

STATEMENT OF ATTESTATION & CONFORMITY - MINISTRY OF EDUCATION
2016-17 Health & Safety Funding

First Nation

	Project Name (Col A)	Approval Amount (Col B)	Project Completion Date (Month, Day, Year) (Col C)	Final Project Costs (in \$ only) (Col D)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	TOTAL	\$		\$

Column A - Project Name: The project name as it appears in Schedule C of your 2016-17 Child Care Agreement or Amending Agreement.

Column B - Approval Amount: The approved 2016-17 health and safety funding for the project as it appears in Schedule C of your 2016-17 Child Care Agreement or Amending Agreement.

Column C - Project Completion Date: Enter the date that the project was completed. This is the date when the contractor, responsible for undertaking the project has completed all the work required for the health and safety project.

Column D - Final Project Costs: Enter the total project cost for each completed project. Enter the project costs in dollars only.

NOTES:

1) Health & safety funding is subject to audit by the Ministry of Education. The Ministry may request to see dated tender documents as well as dated invoices supporting the approved 2016-17 funding for health & safety projects.

2) If this form is not returned by **March 27, 2017**, health and safety funds advanced to date may be recovered by the Ministry of Education.

STATEMENT OF ATTESTATION & CONFORMITY - MINISTRY OF EDUCATION**2016-17 Health & Safety Funding****Contact Information**

Name	
Title	
Telephone	
E-mail address	

Signing Authorities

Name	
Title	
Signature	
Date	
Name	
Title	
Signature	
Date	

PLEASE SUBMIT ONE COMPLETED SIGNED HARD COPY OF THIS FORM TO:

Early Years Implementation Branch
Early Years Division, Ministry of Education
900 Bay Street 24th Floor, Mowat Block
Toronto, ON M7A 1L2
Email: ELCCIB@ontario.ca
Fax: (416) 314-7836