

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.

Eligible Staff

- 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, along with support staff and educators working in the sector to support the provision of high-quality programs for children 6-12 years.

Eligibility

- Costs related to professional learning and development opportunities that align with the Child Care and Early Years Act 2014 regulations and ministry policy.

**** 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 REQUIRED SECTIONS

Name of Operator: _____

Name of Program: _____

Supervisor Name: _____

Email: _____ Phone: _____

PLEASE ENSURE TO COMPLETE THE SECTION BELOW WITH WHICH YOU ARE REQUESTING FUNDING.

Is your application request for:

A: Professional Learning Funding

B: Capacity Funding

TYPE A: PROFESSIONAL LEARNING FUNDING REQUEST

Date of Proposed Training: _____

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

Provide a brief description of the training:

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

Number of staff requesting to attend: _____

Name of Staff	Staff Position
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Funding Requested: _____

TYPE B: CAPACITY FUNDING REQUEST

Please indicate what the capacity funding will be used to purchase:

Please describe how the approved funding would benefit the quality of your program, staff, children and or families:

Total Funding Requested: _____

**** 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