Blaenau Gwent County Borough Council & Early Years Development Childcare & Play Partnership

Start Up & Expansion Grant Application Form 2016/2017

1. Business Details

- Name of Setting……..
- Address of Premises ……..
- Name of Contact Person ..……..……..
- Address of Contact Person ……...
  ……Post Code……..
- Telephone Number……..…Mobile……..…
  Email……...
- Address to which correspondence should be sent (if different)……
  …….
- Position in the Setting……..
- When was the Setting established ……. Year ……

What is the legal status of the Setting? (please tick & comment where applicable)

- Sole Trader [ ]
- Partnership (if yes please state other partners) [ ]
- Company Limited by Guarantee (please provide number & certificate) [ ]
- Unincorporated Club or association (please provide copy of the constitution)
- Registered Charity (please provide charity number) [ ]
- School Governing Body [ ]
- Local Authority [ ]
- Other [ ]

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2. Your Services

What type of service is the setting providing & how many places are available?

3. Registration Details

Please provide the following details

Have you applied to CSSIW for registration	Yes / No
When was your application submitted	Date ……
Has the application been approved	Yes / No
CSSIW Registration Number	

4. Membership

Are you a member of any of the organisations below: (please tick)

Wales Pre-School Playgroups Association (Wales PPA)	
Mudiad Ysgolion Meithrin (MYM	
National Childminding Association (NCMA)	
National Day Nurseries Association (NDNA)	
Clybiau Plant Cymru Kids' Clubs	
Other	

5. Financial Details (This is the account the grant will be paid into if successful)

Please provide a copy of 3 months business bank statements or 3 months personal bank statements if not currently trading. ***Please note that your application cannot be processed without this information.***

- Account Name: …….
- Bank/Building Society Name: …….
- Bank/Building Society Address: …….
- Sort Code……..Account Number……
- Building Society Roll Number (if applicable) ……

If the Setting is expanding & the accounts are not yet available, please provide a summary of your most up to date financials.

When did your last accounting year start & finish:	From: To:
What was your total gross income:	
What was your total expenditure:	
What was your surplus/deficit for the Year:	

Please provide the names & positions of bank account signatories

Name	Position

6. Description of Premises

- Is the Setting premises owned by applicant or rented? ……
- If rented how long has the rental agreement to run? ……
- If based in a school, state name and type e.g. nursery / infant / primary etc ……..…….

(If premises are leased or rented, you must ensure that they are available for the Grant funded period).

Section 7 only to be completed where you are applying for the Start-Up Grant

7a. What type of childcare places will/ do you provide?

Type	**State the number of places on your CSSIW registration / application**
Full Day-Care	
Playgroup/Cylch Meithrin	
Breakfast Club (more than 2 hrs)	
Lunch Club	
After School Club	
Holiday Club	
Other (please Specify)	

7b. How much do/will you charge for your service?

Per hour	£……..
Per session:	£…….. am / £…….. pm
Per day	£……..
Per week	£……..
Per month	£……..
Per term	£……..
Other	£…….. / description ……

7c. Do/will you offer any discounts for any reason & do/will you charge any additional fees? If yes please tell us what these are & what they are for.

7d. What days & times does/will your service operate?

(Please tick all the boxes that apply & complete the spaces for time details)

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	

All year: i.e ……weeks (please Write the number of weeks)	School INSET days
Week days	Term time only
Evenings	Weekends
School holidays	Other (please state)

7e. What age range do you cater for? ……..

Section 8 only to be completed where you are applying for the Expansion Grant

8a. What type of childcare places will/ do you provide?

Type	**State the number of places on your CSSIW registration/ application**	**How many children are on your register at the time of application**	**What is the average Number of children attending per session**
Full Day-Care			
Playgroup/Cylch Meithrin			
Breakfast Club (more than 2 hrs)			
Lunch Club			
After School Club			
Holiday Club			
Other (please Specify)			

8b. How much do/will you charge for your service?

Per hour £……..
Per session: £…….. am / £…….. pm
Per day £……..
Per week £……..
Per month £……..
Per term £……..
Other £…….. / description ……

9. Total amount of Start Up/Expansion Grant you are applying for: £ ……..... (***Maximum £500 (Start-Up's only), plus £25 per registered child/expansion place)***

- Please provide a breakdown of how the Grant will be spent. All educational supplies, resources & equipment are to be purchased from suppliers recommended by the EYDCPP. (TTS, Hope & ASCO)

Expenditure Item	**Amount £'s**

10. How will you spend the Grant?

Please provide a detailed summary of what the Grant will fund, including the items listed above, refer to the number of places available; age range of children; main areas of expenditure and what contribution you will provide towards the start up of the project.

11. Market Research

Please provide details of the market research you have undertaken to determine the need for your service, including details of the number of families who have expressed an interest and how many children you estimate will attend the setting when open/expanded. (Please continue on a separate sheet if required).

12. Childcare Places

Explain how the childcare places you will provide meet the needs of local parents/carers. E.g. Is the Setting flexible? Do they meet the needs of different children? (Please continue on a separate sheet if required).

13. Competitors

Please provide details of your competitors i.e who they are, where they are located and competitive pricing. Explain your plan to attract parents/carers to choose your childcare setting over your competitors. (Please continue on a separate sheet if required)

14. When is the project due to start?

Remember to allow time for your application to be processed; to gain registration with CSSIW; advertising; recruitment; induction and completion of any refurbishment work.

Month:	Year:

15. Experience

What knowledge & experience do you have of the industry you are looking to set up/ expand? (Please continue on a separate sheet if required)

16. Future Funding

Please explain how you will maintain the childcare places funded by the grant in the future e.g. income, fundraising etc (continue on a separate sheet if required).

17. Quality

What steps have/will be taken to ensure the childcare provided is of good quality? (continue on a separate sheet if required)

18. As a new start up/expanding setting you agree to undertake the Blaenau Gwent Quality Improvement Scheme within 12 months of trading. ***(Please tick the relevant box below. NB The Grant will not be awarded if you do not agree).***

I agree to undertake the Quality Assurance Scheme	
I do not agree to undertake the Quality Assurance Scheme	

19. Declaration

I declare that:

- All information provided in this form is accurate
- I understand that the setting must be registered within 6 months of the grant being issued or monies will have to be repaid to the authority
- I understand I must send in receipts of items purchased with this grant within 3 months of the grant being issued
- I understand that all equipment purchased from the grant will remain the property of Blaenau Gwent EYDCPP for 2 years, and should the setting close within this time the items will be returned to the EYDCPP for redistribution to another setting.
- Applicants for Expansion Grants must maintain the service for additional places for 2 years following the grant being issued. The EYDCPP will require the repayment of the grant either in whole or part if the service for additional places ceases within this period.

Name (in print) …….. Signature …….

Position in Organisation …….. Date …….

Name (in print) …….. Signature …….

Position in Organisation …….. Date …….

If you require any help in completing this application form or want further information, please contact Kara Kershaw, Child Care Business Development Officer, Early Years & Childcare Team, Integrated Services Team, Heart of the Valleys Integrated Centre, High Street, Blaina. NP13 3BN

Closing Date for receipt of applications is 31st January 2017

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