



# Appendix B- One-Time Quality Improvement Grant Report

## 1. Applicant Information

Legal Name of Facility		Facility ID #:
Street address or P.O. Box	City/Town	Postal Code
Operator Name	Facility Phone	Facility fax
Facility E-mail	Language of communication: <input type="checkbox"/> French <input type="checkbox"/> English	
Total amount of funding awarded:		

## 2. Please indicate below which categories of funding were approved and the items that were purchased.

Outdoor Environment

- Please attach before and after photos (with no children in them), along with a description of the improvements that were made to the outdoor environment.
- Please attach a copy of receipts for all items purchased.

Items purchased	Cost

**Indoor Environment**

- Please attach a copy of receipts for all items purchased.

Items purchased	Cost

**Small Renovations**

- Please attach a copy of receipts for all items purchased.

Renovations Description

Items purchased	Cost

Items purchased	Cost

3. Please provide a brief description of how the One-time Quality Improvement Grant funding has improved the overall quality of your facility:

I declare that the information in this report is complete and accurate to the best of my knowledge.

Signature of Owner/President of the Board \_\_\_\_\_

Date: \_\_\_\_\_

Please email or mail this completed report to:

Education and Early Childhood Development  
 One-time Quality Improvement Grant  
 Place 2000, P.O. Box 6000  
 Fredericton, NB E3B 5H1

ECSAP-PASPE@gnb.ca

<b>(Do not fill) For Central office usage</b>			
Report received on	Initial approve amount	Actual spending	Gap

