

## Supported Child Development Programs Cross Boundary Funding Request

 NEW REQUEST

 RENEWAL

 CHANGE

Child's Name: \_\_\_\_\_ Date of Birth (D, M, Y): \_\_\_\_\_

### SCD Program Information:

Request From:

SCD Program Providing Consultant Service: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Request To:

SCD Program to Provide Support Funding: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Contract Set Up Information:

 Contract will be:  With Child Care Program  Between SCD Programs

 Child Care Organization Name: \_\_\_\_\_  
(Legal Name Used for Financial Purposes)

Current Mailing Address: \_\_\_\_\_

 Funding Contact Person (*the signing authority*): \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

 Child Care Contact Person (*person submitting invoices*): \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Funding Information:

\* Note - The percentages noted below are typical rates for these mandatory benefit costs. You are responsible for determining the exact rates for your child care organization. This is informational only.

Hourly Wage Rate				Other Costs (if applicable) - these are based on your community's standards re: what costs are covered in addition to the wage rate	
<b>Benefit Costs Breakdown:</b>					
Vacation	\$ -	4%	* see note above	Cost:	For:
Employment Insurance (EI)	\$ -	2.49%	* see note above		
Canada Pension Plan (CPP)	\$ -	4.95%	* see note above		
Workers Compensation (WCB)	\$ -	0.82%	* see note above		
<b>Total Benefit Costs per Hour</b>	<b>\$ -</b>				
<b>Total Hourly Cost</b>	<b>\$ -</b>				

Requested Start Date: \_\_\_\_\_

 \_\_\_\_\_  
 Signature, SCD Coordinator Submitting Request (Consulting Community)

 \_\_\_\_\_  
 Date

