



Expansion of AHS in BC Initiative

D. Organization Capacity

20. Have you read and agree to the AHSABC Administrative Contribution policy?

Yes

No

21. Is your organization experiencing challenges or changes?

Yes

No

a. If **YES**, explain.

22. Is your childcare experiencing challenges or changes?

Yes

No

a. If **YES**, explain.

23. Share your successes from the past year.





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28. Does your organization have a wage grid?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Your current annual operating budget for the childcare is:		\$	
30. Your monthly childcare fees are:			
a. Group childcare (over 30 months to school age):		\$	
b. Group childcare (Under 36 months):		\$	
31. Share any additional information to help demonstrate capacity of your organization and need in your community.			
32. How will Aboriginal Head Start benefit/enhance your community?			



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| F. DECLARATION | | |
|--|------------------------------|-----------------------------|
| 33. If our AHS Application is shortlisted, we agree to dedicate time and resources to developing an Implementation Plan (IP) and completing it by December 17, 2021. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. We have a dedicated person who will work on this IP with the support of the AHSABC Team. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Dedicated staff member: | Name: | |
| | Phone: | |
| | Email: | |
| 35. We have reviewed, checked off, and attached all required documentation to support our AHS Application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| On behalf of _____ (applicant organization),
I hereby certify that all of the information provided on behalf of the organization(s) is true and complete to the best of my knowledge. | | |
| Signature: | | |
| Print Name: | | |
| Date: | | |

Application deadline is **October 15, 2021**. Submit completed application to admin@ahsabc.com.

