of sick leave per year and 21 days of vacation time with and extended benefit plan. (15% to cover benefits). We have 1 part time Outreach staff that is paid \$20 per hr. with no benefits. We employ 1 ASCD (worker) qualified staff and it is fully funded by the ASCD program. This full time ECE staff that is paid \$25 per hr. for a total of 35 hours per week and they receive 12 days of sick leave per year and 21 days of vacation time with and extended benefit plan. (15% to cover benefits). Our Community ECE base rate position is \$19 per hr. and we applied for the BCACCS Wage Enhancement Funding and now the staff receive \$22 per hr. Please find our attached Employee Wage Grid and/or Standard Benefit Package

21. Tell us what your Child Care Rates are for your Program.

The fee for Licensed Child Care Spaces for the under 36 months is: \$1,350
The fee for Licensed Child Care Spaces or the 30 months to school age is: \$610



Is there anything else you want to tell us? We only have full time spaces, we don't offer part time spaces

Section 5 -Other Information

22. Please feel free to use this space to share other comments or other related information.

We have met our Regional AHSOR Advisor over email and are hoping to further connect in person to receive her support. We have learned through our Health Director that there are other networking, Education, Training and Social Supports opportunities that FNHA has to offer. We were excited to learn how AHSOR applies the Nutrition program as we want to be able to provide a menu that offers some of our traditional foods.

Section 6 - Community Acknowledgement

23. Are you in good standing with FNHA Reporting and Accountability? YES ☒ NO ☐

24. We will require Band and Council Resolution (BCR) in support of this project in order to complete your Application.

The Chief and Council of Alexander First Nation acknowledge that we will benefit from this single Provincial Funding stream model and that AHSOR is a no-fee program for families. As we convert our Licensed Child Care over to the FNHA AHSOR Funded Program, we acknowledge that we will not be eligible for Provincial Funding such as: CCOF/CCFRI and Aboriginal Supported Child Development Funding (ASCD), nor will families at this Child Care program be eligible for the Affordable Child Care Benefit (ACCB) Subsidy. We are aware that this Provincial Funding has been confirmed until March 31, 2024.

25. Signed Acknowledgement Statement:

On behalf of Little Eagles Nest, I Laura Jane Williams, acknowledge that I have consulted and collaborated with all necessary decision makers and involved parties and we are able to meet all of the funding requirements. We acknowledge that we will benefit from this single Provincial Funding stream model and that AHSOR is a no-fee program for families. As we convert our Licensed Child Care over to the FNHA AHSOR Funded Program, we acknowledge we will no longer access these Provincial funding streams: CCOF/CCFRI and Aboriginal Supported Child Development Funding (ASCD), nor will families at our Child Care program be eligible for the Affordable Child Care Benefit (ACCB) Subsidy. We are aware that this Provincial Funding has been confirmed until March 31, 2024 and this funding will not impact the Federal Funding that we receive.

