City of Richmond

Child Care Grants
Proposed Project Budget

Planning and Development Division
Community Social Development Department

Date: _____ **Society Name:** _____

Name of the Child Care Centre or Program (if applicable): _____

Project Budget

	Higher / Non-Preferred Quote				Lower / Preferred Quote				
Proposed Expenses *	**Quote 1 Sub-total**	**Quote 1 Shipping**	**Quote 1 Taxes**	**Quote 1 Total**	**Quote 2 Sub-total**	**Quote 2 Shipping**	**Quote 2 Taxes**	**Quote 2 Total**	**Amount needed**
Item/Activity									
Total Expenses									**$**
Proposed Revenue Sources (list all funding sources and amounts including requested grant funding)									
Total Revenue									**$**
Surplus/(Deficit)									**$**

**Two quotes are required for each item, each quote must include shipping and taxes if requesting grant funding for this*

Total Grant Amount Requested	**$**

Sources of Funding your Child Care Program Currently Receives

Provide the following information if you are applying for a Child Care Capital Grant	**Yes**	**No**	**Comments**
Program receives Child Care Operating Funding and participates in Fee Reduction Initiative			
Program operates as a $10 a day site			
Program enrolls families accessing Affordable Child Care Benefit			
Program enrolls children who require extra support			
Program currently works with Supported Child Development			
*Program receives other funding or financial support from the City of Richmond			
*Organization receives other funding or financial support from the City of Richmond			

**Examples include nominal lease, service agreement, operating grant, permissive tax exemption, etc.*

Richmond