



## Professional Development and Relief Staff Support Funding Application 2010

Date submitted: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

Address of Operator: \_\_\_\_\_

Name of Child Care Program: \_\_\_\_\_

Address of Child Care Program: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Make PD funding cheque payable to: \_\_\_\_\_

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

Email: \_\_\_\_\_

We request funding for the following:

<b>Professional Development Event</b> Attach separate sheets if more space is needed Event registration form or flyer must be attached.	<b>Registration Fees</b>	<b>Cost of Relief Staff- include vac pay etc</b>	<b>Priority #</b>	<b>Proof of Payment attached Y/N</b>
<b>Total requested from THRC (including registration fees and cost of relief staff)</b>				

Please attach or include the following to support the above items:

- Proof of payment for training (eg. copies of receipts, cancelled cheque, account statement  
\* Please note Invoices are not proof of payment.
- Total cost of relief staff (include wages, benefits, vacation pay etc. to a maximum of \$15.00 / hour). Proof of relief staff payment must include: time cards, cancelled cheque, and supported accounting documents confirming proof of payment
- A copy of the completed registration form, and/or a copy of the flyer advertising the event for non THRC events. For all THRC events registration forms and flyers are not required.

**Note:** a) If you own/operate multiple locations in Halton, please submit only one application for your total request.

b) Proof of payment (copies) **must** accompany the application.

c) Staff must attend the event or funding **must be** returned to THRC.

d) Applications will be accepted based on the completeness of the application, and the availability of Provincial funds.

e) Please prioritize all of your requests. If we are limited in funds indicate which would be your number one priority for funds.

Return to: The Halton Resource Connection  
410 Bronte Street  
Milton, ON L9T 0H8  
905-875-4600  
Fax 905-876-1273

This is to certify that our staff registered for and will attend/have attended the above named event.

\_\_\_\_\_  
Signed by Owner/Operator

\_\_\_\_\_  
Signed by signing officer of the Board of Directors

Amount approved by THRC: \_\_\_\_\_ Not Approved by THRC: \_\_\_\_\_

Date: \_\_\_\_\_

Reason not approved: \_\_\_\_\_  
\_\_\_\_\_