



Date: _____

Society Name: _____

Name of the Child Care Centre or Program (if applicable): _____

Project Budget

Proposed Expenses *	Higher / Non-Preferred Quote				Lower / Preferred Quote				Amount needed
	Quote 1 Sub-total	Quote 1 Shipping	Quote 1 Taxes	Quote 1 Total	Quote 2 Sub-total	Quote 2 Shipping	Quote 2 Taxes	Quote 2 Total	
Item/Activity									
Total Expenses									\$
Proposed Revenue Sources (list all funding sources and amounts including requested grant funding)									
Total Revenue									\$
Surplus/(Deficit)									\$

*Two quotes are required for each item, each quote must include shipping and taxes if requesting grant funding for this

Total Grant Amount Requested	\$
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Sources of Funding your Program Currently Receives

Provide the following information if you are applying for a Child Care Capital Grant	Yes	No	Comments
Program receives Child Care Operating Funding and participates in Fee Reduction Initiative			
Program operates as a \$10 a day site			
Program enrolls families accessing Affordable Child Care Benefit			
Program enrolls children who require extra support			
Program currently works with Supported Child Development			
Program has applied for other grant including Maintenance Grant in past two years (include date and if approved)			