



LICENSED DAYCARE STARTUP GRANT

Applicant Name: _____

Name of Daycare: _____

Mailing address: _____

Address of Daycare: _____

Home Based Daycare

Conditional Use application received and approved: Yes No

Business License obtained: Yes No

Date daycare license approved by the Province of Manitoba: _____

Copy of Provincial License submitted Yes No

New Daycare in Commercial Zone

Conditional Use application received and approved (if required): Yes No

Date daycare license approved by the Province of Manitoba: _____

Copy of Provincial License submitted Yes No

Existing Daycare in Commercial Zone

Date daycare license approved by the Province of Manitoba: _____

Current number of approved daycare spaces: _____

Number of increased daycare spaces (if existing prior to 2022): _____



Effective: _____

(Minimum of 5 increased spaces required to qualify for the grant)

Copy of Provincial Licenses submitted (original and new license showing increase in available spaces)?

Yes No

Signature of applicant: _____

Date: _____

Completed application forms can be emailed to heathermiller@whereyoubelong.ca; or
dropped off at 329 Bronstone Drive, Niverville, Monday to Friday between 9 am and 5 pm; or
mailed to Box 267, Niverville MB, R0A 1E0

For Office Use Only:

Approved: Yes No

If No, reason: _____

Signature – CAO

Date

Payment Date: _____

Voucher Number: _____

Information logged Yes No