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Step 2: Log in using SINGPASS ID to register for a VWO account

e) You will be prompted to enter your SINGPASS ID and Password

For more information on SINGPASS, please contact the CPF Call Centre at **Tel: 1800-227-1188 (local) / 65-6227-1188 (overseas)** during office hours:

Mondays to Fridays - 8:00am to 5:00pm
Saturdays - 8:00am to 1:00pm
(closed on Sundays and public holidays)

or log on to the Central Provident Fund Board (CPF) website at www.cpf.gov.sg or the eCitizen portal at www.ecitizen.gov.sg.

The screenshot shows the SingPass login interface. At the top left is the SingPass logo with the tagline 'Singapore Personal Access'. A red banner at the top right also says 'Singapore Personal Access'. Below the logo is a 'Secure' icon. The main heading is 'Welcome to SingPass Authentication Service'. To the right of the heading are links for 'Terms of Use', 'FAQs', and 'Help'. Below the heading is an 'IMPORTANT NOTE' box with the following text: 'Your SingPass ID is your **Identification Number**. If you do not have a valid SingPass, please visit the nearest **SingPass Counter Locations** with the required identification documents to get it on the spot. Alternatively, you can request to have your SingPass posted to you by submitting a **SingPass Online Request**.' Below the note are two input fields: 'SingPass ID' and 'SingPass'. The 'SingPass' field has a character count '(8-24 characters)'. At the bottom, there is a checkbox labeled 'Tick here to change your SingPass'.

Note: You will need to register once for an account to apply for Government Financial Assistance to set up a CCC and for Cyclical Maintenance Works

Organisation Information	
Name of Organisation	<input type="text"/>
Registered Address	Block No. <input type="text"/> Street Name <input type="text"/>
	Floor No. <input type="text"/> Unit No. <input type="text"/>
	Building Name <input type="text"/> Postal Code <input type="text"/>
Correspondence Address	<input type="checkbox"/> Select if same as Registered Address
	Block No. <input type="text"/> Street Name <input type="text"/>
	Floor No. <input type="text"/> Unit No. <input type="text"/>
	Building Name <input type="text"/> Postal Code <input type="text"/>
	Affiliated to the National Council of Social Service (NCSS) <input type="radio"/> Yes <input type="radio"/> No
	A member of Community Chest <input type="radio"/> Yes <input type="radio"/> No
	Registered under the Registry of Societies (ROS) <input type="radio"/> Yes <input type="radio"/> No

g) Fill in the required information on your organisation

Registration Information	Affiliated to the National Council of Social Service (NCSS) <input type="radio"/> Yes <input type="radio"/> No
	A member of Community Chest <input type="radio"/> Yes <input type="radio"/> No
	Registered under the Registry of Societies (ROS) <input type="radio"/> Yes <input type="radio"/> No
	Registration Number <input type="text"/>
	Registered under the Accounting and Corporate Regulatory Authority <input type="radio"/> Yes <input type="radio"/> No
	Registration Number <input type="text"/>
	Gazetted as a charity under the Charities Act <input type="radio"/> Yes <input type="radio"/> No
	Date of Registration <input type="text"/> (dd/mm/yyyy)
Contact Number(s)	Telephone Number <input type="text"/>
	Fax <input type="text"/>
	Email Address <input type="text"/>

h) Fill in the required information on your organisation registration and contact numbers

Members of the Management Committee					
S.No.	Name	NRIC No.	Designation	Occupation	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

i) Fill in the required information on your organisation management committee

Name	- click here - <input type="text"/>
Nationality	- click here - <input type="text"/>
Identification (NRIC/FIN)	<input type="text"/> (eg.S1234567G)
Contact Number(s)	Handphone <input type="text"/>
	Office <input type="text"/>
	Fax <input type="text"/>
Email Address	<input type="text"/>
Is the organisation in this form registered with the relevant Authorities?	<input type="radio"/> Yes <input type="radio"/> No

j) Fill in the particulars of the authorised person

The authorised person will need to declare that he/she understands that the government reserves the right to reject his/her application, and the reason(s) for which the application is rejected need not necessarily be disclosed.

He/She should understand that any breach of the conditions stipulated in the declaration will result in the organisation having to refund the grant given.

