

Call for proposals dedicated to First Nations and Inuit

Short form for applications to increase capacity.

FOR THE APPLICANT

- Read the information in the *Guide for Applicants for Subsidized Educational Childcare Spaces* before completing the form.
- In section 1, please make sure to check off the method of filing your application: Regular application or Notice of interest.
- For notices of interest, please provide all the information requested, based on the information available to you.
- Complete the form online and register it.
- Do not write in the spaces reserved for the Ministère de la Famille.

Reserved for the ministère de la Famille

Section 1 – Information on the applicant (mandatory section)

CPE spaces Subsidized day care spaces Regular application Notice of interest

1.1 Name and contact information of the business making the application, hereafter the “applicant” (legal person or natural person)

Name of the business (legal person or natural person registered in the Québec Enterprise Register or band council):

Québec Enterprise Register (NEQ) number:

Address (number, street):

City or town:

Province:

Postal code:

Phone:

Fax:

Email:

1.2 Name and contact information of the person to contact concerning the application

Ms. M.

Last name:

First name:

Tel.:

Ext.:

2nd phone:

Ext.:

Email:

1.3 Summary of applications sent to the Ministère

Specify the number of applications for subsidized spaces you are submitting with regard to this call for proposals:

One application More than one application

Municipality or community

Municipality or community

1.4 Other permits

Are you or is a shareholder or a director of your business the holder of a permit issued under the Educational Childcare Act ?

Yes No

If so, please indicate below the division and facility number(s) of these childcare centres:

Division no.:

Division no.:

Division no.:

Division no.:

Facility no.:

Facility no.:

Facility no.:

Facility no.:

1.5 Portrait of the directors and shareholders (legal person only)

DIRECTORS AND SHAREHOLDERS (legal person)

Name the business’s natural person directors and shareholders (*with or without voting right)

Ms. M.

Last name:

First name:

Address (number, street):

City or town:

Province:

Postal code:

Phone:

Email:

Role:

Dir. SH

Date of start of term (if director)

% of shares with voting right (as applicable)

Ms. M.

Last name:

First name:

Address (number, street):

1.5 Portrait of the directors and shareholders (legal person only) (continued)

DIRECTORS AND SHAREHOLDERS (legal person only) (continued)

City or town:	Province :	Postal code:
Phone:	Email:	
Role : <input type="checkbox"/> Dir. <input type="checkbox"/> SH	Date of start of term (if director)	% of shares with voting right (as applicable)

Name the business's natural person directors and shareholders (*with or without voting right)

<input type="checkbox"/> Ms. <input type="checkbox"/> M.	Last name:	First name:
Address (number, street):		
City or town:	Province :	Postal code:
Phone:	Email:	
Role : <input type="checkbox"/> Dir. <input type="checkbox"/> SH	Date of start of term (if director)	% of shares with voting right (as applicable)

<input type="checkbox"/> Ms. <input type="checkbox"/> M.	Last name:	First name:
Address (number, street):		
City or town:	Province :	Postal code:
Phone:	Email:	
Role : <input type="checkbox"/> Dir. <input type="checkbox"/> SH	Date of start of term (if director)	% of shares with voting right (as applicable)

Name each of the business's legal persons and trust shareholders

IMPORTANT – For each legal person registered, complete **section 1.6**

Last name:	First name:	Type :
Address (number, street):		
City or town:	Province :	Postal code: % of shares with voting right

Last name:	First name:	Type :
Address (number, street):		
City or town:	Province :	Postal code: % of shares with voting right

Last name:	First name:	Type :
Address (number, street):		
City or town:	Province :	Postal code: % of shares with voting right

1.6 Portrait of the business's legal person shareholder who is making the application, as applicable:

If you have registered a legal person, name each of this legal person's directors and shareholders.

