

# Inclusion Program Adapted Equipment / Training & Resources Grant Application

To be completed by supporting professional in consultation with the parent/guardian and caregiver.

## APPLICATION FOR:

Date: \_\_\_\_\_

☐ **Adapted Equipment Grant** - for the purchase of adapted equipment required to meet the needs of the child in an amount not to exceed \$600/year or in exceptional circumstances \$1200/year

☐ **Training & Resources Grant** - for the training of child care employees and the provision of resources to meet the needs of the child in an amount not to exceed \$100/year or for Enhanced Accessibility \$200/year.

All receipts shall be retained by the facility and may be viewed by the Program Consultant. If the grant is not spent on approved equipment, training or resources, funds will be recorded as an overpayment and recovered from future grants.

Note: The grant is for resources and registration fees for training events, not mileage, meals, accommodations.

### CHILD INFORMATION

Child's Name: \_\_\_\_\_  
Last First

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Year / Month / Day

#### FOR OFFICE USE ONLY:

Child Entity ID : \_\_\_\_\_

### INCLUSION GRANT INFORMATION

Currently this facility is receiving for this child:

- ☐ **Individual Inclusion Grant (II)**  
☐ **Enhanced Accessibility Grant (EA)**  
☐ **No current Inclusion Grant, or** ☐ **CI funded**

II/EA Grant start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

II/EA Grant end date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Year / Month / Day)

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_  
Last First

Birth Date: \_\_\_\_\_  
Year / Month / Day

Address: \_\_\_\_\_  
Street / Box No. City / Town

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work

Signature of Parent \_\_\_\_\_

#### FOR OFFICE USE ONLY:

**Facility Name:** \_\_\_\_\_

**Facility Entity ID:** \_\_\_\_\_

**Grant Type:** AE

**Funding Request ID:** \_\_\_\_\_

**Grant of \$** \_\_\_\_\_

#### Eligibility

**Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**End Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Year/Month/Day)

Signature of ELCC Consultant

Date

Signature of ELCC Program Manager

Date

**Grant Type:** AE

**Funding Request ID:** \_\_\_\_\_

**Grant of \$** \_\_\_\_\_

#### Eligibility

**Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**End Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Year/Month/Day)

Signature of ELCC Consultant

Date

Signature of ELCC Program Manager

Date

SUPPORTING PROFESSIONAL INFORMATION	
Name and Title of Supporting Professional	
Agency Name	
Street / Box No.	City / Town
Postal Code	Telephone
E-mail	Fax
Signature of Supporting Professional	

CHILD CARE FACILITY INFORMATION	
Name of Child Care Facility	
Street / Box No.	City / Town
Postal Code	Telephone
E-mail	Fax
Signature of Centre Director / Child Care Home Provider	
Signature of Primary Caregiver	

ITEM (name and description of equipment, training or resource) <i>Attach diagram or copy of equipment catalogue page as needed for clarification.</i>	PURPOSE (explain the reason(s) for needing this equipment, training or resource)	ESTIMATED COST (including shipping / handling / exchange rate / taxes)
Total Estimated Cost:		\$

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_