Declaration

I am the person authorised to submit the application on behalf of the organisation named in this submission.

I am aware that legal action may be taken against me if I had knowingly provided false information.

I understand that the Government reserves the right to reject my application, and that the reason(s) for which the application is rejected need not necessarily be disclosed.

I hereby declare that the particulars given above are true. Yes No

I also hereby declare that I have read the [Guide](#) on Application for the CDC Financial Grant and accept the conditions stipulated in Annex B for the receipt of financial support on behalf of the organisation, in the event that the application is successful. Yes No

Submit

k) Read the terms under Declaration. Click on “Yes” to accept the declaration, then on “Submit” to register for the VWO account

You will receive a system-generated email acknowledgement of receipt of your Registration upon submission of the Registration Form. Please print a copy of the form for your organisation’s reference.

The system administrator will process your registration and send you an email after 3 working days, informing you of the outcome. **You may proceed with the Open Selection Process application only when your registration has been successfully processed.**

Step 4: On-Line Submission of Proposals for Open Selection Process

I) You will be prompted to enter your SINGPASS ID and Password



Please refer to Annex D for the full-screen print of the entire Application Page.

Contact Number(s)	Telephone Number	11111111	
	Fax	-	
	Email Address	kee_Zee_khoon@mcys.gov.sg	

II. Information on the Proposed Child Care Centre

1) Name of Centre

2) Type of Service and Fees. If centre wishes to absorb the GST, you should also fill up both columns.

Centre intends to charge different fees in the next five years Yes No

Type of Service	Age From		Age To		Monthly Fees (Before deducting govt subsidy) (Without GST)	Monthly Fees (Before deducting govt subsidy) (With GST)
	Years	Months	Years	Months		
- click here -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- click here -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- click here -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- click here -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- click here -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3) Incidental Charges. If centre wishes to absorb the GST, you should also fill up both columns.

Type	Frequency	Amount S\$(Without GST)	Amount S\$(With GST)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

m) Fill in the details for your proposed child care centre such as name of centre, type of services and incidental charges.

Note: If awarded the site, the organisation has to abide by the proposal, e.g. fees, incidental charges. The system allows for a projection of fees for the next 5 years. Please consider operating factors before submitting the proposal as the organisation will need to observe a minimum service period of 5 years from the completion of CCC, in-line with the submitted service model

n) Indicate the capital grant your organisation is applying for

III. Application for the Government Financial Support

Type of Government Financial Support Applied for:

Capital grant for conversion of HDB void deck / Government building

Capital grant for purchase of furnishing and equipment

Funding for Child Care Centre

Conversion \$1000

Furniture and Fittings \$2000

IV. Background Information On Organisation

Objectives of organisation (Maximum 2000 characters)

Brief history of organisation (Maximum 500 characters)

Activities of organisation (Maximum 2000 characters)

Patron (if any) (Maximum 500 characters)

Members of the Management Committee

Name	NRIC No.	Designation	Occupation	Email

o) Fill in all the required information on background of your organisation, particulars of your management committee and the centre programmes

4(a) Sources of funding for organisation's activities

(b) Please attach audited statement of accounts for the last financial year. (Only PDF, GIF or TXT format can be uploaded)

Attachment Browse

5 Organisation's Plan for:

(a) Centre's philosophy and objectives (maximum 4000 characters)

(b) Centre's daily programme for infant care, child care and student care (maximum 4000 characters)

(c) Support programmes for low-income families

(d) Support programme for parent involvement/parent education

Declaration

I am the person authorised to submit the application on behalf of the organisation named in this submission.

I am aware that legal action may be taken against me if I had knowingly provided false information.

I hereby declare that the particulars given above are true.

I also hereby declare that I accept the following conditions for the receipt of financial support on behalf of the organisation, in the event that my application is successful:

- i. to apply the money for the purpose for which it is given;
- ii. to continue to operate the facility for a minimum period of 5 years from the completion of the cyclical maintenance/development project;
- iii. to open the facility to all Singapore citizens or permanent residents, regardless of race, language and religion

I understand that the Government reserves the right to reject my application, and that the reason(s) for which the application is rejected need not necessarily be disclosed. I also understand that any breach of the conditions stipulated above will result in the organisation having to refund the grant given.