Printed Name: Laura Jane Williams

Title: Supervisor of Little Eagles Nest



Signed: *Laura Jane Williams*

Date: October 14, 2021

Sample FNHA AHSOR Application Budget Template

YR-20-21 Child Care Budget	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Annual Budget
REVENUE													
Parent Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wage Enhancement	\$728.00	\$728.00	\$728.00	\$728.00	\$728.00	\$728.00	\$728.00	\$728.00	\$728.00	\$728.00	\$728.00	\$728.00	\$8,736.00
Subsidy	\$5,300.00	\$5,300.00	\$5,300.00	\$5,300.00	\$5,300.00	\$5,300.00	\$5,300.00	\$5,300.00	\$5,300.00	\$5,300.00	\$5,300.00	\$5,300.00	\$63,600.00
Cooperation Sponsorship	\$4,166.67	\$4,166.67	\$4,166.67	\$4,166.67	\$4,166.67	\$4,166.67	\$4,166.67	\$4,166.67	\$4,166.67	\$4,166.67	\$4,166.67	\$4,166.67	\$50,000.00
ASCD	\$4,796.50	\$4,796.50	\$4,796.50	\$4,796.50	\$4,796.50	\$4,796.50	\$4,796.50	\$4,796.50	\$4,796.50	\$4,796.50	\$4,796.50	\$4,796.50	\$57,558.00
CCFRI	\$1,060.00	\$1,060.00	\$1,060.00	\$1,060.00	\$1,060.00	\$1,060.00	\$1,060.00	\$1,060.00	\$1,060.00	\$1,060.00	\$1,060.00	\$1,060.00	\$12,720.00
CCOF	\$641.67	\$641.67	\$641.67	\$641.67	\$641.67	\$641.67	\$641.67	\$641.67	\$641.67	\$641.67	\$641.67	\$641.67	\$7,700.00
Band Contribution	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$1,666.67	\$20,000.00
TOTAL REVENUE	\$18,359.50	\$18,359.50	\$18,359.50	\$18,359.50	\$18,359.50	\$18,359.50	\$18,359.50	\$18,359.50	\$18,359.50	\$18,359.50	\$18,359.50	\$18,359.50	\$220,314.00
EXPENDITURES													
Supervisor	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$43,680.00
ECE Staff	\$3,033.33	\$3,033.33	\$3,033.33	\$3,033.33	\$3,033.33	\$3,033.33	\$3,033.33	\$3,033.33	\$3,033.33	\$3,033.33	\$3,033.33	\$3,033.33	\$36,400.00
ASCD Worker	\$3,791.67	\$3,791.67	\$3,791.67	\$3,791.67	\$3,791.67	\$3,791.67	\$3,791.67	\$3,791.67	\$3,791.67	\$3,791.67	\$3,791.67	\$3,791.67	\$45,500.00
Outreach Staff	\$1,092.00	\$1,092.00	\$1,092.00	\$1,092.00	\$1,092.00	\$1,092.00	\$1,092.00	\$1,092.00	\$1,092.00	\$1,092.00	\$1,092.00	\$1,092.00	\$13,104.00
Benefits / Wage Related	\$1,683.50	\$1,683.50	\$1,683.50	\$1,683.50	\$1,683.50	\$1,683.50	\$1,683.50	\$1,683.50	\$1,683.50	\$1,683.50	\$1,683.50	\$1,683.50	\$20,202.00
STAFF RELATED TOTAL	\$13,240.50	\$13,240.50	\$13,240.50	\$13,240.50	\$13,240.50	\$13,240.50	\$13,240.50	\$13,240.50	\$13,240.50	\$13,240.50	\$13,240.50	\$13,240.50	\$158,886.00
OTHER													
Rent / facility	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
Utilities: phone, gas, hydro	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$3,849.96
Maintenance/repairs	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$999.96
Custodian supplies	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$320.83	\$3,849.96
Insurance (liability, fire)	\$77.01	\$77.01	\$77.01	\$77.01	\$77.01	\$77.01	\$77.01	\$77.01	\$77.01	\$77.01	\$77.01	\$77.01	\$924.12
Office supplies	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$83.33	\$999.96
Program materials/supplies	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
Nutrition program	\$833.33	\$833.33	\$833.33	\$833.33	\$833.33	\$833.33	\$833.33	\$833.33	\$833.33	\$833.33	\$833.33	\$833.33	\$9,999.96
Equipment	\$416.67	\$416.67	\$416.67	\$416.67	\$416.67	\$416.67	\$416.67	\$416.67	\$416.67	\$416.67	\$416.67	\$416.67	\$5,000.00
Postage	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$180.00
Phone / Internet	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$1,680.00
Photocopying	\$41.67	\$41.67	\$41.67	\$41.67	\$41.67	\$41.67	\$41.67	\$41.67	\$41.67	\$41.67	\$41.67	\$41.67	\$500.04
Staff development training	\$233.33	\$233.33	\$233.33	\$233.33	\$233.33	\$233.33	\$233.33	\$233.33	\$233.33	\$233.33	\$233.33	\$233.33	\$2,800.00
Transportation/travel	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$3,000.00
Audit	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$1,200.00
Bank fees	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$200.04
TOTAL EXPENDITURES	\$18,172.50	\$18,172.50	\$18,172.50	\$18,172.50	\$18,172.50	\$18,172.50	\$18,172.50	\$18,172.50	\$18,172.50	\$18,172.50	\$18,172.50	\$18,172.50	\$218,070.00
REVENUE OVER EXPENDITURE	\$187.00	\$187.00	\$187.00	\$187.00	\$187.00	\$187.00	\$187.00	\$187.00	\$187.00	\$187.00	\$187.00	\$187.00	\$2,244.00



Human Resources Costs and Wage Grid

Little Eagles Nest Staffing Costs	Hourly Rate Pd by Nation	Hours	Annual Salary	Mandatory Benefits (8%)	Nation Benefits (7%)	TOTAL SAL & BEN COSTS
Supervisor (35hrs/wk.)	\$24.00	1,820	\$43,680.00	\$3,494.40	\$3,057.60	\$50,232.00
ECE Staff (35hrs/wk.)	\$20.00	1,820	\$36,400.00	\$2,912.00	\$2,548.00	\$41,860.00
ASCD Worker (35hrs/wk.)	\$25.00	1,820	\$45,500.00	\$3,640.00	\$3,185.00	\$52,325.00
Outreach Staff (14hrs/wk.)	\$18.00	728	\$13,104.00			\$13,104.00
TOTAL			\$138,684.00	\$10,046.40	\$8,790.60	\$157,521.00

Please identify the Program Delivery Model Type:

Multi-Age Child Care with Outreach Support
For 8 children

Health Director Reviews Wage Increment at Staff Performance Evaluations

Our Community has Child Care Employee Wage Grid

	Level 1	Level 2	Level 3
ECE- Assistant	\$ 17-18	\$18-19	\$19-22
ECE- Early Childhood Education	\$19-20	\$20-21	\$21-24
ECE -Infant Toddler or Special Needs	\$22-23	\$23-24	\$24-27
ECE -Infant Toddler and Special Needs	\$24-25	\$25-26	\$26-29
Supervisor	\$24-25	\$25-26	\$26-29

Level 1- Probation period

Level 2- 6 months to 2 yrs. in position

Level 3- 2 yrs. + in position

* Please note staff receive \$2/hr in addition to their current base wage rate due to Wage Enhancement Funding