

DISTRICT OF PARRY SOUND

Professional Learning & Capacity Funding Application

For more information email: ccsm@psdssab.org
 Email completed applications to: ccsm@psdssab.org

Type A: Professional Learning Funding is provided by the District of Parry Sound Social Services Administration Board to support professional learning to improve recruitment and retention of the RECE workforce and other program staff, and to support the implementation of the CWELCC agreement. This funding supports professional learning to build capacity in the Early Years to support high quality programs.

Eligibility

- Program supervisors and staff in licensed child care centres that are enrolled in CWELCC or exclusively serving children aged 6-12
- Home visitors and providers in home child care agencies that are enrolled in CWELCC or exclusively serving children aged 6-12
- Program staff and supervisors in EarlyON Child and Family Centres
- Additional support staff such cook, management, ISS and recreation and skill building program staff

Type B: Capacity Funding is provided by the District of Parry Sound Social Services Administration Board to support professional learning and development opportunities that build capacity of licensees, supervisors, program staff/caregivers, and home visitors to support the provision of high-quality programs for children 6-12 years.

Eligibility

- Professional learning and development opportunities for those programs enrolled in CWELCC or exclusively serving children 6-12 years of age
- Professional learning and development opportunities align with the CCEYA, 2014 regulations and ministry policy. Program related professional learning opportunities that align with HDLH, Ontario’s Pedagogy for the Early Years.

**** Please note capacity funding cannot be used to support or enforce compliance with service agreements. In addition, funding will be prioritized for licensees that have limited access to resources and support, as well program demonstrating a focus on improving program quality and inclusion for children with special needs.**

PLEASE COMPLETE ALL SECTIONS

Date	
Program	
Name of Applicant	
Program Supervisor (if different than applicant)	
Organization (if applicable)	

FUNDING OVERVIEW

Date of Proposed Training: _____

Name of Training: _____
(attach a copy of the training indicated above)

Host of Training: _____

Provide a brief description of the training:

Cost of the training requested (per registrant): \$ _____

Number of staff requesting to attend: _____

Total Cost \$ _____

Please describe how the training will benefit the quality of your program, staff, children and or families:

Name of Staff	Staff Position	RECE	Non-ECE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Name of Staff	Position	ECE	Non-ECE
11.			
12.			
13.			
14.			
15.			
Total Funding Request Amount: \$ _____			

**** Please ensure all applicable sections are completed prior to submission. Once your application is received through ccsm@psdssab.org it will be reviewed by the Child Care Service Management team for approval.**

Name of Applicant (please print)

Signature of Applicant

Date: _____

FOR OFFICE USE ONLY- DSSAB APPROVAL

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
<input type="checkbox"/>	Professional Learning Funding	<input type="checkbox"/>	Capacity Funding