Yes No

Save Submit

p) The “Save” button allows you to save your draft if you need more time to work out the other details

q) Read the terms under Declaration. Click on “Yes” to accept the declaration, then on “Submit” to submit proposal for Open Selection Process

You will receive a system-generated email acknowledgement of receipt of your Application upon submission of the Application Form. Please print a copy of the form for your organisation's reference. Only timely applications submitted on-line are considered.

The system administrator will process your application and send you an email informing you of the outcome.

A full screen print of the entire VWO OSP On-Line Proposal Submission Form is available in Annex D.

ANNEX A**LIST OF FURNISHINGS & EQUIPMENT
WHICH CAN BE FUNDED FOR A CHILD CARE CENTRE**

FURNISHINGS & EQUIPMENT ITEMS		
I. OFFICE		
Table Chair Cupboard	Personal computer Photocopier	Filing cabinet Calculator Printer
II. SICK BAY		
Sofa bed, Mattress	Pillow, Blanket	First Aid Kit
III. WAITING/ RECEPTION AREA		
Sofa set, bulletin board	Wastepaper Basket	Door Mat
IV. WASHROOM		
Mirrors, water heater Washing machine	Hand towels Shower curtains	Soap dispenser Toilet roll holder
V. KITCHEN		
Pantry shelves Kitchen cabinet Crockery, Cutlery & Utensils	Cooker Cooker hood Refrigerator	Trolley Oven Rice cooker
Forks, spoons, cups, plates, bowls pots, frying pan, kettle chopsticks	Knives Sieve, containers Chopper, chopping board Grater, peeler	Drying rack Steamer Ladle, trays Can opener
VI. GROSS MOTOR ACTIVITY AREA		
Rocking horse Quadro set Tricycles, bicycles Blocks	Water play equipment Sand play equipment Giant scrambler Bean bags, hoops	Swing, slide, climbing frame, tunnel trampoline (small) stompers, balls,
VII. MUSIC & MOVEMENTCUM-REST ROOM		
Television set Magnetic white board Musical instruments	Video cassette tape Video player & tapes Radio cassette recorder & tapes	Piano, guitar Storage cabinet
VIII. CLASSROOM		
<u>(A) General</u> Weighing scale Height measurement chart Storage cabinet Table / chair (adult & child	White board Markers, magnets, eraser Cubby holes Book display rack	Wastepaper basket Floor mats Softboard partitions

FURNISHINGS & EQUIPMENT ITEMS		
sized)	Display board	
(B) Interest Corners		
<u>Dramatic</u>		
Refrigerator Kitchen store, sink Cooking utensils e.g. Wok, frying pan, ladle	Plates, cups, forks, Spoons Plastic fruits/vegetables Combs, clips	Dress up cupboard with appropriate clothing Ironing set Dolls, toy telephone Toy Bed
<u>Manipulative/Block</u>		
Stacking toys Lego set Threading equipment	Dough Puzzles Stringing beads	Hollow blocks Blocks of different Shapes, sizes & colours
<u>Science/Maths</u>		
Plants Charts on life cycle of plants, animals, body parts	Live animals Abacus Containers of different shapes, sizes & colours	Weighing scale Charts on mathematical Concepts e.g. shapes, numbers, colours
<u>Art</u>		
Easel boards, paintbrushes Poster colours, crayons, Pencils, rulers, sharpeners	Scissors (child-sized), Glue, scotch-tapes Colour paper, crepe paper	Vanguard Scrap materials e.g. straws, egg cartons
<u>Library</u>		
Age appropriate books that cover a wide area of interest	Carpets, cushions Flannel board	Puppets Picture Charts
IX. GENERAL		
Fire extinguishers Venetian blinds (including installation) Wall clocks Ceiling wall fans Curtains & tracks	Locks Door bell Name tags Cleaning equipment - pails, buckets, brooms, mops, brushes, dustpan	Potty Extension cord 2-way plug Hangers Shoe rack Lockers / cubby holes

LIST OF ITEMS WHICH CAN BE FUNDED UNDER FURNISHINGS AND EQUIPMENT GRANTS FOR CHILD CARE CENTRE EXTENSIONS FOR INFANT/TODDLER CARE

