

# Licensed Child Care Directed Growth Expression of Interest (EOI): Application

Thank you for taking the time to complete the Expression of Interest (EOI) - Application Form. The purpose of the EOI is to identify service providers that are interested in expanding or creating new CWELCC-funded licensed, community-based child care spaces, between 2023 and 2026. Areas identified must be in priority neighbourhoods and targeting priority populations. **Once the application is submitted, it will be considered final.**

Licensed Child Care       Licensed Home Child Care Agency       Other: \_\_\_\_\_

## Section 1: Child Care Licensee Information

<b>Agency (Legal Name):</b>	
<b>Agency Mailing Address:</b>	<b>Application Date (DD/MM/YY):</b>
	<b>Date of which this agency became operational (DD/MM/YY):</b>
<b>Type of Licensee:</b> <input type="checkbox"/> Corporate <input type="checkbox"/> Individual	<b>Auspice:</b> <input type="checkbox"/> Profit <input type="checkbox"/> Not-for-Profit
<b>Contact Name:</b>	<b>Position Title:</b>
<b>Business Telephone Number:</b>	<b>Business Email:</b>
<b>Total # of licensed child care program sites your agency operates:</b>	
<b>Type of Organization:</b> <input type="checkbox"/> Indigenous <input type="checkbox"/> Francophone	

Please review each statement and indicate agreement by initialing each of the requirements

- Our mandate allows us to operate licensed child care programs.
- Our organization perceives itself to be financially viable.
- Any funding received for the purpose of operating CWELCC-funded licensed child care will be used as outlined in the Provincial CWELCC Funding Guidelines.
- Our organization commits to providing CWELCC-funded licensed child care programming in one or more priority neighbourhoods/service areas as identified by the City of Windsor and targeting children belonging to one or more priority populations, including Indigenous, Francophone, new immigrants, Black and other racialized children; low-income families, and children with disabilities and children needing enhances or individual supports
- Our organization understands that the new CWELCC-funded licensed child care spaces will be created between 2023 and 2026 and will work closely with the City of Windsor on mutually acceptable timelines.

## Section 2: Questionnaire

### Best Start Neighbourhood

1. Please identify where the proposed child care program will be located. Note: Priority neighbourhoods identified with \*

- |   |   |
|---|---|
| <input type="checkbox"/> West*                    | <input type="checkbox"/> Sandwich South & Industrial Zone |
| <input type="checkbox"/> Central*                 | <input type="checkbox"/> Lasalle                          |
| <input type="checkbox"/> South                    | <input type="checkbox"/> Tecumseh                         |
| <input type="checkbox"/> Central South            | <input type="checkbox"/> Amherstburg*                     |
| <input type="checkbox"/> East Fountainebleau*     | <input type="checkbox"/> Essex*                           |
| <input type="checkbox"/> Forest Glade/ Riverside* | <input type="checkbox"/> Lakeshore                        |
| <input type="checkbox"/> Leamington*              | <input type="checkbox"/> Kingsville                       |

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2. The proposed child care program will serve one or more of the following priority populations (select all that apply):

- Low-Income families
- Children with disabilities and children needing enhances or individual supports
- Francophone
- Indigenous children
- Black children
- Other racialized children
- New Immigrants
- Families needing more flexible models of care, including evening weekend, and overnight care
- Other - Please specify: \_\_\_\_\_

3. Indicate the approximate planned year for the start of the proposed child care program.

- 2023       2024       2025       2026

4. Provide the estimated licensed capacity of the proposed child care program:

	Infant	Toddler	Preschool	School Age
Number of spaces per age group				

5. The proposed child care program is categorized under one of the following:

- Expansion of physical space at existing location
- Acquisition
- New construction
- New lease
- Other (please specify)
- Not applicable (ex: agency waiting to opt-in to CWELCC) please specify) \_\_\_\_\_

6. Provide address of the proposed child care program if known.

7. Is this location in a priority neighbourhood?  Yes  No  
If this is not in a priority neighbourhood, explain the rationale for applying:

8. Indicate your estimated timelines for acquisition, construction/renovation, lease, etc. (if known).

9. Capital Expenditures:

- a) Is your agency covering the capital expenditures for this expansion?  Yes  No
- b) If you do not get assistance for capital expenditures, is this expansion able to continue?  Yes  No
- c) Are you willing to cost share on capital expenditures?  Yes  No

10. Are you interested in applying for Start-Up Grant funding? [\\*Apply through an additional application](#)

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### Section 2: Questionnaire: Licensed Home Child Care Agency Only

1. Indicate the proposed number of new active home child care providers (even if within existing licensed capacity)

Please provide a brief, general overview of the proposed project and a status update. The information below should be based on documents that are readily available to your organization. We do not expect organizations to incur significant costs to complete this section.

2. Provide a brief description of the proposed child care program (maximum 500 words).

3. Describe the level of readiness of the proposed child care program.

4. List any supports from the City of Windsor, Children's Services department that would facilitate the planning and implementation of the proposed child care program.

5. Provide any additional information related to your application.

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### Section 3: Authorization \*All Applicants

I hereby certify that all information provided in this submission is, to the best of my knowledge, accurate in all respects. I further certify there is no conflict of interest between said agency or their employees with respect to this EOI and the City of Windsor

Name (I have the authority to bind the corporation)

Date (dd/mm/yyyy)