



EARLY LEARNING AND CHILD CARE INFRASTRUCTURE FUND  
**MAJOR PROJECT GUIDELINES AND APPLICATION**  
**2024 - 2025**

### Application instructions

**Read** this document carefully for details about the program's purpose, the eligibility of your organization and your project, and how to apply.

**Contact** the Early Learning and Child Care Branch (ELCC) to discuss your project. ELCC staff are available year-round to provide advice and guidance about the program and to review draft applications well before a deadline.

**Prepare** your application with all pages on 8½ x 11 single-sided. Do not use staples. Download and save this document to enter information for your application. Additional pages can be attached if required.

**Complete** the application checklist and include it with your application.

**Submit** your application. Applications must be received by the ELCC office **no later than 4:30 pm** on the day of the deadline. If a deadline falls on a weekend or holiday, applications must be received no later than 4:30 pm on the first business day following the deadline. Late applications will not be considered for funding.

### Application checklist

#### All applications must include:

- Completed application checklist
- Completed and signed application form (request original signature page)
- Completed Appendix A, which includes the budget summary, revenue and expenses, and staffing plan

#### Copies of the following, if applicable:

- Site layout, schematic design (project dependent) and/or floor plans
- Development permit(s)
- Quotes and estimates supporting project costs
- Confirmation of ownership/leasehold or partnership agreement/commitment, and written approval from property owner, if in a leased building
- Written confirmation of funding sources, including private donations or services in-kind
- Minutes of the Society's Board of Directors authorizing the project application signed by the chair
- Documents to support demonstrated need and stakeholder engagement

### Contact and submission

#### Early Learning and Child Care Branch

1000 Lewes Boulevard  
Whitehorse, Yukon

**Phone:** 867-667-3492  
**Toll-free (in Yukon):** 1-800-661-0408 Ext. 3492  
**Email:** [earlylearning@yukon.ca](mailto:earlylearning@yukon.ca)

#### Mailing Address

ELCC Infrastructure Fund  
Early Learning and Child Care Branch  
Department of Education  
Government of Yukon  
Box 2703 (E-23),  
Whitehorse, Yukon, Y1A 2C6



**Section 1: Organization information**

Name of organization	
Type of organization	
<input type="checkbox"/> First Nations governments <input type="checkbox"/> Registered non-profit organization (select one below) <ul style="list-style-type: none"> <li><input type="checkbox"/> Incorporated under the <i>Yukon Societies Act</i></li> <li><input type="checkbox"/> Incorporated under the <i>Canada Not-for-profit Corporations Act</i></li> </ul>	
<b>Non-profit organizations only</b> – is this an indigenous-led organization?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Organization currently operating a licensed ELCC program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not a current operator - Describe how your organization is qualified to operate an early learning and child care program (i.e., description of how the organization intends to manage the program).	

**Section 2: Contact information**

<b>Contact one</b>				
Last name		First name		
Position				
Phone		Email		
Mailing address				
UNIT # (OPTIONAL)	STREET NUMBER AND NAME/ P.O. BOX	CITY/TOWN	PROVINCE/TERRITORY	POSTAL CODE
<b>Contact two</b>				
Last name		First name		
Position				
Phone		Email		
Mailing address				
UNIT # (OPTIONAL)	STREET NUMBER AND NAME/ P.O. BOX	CITY/TOWN	PROVINCE/TERRITORY	POSTAL CODE

### Section 3: Project information

Project name				
Civic address				
UNIT # (OPTIONAL)	STREET NUMBER AND NAME	CITY/TOWN	PROVINCE/TERRITORY	POSTAL CODE
Proposed facility size, if known (sq. ft)		Total outdoor play area (sq. ft)		
Will the proposed facility be located within a larger building or complex? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the proposed facility zoned for the provision of early learning and child care according to the applicable municipal by-laws? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How do you plan to create early learning and child care spaces? <input type="checkbox"/> Acquire a building <input type="checkbox"/> Acquire a modular structure <input type="checkbox"/> Construct a new building <input type="checkbox"/> Add to or renovate an existing building				
What is the expected number of <b>new</b> licensed spaces that the project will create upon completion? _____				
How many of these spaces will be Francophone early learning and child care spaces? _____				
How many of these spaces will be Indigenous-led early learning and child care spaces? _____				
<b>Project description</b>				
Proposed facility size, if known (sq. ft)		Total outdoor play area (sq. ft) (if applicable)		
Provide a detailed description of the work to be completed (e.g., construction of a new building or renovation of an existing building, specifics such as expansion of bathrooms/kitchen, etc.).				
Do you anticipate any unique site development requirements (including but not limited to leveling, soil remediation, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe:		Describe work completed to make this determination.		

Have you identified a design/architectural firm for this project?

Yes

No

**Name of firm:** \_\_\_\_\_

If no, describe how you will plan the design for this project.

**Address:**

UNIT # (OPTIONAL) \_\_\_\_\_ STREET NUMBER AND NAME \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ PROVINCE/TERRITORY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

**Contact:**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

**Title:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

Do you have preliminary site layouts, schematic designs, floor plans etc.?