ITEMS		
<u>OFFICE</u>		
◆ Table	◆ Computer	◆ Calculator
◆ Chair	◆ Printer	◆ Filing cabinet
◆ Cupboard	◆ Photocopier	
<u>SICK BAY</u>		
◆ Sofa bed, PVC mattress	◆ Pillow & blanket	◆ First aid kit
<u>WAITING/RECEPTION AREA</u>		
◆ Sofa set	◆ Wastepaper basket	◆ Door mat
◆ Bulletin board		
<u>TOILET/SHOWER AREA</u>		
◆ Mirrors	◆ Hand towels dispenser	◆ Infant care sink
◆ Water heater	◆ Diapering station/potty chairs	
◆ Washing machine	◆ Soap dispenser	
<u>KITCHEN</u>		
◆ Pantry shelves	◆ Cooker	◆ Trolley
◆ Kitchen cabinet	◆ Cooker hood	◆ Oven
◆ Crockery, Cutlery & Cooking Utensils	◆ Refrigerator	◆ Rice cooker
<u>GROSS MOTOR ACTIVITY /RESTING AREA</u>		
◆ Infant Feeding Chair	◆ Strollers	◆ Trampoline (small)
◆ Baby Cot	◆ Sand/water play equipment	◆ Stompers, balls
◆ Tricycle, bicycle	◆ Giant scrambler	◆ Swing, slide, climbing frame, tunnel
◆ Blocks	◆ Bean bags, hoops	

MUSIC & MOVEMENT CUM REST ROOM

- ◆ Television set
- ◆ Magnetic white board
- ◆ Musical instruments
- ◆ CD player
- ◆ Video player
- ◆ Radio/cassette recorder
- ◆ Piano
- ◆ Guitar
- ◆ Storage cabinet

ITEMS**CLASSROOM**General

- ◆ Weighing scale
- ◆ Height measurement chart
- ◆ Storage cabinet
- ◆ Table/chair (adult & child size)
- ◆ Cubby holes
- ◆ White board
- ◆ Markers
- ◆ Magnets
- ◆ Eraser
- ◆ Display board
- ◆ Wastepaper basket
- ◆ Floor mats
- ◆ Softboard partitions
- ◆ Book display rack

Interest Corners Dramatic

- ◆ Refrigerator
- ◆ Kitchen store
- ◆ Sink
- ◆ Cooking utensils
- ◆ Plates, Cups, forks, spoons
- ◆ Plastic fruits & vegetables
- ◆ Combs
- ◆ Clips
- ◆ Ironing set
- ◆ Toy telephone
- ◆ Toy bed
- ◆ Dress up cupboard with appropriate clothing

Manipulative/Block

- ◆ Stacking toys
- ◆ Lego set
- ◆ Threading equipment
- ◆ Dough
- ◆ Puzzles
- ◆ Stringing beads
- ◆ Hollow blocks
- ◆ Blocks of different shapes, sizes & colors

Science/Maths

- ◆ Plants
- ◆ Charts on life cycle of plants, animals, body parts
- ◆ Containers of different shapes, sizes & colors
- ◆ Live animals
- ◆ Abacus
- ◆ Weighing scale
- ◆ Charts on mathematics concepts e.g. shapes, numbers & colors

Art

- ◆ Easel boards, paintbrushes
- ◆ Poster colours, crayons
- ◆ Pencils, rulers, sharpeners
- ◆ Scissors (child-sized)
- ◆ Glue, scotch-tapes
- ◆ Colour paper, crepe paper
- ◆ Scrap materials e.g. straws, egg cartons

Library

- ◆ Age appropriate books
- ◆ Flannel board
- ◆ Cushions
- ◆ Puppets (teaching aids)
- ◆ Picture charts

GENERAL

- ◆ Fire extinguishers
- ◆ Venetian blinds
- ◆ Wall clocks
- ◆ Ceiling wall fans
- ◆ Curtain & tracks
- ◆ Locks
- ◆ Door bell
- ◆ Name tags
- ◆ Cleaning equipment
- ◆ Potty
- ◆ Extension cord
- ◆ 2-way plug
- ◆ Hangers
- ◆ Shoe rack
- ◆ Lockers/cubby holes

