

Part 1

A • Instructions
<p>This form is used to apply for the Pandemic Staffing Support Benefit.</p> <p>The Pandemic Staffing Support Benefit will provide assistance to Child Care Facilities for additional staffing costs that cannot be accommodated from within their existing revenue / resources as a result of the COVID Pandemic. The Pandemic Staffing Support Benefit is intended to assist in offsetting the following costs:</p> <ul style="list-style-type: none"> • Overtime – the portion of staffing costs related to overtime worked by employees but not the cost if the staff worked regular hours. i.e. the 50% increase in hourly wages would be covered but not the regular wage. • Sick Time – sick time expenses paid to staff when they have exhausted their sick time benefits as a result of COVID. Staff are expected to access other available benefits first, including the Canada Recovery Sickness Benefit. • Staff Replacement Costs – costs in excess of regular staffing costs to replace staff including use of casual staff and external health services companies. • Public Health Directive – ongoing staffing costs that continue when public health directs facilities or cohorts to close for a short isolation period, and parent fees are not charged during the period. <p>Eligibility</p> <p>To be eligible for the Pandemic Staffing Support Benefit, child care facilities must be licensed and funded by the Department of Families for the delivery of early learning and child care services.</p> <p><u>Surplus will be considered</u> and those facilities that maintain an operating surplus equivalent to three months of Department of Families revenue or more may be deemed ineligible.</p> <p>Application</p> <p>Facilities can apply monthly and must complete all sections of the application including submission of all required information. Efforts will be made to provide assistance within two weeks of receiving the application unless the facility can demonstrate an urgent need for immediate financial assistance.</p> <p>Facilities are required to submit a monthly financial statement to demonstrate that their need for financial assistance is real and immediate.</p> <p>The Department may also request additional information, if required, to process the application.</p>

B • Agency Information			
Facility Name and Number			
Contact Name			
Contact Phone		Contact Email	

C • Benefit Request
<p>Identify the purpose which the benefit is being requested: More than one box may be selected</p> <p> <input type="checkbox"/> 1. Overtime <input type="checkbox"/> 2. Sick Time <input type="checkbox"/> 3. Staff Replacement Costs <input type="checkbox"/> 4. Public Health Directive </p>
<p>Month Requested: Nov 2020 <input type="checkbox"/> Dec 2020 <input type="checkbox"/> Jan 2021 <input type="checkbox"/> Feb 2021 <input type="checkbox"/> Mar 2021 <input type="checkbox"/></p> <p>Identify the amount of the costs incurred:</p> <p>1. Overtime Amount: \$</p> <p>2. Sick Time Amount: \$</p> <p>3. Staff Replacement Amount: \$</p> <p>4. Public Health Directive Amount \$</p>

D • Application Summary		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 5px;">Total Claim Amount</td> <td style="padding: 5px;"></td> </tr> </table> <p><input type="checkbox"/> Check here if you have provided a financial statement for the month(s) requiring immediate financial assistance.</p> <p>Have you applied for any other wage or staffing benefits (Yes or No):</p>	Total Claim Amount	
Total Claim Amount		

If yes, please specify and indicate approved/expected amount:

E • Declaration

The Board of Directors and management have reported accurate financial information at the time of the application. Signed on behalf of the Board of Directors and management:

*Board member name or
Home-based owner/operator*

*Board member or Home-based
owner/operator signature*

Date

Director name

Director signature

Date

Please return completed forms to:

Early Learning and Child Care
ATTN: **Application - Pandemic Staffing Support Benefit**
210-114 Garry Street
Winnipeg, MB R3C 4V4
Fax: (204) 948-3540
Email: ELCCFinance@gov.mb.ca