



2025-26 SPECIAL NEEDS GRANT APPLICATION FORM

(For new requests *and* renewal requests)

Personal Information on this form is collected under the Special Needs Funding Policy and will be used for the purpose of determining the level of support and compiling statistics. If you have any questions about this collection of personal information, you may contact Doreen Gillis, Director of Early Years, 902-368-4733.

Please complete all sections of this application. Only completed applications will be considered for approval. Please submit the form in PDF format. Photos of individual pages will not be accepted.

Section A: CENTRE INFORMATION

Name of Centre:	
License #:	Date of application:
Name of Supervisor/Contact Person:	Mailing Address:
Telephone:	Email address:

Current staff/child ratios:

Group	# of children	# of program staff	# of support staff

Section B: CHILDREN (please fill out one page for each child for whom you are requesting funding)

Name of Child:		Date of Birth (YY/MM/DD):
Parent/Guardian Name(s):	Phone Number(s):	Mailing Address(es):
Start date at centre:	Group:	Days/Hours of Attendance:
Renewal request <input type="checkbox"/> New funding request <input type="checkbox"/>	Preschool <input type="checkbox"/> School age <input type="checkbox"/>	Requested start date of funding: _____ Anticipated end date of funding: _____
Is this child entering school in September 2025? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, will you require funding for before/after school and PD days? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes to both, please indicate requested hours: School days: _____ PD days: _____
Diagnosis (if applicable):		
Provide a brief history/description of child's strengths and challenges:		
Clearly describe why the support of an additional staff person is required:		
List measurable goals based on 6-month period; if this is a renewal request, list goals achieved over the past 6-month period:		
Insert name of other professional(s) working with this child (including job titles):		
Attaching relevant reports or recommendations? YES <input type="checkbox"/> NO <input type="checkbox"/> TO FOLLOW <input type="checkbox"/>		

Section C: STAFF DISTRIBUTION

Total number of staff positions requested (including renewals and new requests): _____

Use the table below to indicate how SNA support will be distributed amongst the children included in Section B.

Name of Child(ren)	Name of SNA	Classroom	Requested # Hours Per Week	Schedule (Days & Times)

The Special Needs Grant provides a maximum of minimum wage per hour for uncertified staff and pays an hourly wage to all certified Special Needs Assistants based on the provincial wage grid for Special Needs Assistants for infants to preschool children. Mandatory Employer related costs will be calculated at 12.59% and included in funding to contribute to employer's share of Canada Pension Plan, Employment Insurance, Workers Compensation and Vacation Pay.

Section D: DECLARATION

Declaration	
I have applied for Special Needs funding for _____ (name of centre) and I declare that all information given on this application is true, correct and to the best of my knowledge.	
Signature:	Date:

Send completed application: Yvette Winchester
Email: ymwinchester@gov.pe.ca
Fax: 902-438-4874

For Office Use Only	
Date Application Received:	
Approved ____ Yes ____ No	
List Name of Child, Number of Approved Hours and Effective Date: 	
Staff Signature:	
Date:	