Name of the legal person this portrait pertains to:	Québec Enterprise Number (NEQ):
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Name the business's natural person directors and shareholders* (*with or without voting right)

<input type="checkbox"/> Ms. <input type="checkbox"/> M.	Last name:	First name:
Address (number, street):		
City or town:	Province :	Postal code:
Phone:	Email:	<input type="checkbox"/> Dir. <input type="checkbox"/> SH % of shares with voting right (as applicable)

<input type="checkbox"/> Ms. <input type="checkbox"/> M.	Last name:	First name:
Address (number, street):		
City or town:	Province :	Postal code:
Phone:	Email:	<input type="checkbox"/> Dir. <input type="checkbox"/> SH % of shares with voting right (as applicable)

<input type="checkbox"/> Ms. <input type="checkbox"/> M.	Last name:	First name:
Address (number, street):		
City or town:	Province :	Postal code:
Phone:	Email:	<input type="checkbox"/> Dir. <input type="checkbox"/> SH % of shares with voting right (as applicable)

<input type="checkbox"/> Ms. <input type="checkbox"/> M.	Last name:	First name:
Address (number, street):		
City or town:	Province :	Postal code:
Phone:	Email:	<input type="checkbox"/> Dir. <input type="checkbox"/> SH % of shares with voting right (as applicable)

1.6 Portrait of the business's legal person shareholder who is making the application, as applicable (continued)

Name each of the business's legal persons and trust shareholders

IMPORTANT – For each legal person registered, complete **section 1.6**

Last name:	First name:	Type :	
Address (number, street):			
City or town:	Province :	Postal code:	% of shares with voting right
Last name:	First name:	Type :	
Address (number, street):			
City or town:	Province :	Postal code:	% of shares with voting right
Last name:	First name:	Type :	
Address (number, street):			
City or town:	Province :	Postal code:	% of shares with voting right

As required, you will find other pages on the Ministère de la Famille website in order to complete the **portrait of the business's legal person shareholder who is making the application**.**Section 2 – Information on the proposal (mandatory for Regular application and Notice of interest)**Read section 4.2 Information on the project on page 14 of the *Guide for Applicants for Subsidized Educational Childcare Spaces*.**2.1 Name and contact information of the facility where children will be accommodated**

Name of the facility:	
Municipality or community where the facility is located:	
Neighbourhood or area where the facility is located (as applicable):	
Address of the facility (number, street, apartment) if known:	
Division number (if known):	Facility number (if known):

2.2 Number of spaces requested

	For current permit holders only Number of existing spaces as indicated on your permit	Number of spaces requested
Children under 18 months of age (babies)		
Children 18 months of age or older		
Total		

2.3 Description of the business proposal

This section of the form does not need to be completed if you are applying for an increase in capacity with no alterations to the facility or an increase in capacity with alterations to the facility but without enlargement of the facility.

Section 3 – Documents required

This section of the form does not need to be completed if you are applying for an increase in capacity with no alterations to the facility or an increase in capacity with alterations to the facility but without enlargement of the facility.

Section 4 – Implementation plan

This section of the form does not need to be completed if you are applying for an increase in capacity with no alterations to the facility or an increase in capacity with alterations to the facility but without enlargement of the facility.

Section 5 – Governance and management of resources

This section of the form does not need to be completed if you are applying for an increase in capacity with no alterations to the facility or an increase in capacity with alterations to the facility but without enlargement of the facility.

Section 6 – Other information

This section of the form does not need to be completed if you are applying for an increase in capacity with no alterations to the facility or an increase in capacity with alterations to the facility but without enlargement of the facility.

Section 7a – Resolution of the promoter (band council or of the board of directors of the legal person) authorizing the application (Mandatory section for a Regular application and a Notice of interest).

Resolution number: _____

Excerpt of the minutes of the meeting of the band council or of the body responsible for childcare services in the community named _____ [exact name of the business making the application] held on, _____ [date on which the resolution was adopted] and for which there was a quorum.