Yes (provide with application)

No

**Section 4: Project timeline**

**Project timeline**

Provide the estimated timeline for the project.

Activity	Anticipated start date	Anticipated completion date
1.	YYYY/MM/DD	YYYY/MM/DD
2.	YYYY/MM/DD	YYYY/MM/DD
3.	YYYY/MM/DD	YYYY/MM/DD
4.	YYYY/MM/DD	YYYY/MM/DD
5.	YYYY/MM/DD	YYYY/MM/DD
6.	YYYY/MM/DD	YYYY/MM/DD
7.	YYYY/MM/DD	YYYY/MM/DD
8.	YYYY/MM/DD	YYYY/MM/DD

**Section 5: Estimated project costs**

**Funding sources**

**Organization's contribution:** How will your organization be contributing to this project? Select all that apply.

In-kind contribution

Describe (e.g., land, buildings, project management services, etc.).

Financial contribution

Contribution amount: \_\_\_\_\_

**Other funding:** List any other sources of funding that you anticipate receiving for this project. This can include other government funding, mortgages, donations, earned income, etc.

Funding source: \_\_\_\_\_

Contribution amount: \_\_\_\_\_

Funding source: \_\_\_\_\_

Contribution amount: \_\_\_\_\_

Funding source: \_\_\_\_\_

Contribution amount: \_\_\_\_\_

Funding source: \_\_\_\_\_

Contribution amount: \_\_\_\_\_

**Estimated project costs**

Item	Description	Estimated cost
<i>Ex. Architect's fees</i>	<i>Building design and plans</i>	<i>\$2000.00</i>
<b>Total estimated project cost</b>		

Do you have quotes to support your project estimates?

Yes (attach all quotes to completed application)    No

If no, how have you estimated project costs?

Do you plan to use a project management team for this project?

Yes

No

**Name of firm:** \_\_\_\_\_

If no, describe how you plan to manage this project.

**Address:**

UNIT # (OPTIONAL) \_\_\_\_\_ STREET NUMBER AND NAME \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ PROVINCE/TERRITORY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

**Contact:**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Have you identified a contractor for this project?

Yes

No

**Name of firm:** \_\_\_\_\_

If no, do you anticipate any challenges in finding a contractor within the project timeframe?

**Address:**

UNIT # (OPTIONAL) \_\_\_\_\_ STREET NUMBER AND NAME \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ PROVINCE/TERRITORY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

**Contact:**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### Section 6: Estimated cash flow

Refer to attached spreadsheets.

### Section 7: Community need

How did you assess your community's need for early learning and child care, and what was the result of your assessment?

Have you consulted other early learning and child care operators, families, community organizations and others in the community to validate the need for additional early learning and child care options?

Yes  No

If yes, describe.

What partnerships have you established or do you plan to establish to support for this project?

What impact do you hope to have through this project?

## Section 8: Applicant declaration

### Payment and reporting requirements

Transfer payment agreements between the Government of Yukon and successful applicants outline the terms and conditions of funding, payment schedule and reporting requirements. The schedule for payment is in accordance with the Government of Yukon's Transfer Payment Policy. The final report should demonstrate that the outcomes or outputs of the project, as described in the application, have been achieved and that the funds have been expended in accordance with the approved project budget.

### Acknowledgement of funding

- Successful applicants are required to publicly acknowledge the financial assistance of the Governments of Yukon and Canada, and the ELCC Infrastructure Fund. Further information on this requirement is included in the transfer payment agreement.
- I am submitting this application for the purpose of obtaining financial assistance from the Government of Yukon. The statements herein are, to the best of my knowledge, true and correct. I affirm that I understand the criteria and intent of the funding program and am applying in good faith.
- The Government of Yukon may share this application and/or make enquiries of such persons, firms, corporations, federal, provincial, First Nation and municipal government departments/agencies, and not-for-profit, economic development or other organizations regarding the applicant as may be appropriate in the opinion of Government of Yukon.
- I understand the Government of Yukon or its agents may audit any or all of the records, including financial records of the recipient or its agents as is necessary to satisfy the Government of Yukon that the objectives and activities of the funding program have been carried out and that the funds have been spent in accordance with the terms of this funding program.

- Any funds that are not expended to cover approved eligible costs shall constitute a debt due to the Government of Yukon and shall, upon request by the Government of Yukon, be repaid immediately by the Recipient to the Government of Yukon.

***Access to Information and Protection of Privacy Act***

- I understand that pursuant to Section 15(c)(i) and Section 16 (2)(d)(iii) of the *Access to Information and Protection of Privacy Act (ATIPPA)* personal information is being collected for the for the purpose of carrying out a program and/or determining the individual's eligibility to receive a benefit from a program. The collection, use and disclosure of my personal information is managed in accordance with the *ATIPPA Act* and all or part of this information may be made available to the public.

If you have any questions about the collection, use or disclosure of your personal information, contact the Early Learning and Child Care Branch by email to: [earlylearning@yukon.ca](mailto:earlylearning@yukon.ca).

Name (print)	Signature	Date (YYYY/MM/DD)