**CAPITAL BUILDING FUND PROPOSAL**

**To be completed by the applicant for Community-Based Capital Building Grant Funding**

Organizations are required to submit their completed proposal to the Early Learning and Child Care (ELCC) Program at [CCGF@gov.mb.ca](mailto:CCGF@gov.mb.ca) for review and assessment of project eligibility. Those that demonstrate community need, secured financing, readiness to proceed and on-going operational viability may be recommended for approval of capital grant funding up to 60 per cent of the total eligible project construction costs of developing new child care spaces as explained below:

* New infant and pre-school spaces will receive funding under the Canada-Manitoba Canada-Wide ELCC Agreement up to a maximum of 60 per cent of total project costs, with no prescribed maximum.
* New school-age spaces will receive provincial funding up to 60 per cent of total project costs up to a maximum of $1.2 million.

All applications will be fully reviewed and should additional information be required, you will be contacted. Please feel free to submit any other information that may help with the assessment of your project.

**Please complete the capital building fund proposal provided in this guide electronically and email all the required documents to** [CCGF@gov.mb.ca](mailto:CCGF@gov.mb.ca). **Handwritten proposals will not be accepted for review and assessment of project eligibility.**

**Capital**

**Project**

**Proposal**

**for consideration of Manitoba Early Learning Child Care**

**Community-Based Capital Building Grant funding.**

|  |
| --- |
| **Project Name:** |
| **Prepared by:**  **[Name of child care facility]**  **[Your name]**  **[Your job title]**  **[Your contact phone number]**  **[Your email address]** |
| **Date of Proposal:** |

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# Capital Building Fund Proposal

## Proposal Summary

**[Organization name]**

Provide a brief description of your organization, mission and vision of your proposal.

## Organization and Project Information

**Please identify the primary contact person for your project.**

Project Team Lead Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Proposed Child Care Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will the proposed facility be a new or existing child care facility?**

New Building  Addition/ renovation on an existing site (go to next question)

If **new building**, please state the proposed project location:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Lease building  Own Building

Lease land  Own Land

On School Property (detached building). **Please provide written confirmation of the approval from the school division.**

On School Property (inside school space). **Please provide written confirmation of the approval from the school division.**

**If existing child care facility, please provide the following information:**

|  |
| --- |
| Facility license identification number: |
| Incorporation legal name: |
| Operating name (if different from legal name): |
| Location address: |
| City/ Town: |
| Postal code: |
| Email address |
| Phone number: |

**Describe the Project:**

Construction of a new building

Renovations to an existing building/site

Addition to an existing building

**Which groups / services will your centre be offering? Check all that applies.**

Francais

French Immersion

Indigenous

Newcomer families

Servicing low-income community

Full-time child care

Part-time and/or casual child care

Extended hour care

Employment, training and entry

Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partnerships:**

Name any partner organizations involved in the capital project, and describe the nature of partners’ involvement. For example, a property developer partnering with regulated child care facility or education institutions, community service organizations.

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

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

## Eligibility Criteria

**Information provided in the following section will be used to determine project eligibility.**

##### **2.3.1 Criterion 1 - Demonstrated Community Need**

|  |
| --- |
| **a) How do you determine and assess your community needs for child care?** |
|  |
| **b) What was the outcome from your assessment?** |
|  |
| **c) Have you consulted the stakeholders of your community? If yes, please describe.** |
|  |

**d) Describe the current number of existing licensed child care spaces in the community:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number of children waiting for child care in your community:** | **Number of existing licensed spaces:** | **Number of vacancies in licensed facilities** |
| Infants (less than 2 years of age): |  |  |  |
| Preschoolers (2 – 5 years of age): |  |  |  |
| School Age Children (6 to 12 years of age): |  |  |  |
| **Total:** |  |  |  |

**e) Indicate the number of new licensed spaces your project will create in the table below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Spaces** | | **Number of New Spaces Upon Project Completion** | |
| Infant | |  | |
| Preschool | |  | |
| School Age | |  | |
| **Total** | |  | |
| **Type of Spaces** | | **(A)**  **Number of Existing Licensed Spaces** | | **(B)**  **Proposed additional spaces** | | **( C)**  **Total Number of Spaces Upon Project Completion**  **(A+B = C)** |
| Infant | |  | |  | |  |
| Preschool | |  | |  | |  |
| School Age | |  | |  | |  |
| **Total** | |  | |  | |  |

