

RS3 Initial Application for Funding for an Early Childhood Service



This form collects information that the Ministry will use to calculate your service's first advance funding payment. It should be completed with advice from your regional Ministry of Education office.

Once the form is complete, return it to your regional office.

Make sure this form is signed by an appropriate person from your service's management, and has been stamped and initialled by your bank or has a pre-printed deposit slip attached.

1. Early Childhood Service

| | | |
|--|-------------------------|----------|
| Service Name in Full | OrganisationName | |
| Ministry of Education Service Number | OrganisationNumber | |
| Service Postal Address | Building | |
| | Street | |
| | StreetNameNumber | |
| | Suburb | |
| | Town/City | Postcode |
| | TownCity | PostCode |
| Contact Person for queries about this form | ConcatenatedName | |
| Contact Number | ConcatenatedPhoneNumber | |

2. Verified Bank Account Details for Future Payments

- Complete bank account details
- Attached pre-printed deposit slip **OR** obtain bank stamp and bank teller's initials
(Note: any alterations must have bank stamp and bank teller's initials)
- Complete both signatories **OR** services with one signatory **MUST** write "sole signatory" in the second field

| | | | | | | | | | | | | | |
|----------------|-----------------|--|--|--|--|--|---------|--|--|--|--|--|-------------------------|
| Bank | | | | | | | | | | | | | Bank Stamp and Initials |
| Branch | | | | | | | | | | | | | |
| Account Name | | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | | |
| | Bank and Branch | | | | | | Account | | | | | | Suffix |

To be certified by two signatories, one of whom must be the treasurer/secretary.

| | | | |
|---------------|-----------|----------------------|---------------|
| Signatory One | Signature | Name (block letters) | Position Held |
| | X | | |
| Signatory Two | Signature | Name (block letters) | Position Held |
| | X | | |

3. Financial Year End / GST Number

| | | | |
|---|---|--|--|
| Enter the date that your service's financial year ends: | <div> <div>/</div> <div>Day</div> <div>Month</div> </div> | Please provide your GST number. If you are not GST registered then write NIL. | |
| The GST Number is used for Ministry accounting requirements only. | | | |

Ministry of Education Office use only (completed by Regional Office):

| | |
|---|--|
| Pay Unit / Organisation Number (To create the Supplier Number) | |
|---|--|

4. Days of Operation

Enter the first five months from the date that the service was licensed.

For each month: - enter the number of days the service will operate as Teacher-led (TL) All Day (A) and Sessional (S), and
- enter the number of days the service will operate as Parent-led (PL).

| Month | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|
| Provision Type: Teacher-led (TL) & Parent-led (PL) | TL | PL | TL | PL | TL | PL | TL | PL | TL | PL |
| Licence Class: All Day (A) & Sessional (S) | A | S | A | S | A | S | A | S | A | S |
| Forecasted days open | | | | | | | | | | |

5. Estimated Number of Children Attending and Estimated Hours

For each day of a chosen week i.e. during a week that you identify as being an average week in the period:

1. Estimate the average number of children per day for: Under 2, 2 & Over, 20 Hours ECE and Plus 10.
2. Estimate the total number of hours you can claim funding for per day for: Under 2, 2 and Over, 20 Hours ECE and Plus 10.
3. Estimate the total number of children who will receive 20 Hours ECE over the week.

- Note:**
- You may claim funding up to:
 - 6 hours per day for Under 2 and / or 2 & Over **per licensed childplace**
 - 6 hours per day for 20 Hours ECE and / or Plus 10 **per eligible child**
 - You may claim a maximum of:
 - 30 hours per week for Under 2 and / or 2 & Over **per licensed childplace**
 - 20 hours per week for 20 Hours ECE **per eligible child**
 - 30 hours per week for 20 Hours ECE + Plus 10 **per eligible child**
 - Numbers expected to attend **must not** exceed the maximum number on your licence
 - The estimated average number of children must not exceed 75% of the licence maximum**
 - The Ministry retains the right to reduce any advance funding paid to your service
 - The Ministry retains the right to request proof and evidence to support the numbers claimed on this RS3 form
 - Any overpayments that occur due to over-claims on this RS3 form are repayable to the Ministry immediately

| | |
|------------------------|--|
| Funding effective date | |
|------------------------|--|

| Day of Week | | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|------------------|----------|-----|-----|-----|------|-----|-----|-----|
| Subsidy Under 2 | Children | | | | | | | |
| | Hours | | | | | | | |
| Subsidy 2 & Over | Children | | | | | | | |
| | Hours | | | | | | | |
| 20 Hours ECE | Children | | | | | | | |
| | Hours | | | | | | | |
| Plus 10 | Children | | | | | | | |
| | Hours | | | | | | | |

6a. Proportion of Certificated Teachers (Estimated Staff Hour Count)

Education and Care services and Kindergartens (with an All Day or Mixed licence) **MUST complete this section.**

If your service is Homebased, Parent/Whānau-led, Playcentre or Kindergarten (with a Sessional licence) **Go to Section 7.**

Proportion of Certificated Teachers:

Your funding rate depends on the proportion of regulated (ratio) staff hours that are worked by staff who are ECE qualified or Primary qualified and holders of current practising certificates. For details about how this is usually calculated, and what hours to include, see the ECE Funding Handbook, which is available from www.education.govt.nz

The estimated staff hour count data for All Day Kindergartens is applicable to their "All Day" days only.

