Early Years Development & Childcare Partnership



**Sustainability Grant**

**for registered childcare providers**

Funding Application Form 2016/17

**Playgroups, Cylch Meithrin, Crèche and Day Care**

**1 Details of setting** Contact Name:………………………………………………………

Name of setting:…………………………………………………………………….

Address for correspondence:……………………………………………………………….

…………………………………………………………………………………………………

Postcode:……………………………………… Tel No:……………………………………

E-mail address:

Status: Is this a Private, Voluntary or a Charitable organisation?

Please give charity number …………………………………..

**2. Premises**

Are the premises owned/rented? Owned Rented

If premises are leased or rented, you must ensure that they are available for the grant-funded period.

When was your setting established? Month:…………………… Year:………………

**3**. **Registration Details.**

**Please provide the following details**

|  |  |
| --- | --- |
| Number of children on registration certificate. |  |
| Please provide CSSIW registration number |  |
| Date of last inspection |  |
| Approx. number of children attending each session |  |
| Number of qualified staff employed each session |  |
| Number of unqualified staff employed each session |  |

**N.B. We may ask to see a copy of your registration certificate and/or last inspection report.**

**4. Is your setting a member of an umbrella organisation?**

|  |  |
| --- | --- |
|  | Please tick |
| Wales Pre-school Providers Association (Wales PPA) |  |
| Mudiad Meithrin (MM) |  |
| National Day Nurseries Association |  |
| Other: Please state: |  |

## 5.FinancialDetails - IMPORTANT

You are required as part of your application to submit a copy of your last available accounts and bank statement. **N.B. Applications received without accounts and bank statement, will not be considered**

1. Previous years applied for a Sustainability Grant (delete as appropriate)

|  |  |  |
| --- | --- | --- |
|  | Amount applied for | Amount awarded |
| 2014/15 |  |  |
| 2015/16 |  |  |

(b) Please tell us about **any other grant/funding/fundraising** you received during 2015/16? E.g. Out of School Childcare Grant, Local Authority Grant, Children in Need etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year | Name of grant | Amount applied for | Amount awarded |
| Grant 1 |  |  |  |  |
| Grant 2 |  |  |  |  |

**Due to a reduction in the amount of funding available, organisations that have received funding via the EYDCP regularly may be deemed ineligible.**

**Staffing**

In order for the panel to assess the necessity for a grant, we require information regarding **ALL** current staff (on payroll) and costs associated within your setting?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff** | **Hourly rate of pay per hour** | **Hours worked per week** | **Weeks per annum paid for** | **Total paid per annum (**inc tax, NI, holiday pay etc. if applicable) |
| For e.g. Leader  OR  4 x childcare workers | £9.50  £6.95 | 18hrs p w  37hrs p w | 39  52 |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total expenditure | | | | £ |

**6. What days and times does your setting operate?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Morning | | | | Afternoon | | | |
| Monday | From |  | To |  | From |  | To |  |
| Tuesday | From |  | To |  | From |  | To |  |
| Wednesday | From |  | To |  | From |  | To |  |
| Thursday | From |  | To |  | From |  | To |  |
| Friday | From |  | To |  | From |  | To |  |
| Saturday | From |  | To |  | From |  | To |  |
| Sunday | From |  | To |  | From |  | To |  |

**7. Charges**

How much do you charge for your service? (Please complete boxes where applicable)

|  |  |  |
| --- | --- | --- |
| AM - £ | PM - £ | Per Week - £ |
| Per term £ | Holidays £ | Per day - £ |
| Discounts £ | | |

**8. Finances - What is being applied for?** N.B.You will need to supply the settings last 3 bank statements with your application**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff** | Hourly Rate | Hours | Total Cost | Contribution Requested |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Rent** | £ |  | £ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Utilities** – Electric, gas | £ |  |  |  |
| Membership & Insurance | £ |  |  |  |
| Quality Assurance | £ |  |  |  |
| **Total Amount requested** | £ |  |  |  |

**9. Why is the grant needed? Please provide supporting information.**

Please use the space below to provide information regarding your setting. Whether you are quality assured, support children with special or additional needs, risk of closure? etc.

What steps have been taken and will be taken to ensure the childcare provided is of good quality?

10. Child Protection

Tell us what measures you have in place to safeguard children and staff in your care e.g. Disclosing and Barring Service checks (DBS), dates of child protection training undertaken

Tell us how you monitor concerns regarding child protection and who is responsible for Child protection issues which may arise

**Please give details of child protection training undertaken by staff: dates & by whom:**

**…………………………………………………………………………………………………………….**

…………………………………………………………………………………………..

|  |
| --- |
| 11. If you were unsuccessful in being awarded a grant, how would this impact on your setting? |

12. Declarations and signatures by person completing the application:

## *I/we declare that*

* The information on this form is accurate
* The documents enclosed with this application are authentic copies of the originals
* I/we have the power to accept a grant under your conditions and repay the grant if I/we do not keep to the conditions
* I understand that if this application is successful the grant will be subject to terms and conditions. These will be issued with the grant offer.

Authorisation:

This form must be signed by a person with the necessary authority within the organisation making the application, and be an original signature

Main Contact - Name…………………………………………………………………………

Organisation………………………………………………Position…………………………

Signed………………………………………… Date ……../……./…….

**13. Your Checklist:**

The form is complete [ ] Last 3 Bank Statement enclosed [ ]

The form is signed [ ] Annual Accounts included [ ]

**Please send completed application forms to**:

Debbie Maule

Western Vale ICC

Station Rd

Llantwit Major

CF61 1ST

Telephone: 01446 793030

**Closing Date: 12 noon on Friday 10th June 2016**

**N.B. applications received after this time and date will not be considered**

|  |  |  |  |
| --- | --- | --- | --- |
| Office use only | | | |
| Date Application returned |  | Form signed |  |
| Accounts enclosed |  | Approved/Rejected |  |
| Amount awarded |  | Appraised by: |  |