



Application for Minor Health & Safety Funding

Please submit to the following Early Childhood Program Offices:

Qikiqtani Region

Fax: (867) 473-2695
 Ph: 1-833-930-3935
ECOQikiqtani@gov.nu.ca

Iqaluit

Fax: (867) 979-2517
 Ph: 1-833-930-3938
ECOIqaluit@gov.nu.ca

Kivalliq Region

Fax: (867) 645-2127
 Ph: 1-833-930-3936
ECOKivalliq@gov.nu.ca

Kitikmeot Region

Fax: (867) 983-4025
 Ph: 1-833-930-3937
ECOKitikmeot@gov.nu.ca

Please attach the following with this application:

- Copy of the inspection report from the Office of the Fire Marshal or Environmental Health Officer showing the required repairs or modifications.

Facility Information

Name of Child Care Facility		E-mail
Mailing Address	Community	Phone Number

Details of Operations

Type of Childcare Facility Centre Based Facility Family Day Home

Status of Facility Owned Rented Leased

Type of Accommodation	Centre Based Facility	Family Day Home
	<input type="checkbox"/> New Building – Constructed for Day Care	Number of Rooms:
	<input type="checkbox"/> Existing Building – Renovated for Day Care	<input type="checkbox"/> House <input type="checkbox"/> Townhouse
	<input type="checkbox"/> Existing Building – Use AS IS for Day Care	<input type="checkbox"/> Duplex <input type="checkbox"/> Apartment

Required Repairs or Modifications

Type of Repairs/Modification	Required By	Estimated Costs
	<input type="checkbox"/> Fire Marshal <input type="checkbox"/> Environmental Health Officer	
	<input type="checkbox"/> Fire Marshal <input type="checkbox"/> Environmental Health Officer	
	<input type="checkbox"/> Fire Marshal <input type="checkbox"/> Environmental Health Officer	

Total Applying For (must not exceed \$5,000.00)

Applicant's Certification

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Name (please print)	Signature	Date
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