It is proposed, seconded and resolved that an application for _____ [number] subsidized educational childcare spaces to meet the needs of the community be made to the Ministère de la Famille so that it is submitted for analysis and that _____ [full name of the person authorized by the board of directors or the band council to sign the permit application] be authorized to sign this application for subsidized spaces and to provide all the documents and information required by the Ministère de la Famille and ensure follow-up thereof with the Ministère.

It is proposed, seconded and resolved that it be attested that the board of directors of the applicant, as applicable, is composed as described in **section 1.5** of this form.

I certify that this resolution is in accordance with the decision made at said meeting of the board of directors or of the band council.

Signature of the person designated by the board of directors or the band council.

Date (year-month-day)

Section 7b – Resolution of the band council (if it is not the applicant) or of the body responsible for childcare services supporting the application

Resolution number: _____

Excerpt of the minutes of the meeting of the band council or of the body responsible for childcare services in the community named _____ [exact name of the business making the application] held on _____ [date on which the resolution was adopted] and for which there was a quorum.

It is proposed, seconded and resolved that an application for _____ [number] subsidized educational childcare spaces to meet the needs of the community be made to the Ministère de la Famille so that it is submitted for analysis and that _____ [full name of the person authorized by the board of directors or the band council to sign the permit application] be authorized to sign this application for subsidized spaces and to provide all the documents and information required by the Ministère de la Famille and ensure follow-up thereof with the Ministère.

It is proposed, seconded and resolved that it be attested that the board of directors of the applicant, as applicable, is composed as described in **section 1.5** of this form.

I certify that this resolution is in accordance with the decision made at said meeting of the board of directors or of the band council.

Signature of the person designated by the board of directors or the band council.

Date (year-month-day)

Section 8 – Signature of applicant (authorized person)

If the applicant is a band council or a legal person, it is the person authorized in the above resolution who must sign. If the applicant is a natural person, it is this person who must sign.

As the authorized person, I declare that the information provided in this form and the documents attached, as applicable, is true, complete and accurate and describes the actual situation. Any false declaration shall automatically lead to rejection of the application.

Last name, first name:

Position:

X

Signature

Date (year-month-day)

IMPORTANT – Please ensure that your application is complete by using the submission checklist attached to the preparation guide. This will simplify handling of your application and support its eligibility and analysis. Your application is to be emailed to the Direction régionale des services à la clientèle (customer services regional branch) of the region where the childcare facility will be established **by 11:59 p.m. on October 13, 2023**. For payments by registered mail, the postmark will attest to the date of sending of the payment. Please note that there is no point in providing documents other than those specified in the guide because they will be removed from the file and not analyzed.

Instructions for submitting your application

Your application is to be emailed to the Direction régionale des services à la clientèle of the region where the childcare facility will be established **by 11:59 p.m. on October 13, 2023**. For payments by registered mail, the postmark will attest to the date of sending of the payment. No application will be accepted after that date.

Please note that no application can be made in person or by fax.

Ministère de la Famille 750, boul. Charest Est Bureau 510 Québec (Québec) G1K 3J7 dscnne@mfa.gouv.qc.ca	Ministère de la Famille 600, rue Fullum, 6 ^e étage Montréal (Québec) H2K 4S7 dscim@mfa.gouv.qc.ca	Ministère de la Famille 201, place Charles-Le Moyne Bureau 6.02 Longueuil (Québec) J4K 2T5 dt.sud@mfa.gouv.qc.ca	Ministère de la Famille 1760A, boul. Le Corbusier Laval (Québec) H7S 2K1 drong@mfa.gouv.qc.ca
Regions	Region	Regions	Regions
Bas-Saint-Laurent	Montréal	Mauricie	Outaouais
Saguenay–Lac-Saint-Jean		Estrie	Abitibi-Témiscamingue
Capitale-Nationale		Montréal	Laval
Côte-Nord		Centre-du-Québec	Lanaudière
Gaspésie–Îles-de-la-Madeleine			Laurentides
Chaudière-Appalaches			
Nord du Québec			

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	Date received (year-month-day)	Initials	Date entered (year-month-day)	Initials