##### **2.3.2 Criterion 2 – Secured Financing**

**All projects must demonstrate secured financing for the remaining project costs.**

**Minimum size of capital development should be 52 spaces for infant and/or pre-school and school-age children in urban centres and 24 spaces in rural Manitoba.**

Using APPENDIX A, provide the total estimated project cost and additional sources of secured financing to support the project. Include financing through any other foundations, funders, financial institutions, in kind contributions, and provincial or federal sources. Project should be at Class B estimate stage in order to complete Appendix A. Please complete and submit APPENDIX A –Project Cost Estimates with the proposal.

**Key Note: Proponents must be able to provide written confirmation of funding sources including private donations or services in kind.**

##### **2.3.3 Criterion 3 – Readiness to Proceed**

Describe the estimated timeline for project completion:

|  |  |
| --- | --- |
| **Project Phase:** | **Estimated date**  **(yyyy/mm/dd):** |
| Construction Start: |  |
| Construction Complete: |  |
| Licensing: |  |

**Attach a floor plan** for the indoor space, and a **site plan** for the outdoor play space. All plans must be designed by an architect and must adhere to licensing requirements as per the Child Care Regulations. Please confirm that you have consulted one of the following ELCC staff:

If you are an existing child care provider, have consulted with the Child Care Coordinator?

Name of Child Care Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of consultations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a new or existing child care provider, have you consulted with the Facility and Capital Development Analyst at Early Learning and Child Care Program?

Dates of consultations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### **2.3.4 Criterion 4 – On-going Financial Viability**

Using APPENDIX B, provide a facility operating budget demonstrating that the child care facility will be financially viable and able to operate with an operating budget surplus by the third-year of operations for the new child care facility. **Minimum size of capital development should be 52 spaces for infant and/or pre-school and school-age children in urban centres and 24 spaces in rural Manitoba.**

Please complete and submit a three-year operating budget (APPENDIX B) with the proposal **and** Minutesof the Board of Directors approving the budget. If the project is an expansion (addition of new spaces within an existing location) of a facility, complete an operating budget that includes new and existing spaces at affiliated sites.

## Capital Building Fund Proposal Submission Checklist

Please ensure **all** the following documents are included in your proposal submission and email to the Early Learning and Child Care Capital Building Fund inbox at [CCGF@gov.mb.ca](mailto:CCGF@gov.mb.ca)

**A completed Capital Building Fund Proposal** of the new/ expansion of existing child care facility addressing how project proponent meet the eligibility criteria

**Written confirmation of funding sources** including private donations or services in kind

**Floor plan** for the indoor space, and a site plan for the outdoor play space. All plans must be designed by an architect and must adhere to licensing requirements as per the Child Care Regulations

If the capital project development is on school property, please provide **written confirmation of the approval from the school division** (where applicable)

**Completed Capital costs and Finances (Appendix A)**

Part 1: Project Description

Part 2: Estimated Project Costs

Part 3: Sources of Funding

Part 4: Project Timeline and Estimated Cashflow

(Note: Project should be at Class B estimate stage in order to complete

Appendix A)

**Completed Operating Budget Form (Appendix B)** including three-year projections **and** **Minutes** of the Board of Directors approving the budget.

**Zoning permit** (where applicable)

**Attended Child Care Facility Information Session**

**Applicant’s Declaration:**

|  |
| --- |
| I agree that the information provided in this proposal is true and complete.  Name of Project Team Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Project Team Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# APPENDIX A: Capital costs and Finances

Part 1: Project Description

Part 2: Estimated Project Costs

Part 3: Sources of Funding

Part 4: Project Timeline and Estimated Cashflow

(Note: Project should be at Class B estimate stage in order to complete Appendix A)

Please refer to excel spreadsheet attached separately together with this proposal package.

Include the completed Appendix A with your proposal for submission to [CCGF@gov.mb.ca](mailto:CCGF@gov.mb.ca)

# APPENDIX B: Operating Budget Form

Please refer to excel spreadsheet attached separately together with this proposal package

Include the completed Appendix B **and** Minutes of the Board of Directors approving the budget with your proposal for submission to [CCGF@gov.mb.ca](mailto:CCGF@gov.mb.ca)