Follow the steps below to calculate your proportion of certificated teachers for your first funding claim:

1. Estimate the number of regulated ratio hours worked by teachers during the first five months.
2. Total the hours under each heading (A and B) for both All Day and Sessional days; add these totals to find a grand total of All Day and Sessional hours (C).

| Month | Operating Status | Estimated hours worked by ECE qualified and certificated teachers | Estimated hours worked by all other ratio teachers | |
|--------------|------------------|---|--|------------------|
| | All Day | | | |
| | Sessional | | | |
| | All Day | | | |
| | Sessional | | | |
| | All Day | | | |
| | Sessional | | | |
| | All Day | | | |
| | Sessional | | | |
| | All Day | | | |
| | Sessional | | | |
| Total | All Day | = A | = B | = C (A+B) |
| | Sessional | = A | = B | = C (A+B) |

- | | | | | | |
|--|----------|---|----------|----------------|----------|
| 3. Calculate the All Day percentage | A | / | C | X 100 = | % |
| 4. Calculate the Sessional percentage (Not required for Kindergartens) | A | / | C | X 100 = | % |

This percentage figure will be used to place your service into one of the following funding bands: 0-24%, 25-49%, 50-79% 80-99% and 100%

A higher band will give you a higher hourly funding rate per child-hour.

6b. Attestation of Certificated Teachers' Salaries

Services that want to access higher funding rates must pay all employed ECE and primary qualified certificated teachers at least the amount(s) specified in the salary scale defined in the ECE Funding Handbook available on the Education.govt.nz website.

Once open, what salary scale described in the ECE Funding Handbook is your service using to determine the minimum salaries paid to all employed ECE and primary qualified certificated teachers?

| | | | | | | | | | |
|-----------------------|----------------------------------|-----------------------|-----------------------------------|-----------------------|---------------------------------------|-----------------------|---|-----------------------|--|
| <input type="radio"/> | No Salary Scale (No step) | <input type="radio"/> | Base Salary Scale (Step 1) | <input type="radio"/> | Parity Salary Scale (Step 1-6) | <input type="radio"/> | Extended Parity Salary Scale (Partial Step 1-11 + Partial Management Step) | <input type="radio"/> | Full Parity Salary Scale (Full Step 1-11 + Full Management Steps) |
|-----------------------|----------------------------------|-----------------------|-----------------------------------|-----------------------|---------------------------------------|-----------------------|---|-----------------------|--|

By answering '**No Salary Scale (No step)**' to this question, your service is identified as having not met the funding conditions related to the **minimum salary scales**. Your service will, therefore, be paid at the **lowest level of funding**.

By answering '**Base Salary Scale (Step 1)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **base funding rates**.

By answering '**Parity Salary Scale (Step 1-6)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **parity funding rates**.

By answering '**Extended Parity Salary Scale (Partial Step 1-11 + Partial Management Step)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **extended parity funding rates**.

By answering '**Full Parity Salary Scale (Full Step 1-11 + Full Management Steps)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **full parity funding rates**.

7. Declaration

To be completed by the management of the named service.

You must complete the declaration in full or your application will not be processed.

I certify that, to the best of my knowledge, the information contained on this form is true and correct.

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all questions in full **or**
- if I do not provide documentation supporting the funding claim **or**
- if I do not make documents available for inspection **or**
- if I do not tell the Ministry of Education of changes that may affect funding claims or rates

then

- The funding claim may be reviewed and funding withheld **and / or**
- I will have to pay back the total amount of any overpayment **and / or**
- I may be prosecuted and fined or imprisoned.

By signing this declaration, I am confirming that this funding claim is made in accordance with the conditions outlined in the *Early Childhood Education Funding Handbook* and that the Ministry can withhold all or some of the funding if there is a breach of any of these conditions.

| | |
|-------------|--|
| Name | <input type="text"/> |
| Signature | X |
| Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Designation | <input type="text"/> |

Ministry of Education use only

Regional Office acknowledgement

| | |
|-----------|--|
| Name | <input type="text"/> |
| Signature | X |
| Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |

ECE Operational Funding processing:

| | Date | Initial | Checked |
|-----------------|----------------------|----------------------|----------------------|
| Data Entered | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Sent to Finance | <input type="text"/> | <input type="text"/> | <input type="text"/> |