# FUNDING DECLARATION

**Head Office Name:**

**Fiscal Year:**

|  |  |
| --- | --- |
| **Funding Verification** | **Results Of Funding Verification** |
|  | Verified the funding received from the Regional Municipality of York was applied for the purposes intended. |   |
|  | Verified the funding paid to staff and benefits utilized are as listed on the reconciliation statement. |   |
|  | Verified that the staff listed as receiving a portion of the General Operating Grant was eligible to receive such funds and that funds were paid out in accordance to the program eligibility and funding conditions. |   |
|  | Verified that the staff listed as receiving a portion of the Wage Enhancement Grant was eligible to receive such funds and that funds were paid out in accordance to the program eligibility and funding conditions. |   |
|  | There are no known financial issues, concerns or unmet obligations i.e. lawsuits or significant contingent liabilities/liens |   |
|  | **We have verified that, to the best of our knowledge, funding received was applied in accordance with service descriptions and program eligibility and funding conditions as set out in the Child Care Services Agreement.**  |
|  | Name and Address of Bookkeeping Service / Accounting Firm   |
|  | Name and Title of Person Completing this Form   | Telephone  |
|  | Signature  | Date   |