2014-2015 Family Support Program Revised Estimates Submission - Ministry of Education Fiscal Year: April 1, 2014 to March 31, 2015 Please ensure the name of your entity is accurate in this field. November 28, 2014 Reporting Deadline: Name of Recipient: CERTIFICATION: I hereby attest that the above named Recipient is: Please click & select: • In compliance with the 2014-15 service agreement between the Recipient and the Ministry of Education; • Projecting to incur the expenditures as indicated in this submission document; * Projecting to provide the level of service as indicated in this submission document. * If you have selected NO, you are NOT FULLY IN COMPLIANCE with the statements mentioned above, i.e.: 1) service agreement, 2) financial summary, or 3) other. (Col 1) (Col 2) If selected "NO" in the above box, please provide an explanation for non-compliance. Identified Area Compliance Issue / Explanation Service Agreement (Legal Text) Financial Summary (Expenditures) Area: Other (Not specifically noted above) This can be the Executive Director, Manager, or Supervisor. This individual is authorizing the information in this form. CONTACT PERSON Name: Title: Telephone #: E-mail address: SIGNING AUTHORITIES: Name Title: Date: Signature: PLEASE SUBMIT A COMPLETED SIGNED HARD COPY OF THIS FORM TO: Once the form is completed, please rail the SIGNED form to this address. Manager, Child Care Finance Team Once the form is completed, please e-mail the excel workbook to childcarefunding@ontario.ca Financial Analysis and Accountability Branch **Ministry of Education** 900 Bay Street, 20th Floor, Mowat Block, Toronto, Ontario M7A 1L2 PLEASE SUBMIT A COMPLETED ELECTRONIC COPY (IN EXCEL) OF THIS FORM TO childcarefunding@ontario.ca PLEASE INCLUDE IN THE SUBJECT LINE OF THE E-MAIL: FAMILY SUPPORT PROGRAM - 2014 REVISED ESTIMATES SUBMISSION FORM PLEASE SAVE THE FILE WITH THE FOLLOWING CONVENTION: 2014 REV EST - "Name of your Family Support Program".xls