VWO ACCOUNT REGISTRATION PAGE

Instruction to Applicants																	
<p>1. You will need to register once for an account to apply for Government Financial Assistance to set up a child care centre and for Cyclical Maintenance Works. Please print this registration for your organisation's file records.</p> <p>2. All information given by you in this application must be true.</p> <p>3. Please read through the User Agreement before you proceed to register to submit the proposal on behalf of the organisation named in this form.</p> <p>4. It should take 10-15 minutes to complete this form if the details on your organisation information are available on hand.</p>																	
<p>CM Project Number : 1/2007</p>																	
Organisation Information																	
Name of Organisation	<input type="text"/>																
Registered Address	<table border="1"> <tr> <td>Block No.</td><td><input type="text"/></td> <td>Street Name</td><td><input type="text"/></td> </tr> <tr> <td>Floor No.</td><td><input type="text"/></td> <td>Unit No.</td><td><input type="text"/></td> </tr> <tr> <td>Building Name</td><td><input type="text"/></td> <td>Postal Code</td><td><input type="text"/></td> </tr> </table>	Block No.	<input type="text"/>	Street Name	<input type="text"/>	Floor No.	<input type="text"/>	Unit No.	<input type="text"/>	Building Name	<input type="text"/>	Postal Code	<input type="text"/>				
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Floor No.	<input type="text"/>	Unit No.	<input type="text"/>														
Building Name	<input type="text"/>	Postal Code	<input type="text"/>														
Correspondence Address	<table border="1"> <tr> <td colspan="4"><input type="checkbox"/> Select if same as Registered Address</td> </tr> <tr> <td>Block No.</td><td><input type="text"/></td> <td>Street Name</td><td><input type="text"/></td> </tr> <tr> <td>Floor No.</td><td><input type="text"/></td> <td>Unit No.</td><td><input type="text"/></td> </tr> <tr> <td>Building Name</td><td><input type="text"/></td> <td>Postal Code</td><td><input type="text"/></td> </tr> </table>	<input type="checkbox"/> Select if same as Registered Address				Block No.	<input type="text"/>	Street Name	<input type="text"/>	Floor No.	<input type="text"/>	Unit No.	<input type="text"/>	Building Name	<input type="text"/>	Postal Code	<input type="text"/>
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Registration Information	<table border="1"> <tr> <td>Affiliated to the National Council of Social Service (NCSS)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A member of Community Chest</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Registered under the Registry of Societies (ROS)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Registration Number</td> <td><input type="text"/></td> </tr> <tr> <td>Registered under the Accounting and Corporate Regulatory Authority</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Registration Number</td> <td><input type="text"/></td> </tr> <tr> <td>Gazetted as a charity under the Charities Act</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Date of Registration</td> <td><input type="text"/> (dd/mm/yyyy)</td> </tr> </table>	Affiliated to the National Council of Social Service (NCSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	A member of Community Chest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered under the Registry of Societies (ROS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Number	<input type="text"/>	Registered under the Accounting and Corporate Regulatory Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Number	<input type="text"/>	Gazetted as a charity under the Charities Act	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Registration	<input type="text"/> (dd/mm/yyyy)
Affiliated to the National Council of Social Service (NCSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No																
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Registered under the Accounting and Corporate Regulatory Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No																
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Date of Registration	<input type="text"/> (dd/mm/yyyy)																
Contact Number(s)	<table border="1"> <tr> <td>Telephone Number</td><td><input type="text"/></td></tr> <tr> <td>Fax</td><td><input type="text"/></td></tr> </table>	Telephone Number	<input type="text"/>	Fax	<input type="text"/>												
Telephone Number	<input type="text"/>																
Fax	<input type="text"/>																

	Email Address	<input type="text"/>
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Members of the Management Committee

S/No.	Name	NRIC No.	Designation	Occupation	Email
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Particulars of authorised person submitting the proposal on behalf of organisation listed in this form

Name	<input type="text" value="- click here -"/>	
Nationality	<input type="text" value="- click here -"/>	
Identification (NRIC/FIN)	<input type="text"/> (eg.S1234567G)	
Contact Number(s)	Handphone	<input type="text"/>
	Office	<input type="text"/>
	Fax	<input type="text"/>
Email Address	<input type="text"/>	
Is the organisation in this form registered with the relevant Authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Declaration

I am the person authorised to submit the application on behalf of the organisation named in this submission.

I am aware that legal action may be taken against me if I had knowingly provided false information.

I understand that the Government reserves the right to reject my application, and that the reason(s) for which the application is rejected need not necessarily be disclosed.

I hereby declare that the particulars given above are true. Yes No

I also hereby declare that I have read the [Guide](#) on Application for the CDC Financial Grant and accept the conditions stipulated in Annex B for the receipt of financial support on behalf of the organisation, in the event that the application is successful. Yes No

- click here -						
- click here -						
- click here -						

Add Service

3) Incidental Charges. If centre wishes to absorb the GST, you should also fill up both columns.

Type	Frequency	Amount S\$(Without GST)	Amount S\$(With GST)

Add Other Charges

4) Hours of Operation

	Full-day (HHMM)	Half-day (AM) (HHMM)	Half-day (PM) (HHMM)
Monday-Friday	to	to	to
Saturday	to	to	

5) Proposed Capacity

Child Care	30
Student Care	10
Infant Care	15

6) Age Range for Admission

III. Application for the Government Financial Support

Type of Government Financial Support Applied for:

Capital grant for conversion of HDB void deck / Government building

Capital grant for purchase of furnishing and equipment

Funding for Child Care Centre

Conversion

Furniture and Fittings

IV. Background Information On Organisation

Objectives of organisation (Maximum 2000 characters)

Brief history of organisation (Maximum 500 characters)

Activities of organisation (Maximum 2000 characters)

Patron (if any) (Maximum 200 characters)

Members of the Management Committee

Name	NRIC No.	Designation	Occupation	Email

Add Committee Member

Affiliation with other organisations (Maximum 500 characters)**Sources of funding for organisation's activities (Maximum 500 characters)**

Please attach audited statement of accounts for the last financial year. (Only PDF, GIF or TXT format can be uploaded.) Or please key in the link to the audited statement of accounts displayed in the website where you have posted the report on-line.

Uploaded Attachment :

Attachment Browse...

Or Website Link

Organisation's Programme/Plan for centre's philosophy and objectives (Maximum 4000 characters)**Organisation's Programme/Plan for centre's daily programme for infant care, child care and student care, including details of programme evaluation (Maximum 4000 characters)****Organisation's Programme/Plan for low-income families (Maximum 1000 characters)****Organisation's Programme/Plan for parent involvement/parent education (Maximum 1000 characters)****Organisation's Programme/Plan for staff recruitment and development (Maximum 4000 characters)****V. Particulars of authorised person making application on behalf of organisation**

Name of Organisation	<input type="text"/>
Name	<input type="text"/>
NRIC No.	<input type="text"/>
Designation in Organisation	<input type="text"/>

Contact Address	Block No.	<input type="text"/>	Street name	<input type="text"/>
	Floor No.	<input type="text"/>	Unit No.	<input type="text"/>
	Building Name	<input type="text"/>	Postal Code	<input type="text"/>
Contact Number(s)	Handphone	<input type="text"/>		
	Office	<input type="text"/>		
	Fax	<input type="text"/>		
Email Address	<input type="text"/>			
<u>Declaration</u>				
I am the person authorised to submit the application on behalf of the organisation named in this submission.				
I am aware that legal action may be taken against me if I had knowingly provided false information.				
I hereby declare that the particulars given above are true.				
I also hereby declare that I accept the following conditions for the receipt of financial support on behalf of the organisation, in the event that my application is successful:				
i. to apply the money for the purpose for which it is given;				
ii. to operate the facility for a minimum period of 5 years from the licensed start date of operation; and				
iii. to open the facility to all Singapore citizens or permanent residents, regardless of race, language and religion.				
I understand that the Government reserves the right to reject my application, and that the reason(s) for which the application is rejected need not necessarily be disclosed. I also understand that any breach of the conditions stipulated above will result in the organisation having to refund the grant given.				
<input type="radio"/> Yes <input type="radio"/> No				
Save		Submit		