



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

# **Sustainability Grant Application Form 2016/17**

#### 1. Business Details

•	Name of Setting
	Address of Premises
	Name of Contact Person
•	Address of Contact Person
	Post Code
•	Telephone NumberMobile
	Email
•	Address to which correspondence should be sent (if different)
	· · · · · · · · · · · · · · · · · · ·
•	Position in the Setting
	When was the business established? Month  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



#### 2. Your Services

What childcare services do you currently deliver?		

- Are you affiliated to a local or national umbrella organisation? (e.g. Wales PPA, NDNA, MYM, CPCKC or PACEY) ......Yes/No.......

- Have you undertaken the Blaenau Gwent Quality Improvement Scheme using the Environmental Rating Scales appropriate for the setting? Yes/No If Yes what was your grading?
- If no are you willing to undertake the Quality Improvement Scheme? Yes/No

### 3. 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 statements are acceptable for childminders. Please note that your application cannot be processed without this information.

You may also enclose additional explanatory notes if you think this will be helpful in considering your application.

- Account Name:

- Sort Code......Account Number......



<ul><li>If rented how long hat</li><li>If owned, state whet</li><li>If leasehold, state per</li></ul>	as the rental agreer her land is leaseho eriod remaining on l	cant or rented? nent to run? ld or freehold ease		
<ul> <li>If based in a school,</li> </ul>	state name and type	pe e.g. nursery / infant /	prima	ry etc
<ul> <li>5. What is the Sustainabi support the need for sus</li> <li>Total amount you ar childminders).</li> </ul>	stainability).	I to cover. (The items I		
,				Amount C'o
Expenditure Item				Amount £'s
6a. What type of childcar  Type  Childmindor	State the number of places on your CSSIW registration	rovide?  How many children are on your register at the time of application	Nun atte	at is the average nber of children nding per sion
Childminder				
Full Day-Care				
Playgroup/Cylch Meithrin				
Breakfast Club				
(more than 2 hrs)				
Wraparound				
After School Club				
Holiday Club				

4. Description of Premises



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# 6c. Do you offer any discounts & do you charge any additional fees?

oc. Do you offer any discounts & do you charge any additional rees:			
	If yes please tell us what these are & what they are for.		

£...... / description ......

## 6d. What days & times does your service operate?

Other

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

Day Morning		Afternoon			
Monday	From	То	From	То	
Tuesday	From	То	From	То	
Wednesday	From	То	From	То	
Thursday	From	То	From	То	
Friday	From	То	From	То	
Saturday	From	То	From	То	
Sunday]	From	То	From	То	
All year: i.eweeks (please Write the number of weeks)		School INSET day	ys		
Week days			Term time only		
Evenings			Weekends		
School holidays			Other (please sta	te)	



6e What age range do you cater for?
7. Sustainability
Tell us how this grant will support your provision to be sustainable in the longer term. (Please continue on an additional sheet if required).
8. Further Information
Please add any further information you would like to include in support of your sustainabilit application. (Please continue on an additional sheet if required).



**9. Income and Expenditure Form**Please complete the attached Income & Expenditure Section. Please note that your application cannot be considered without this information.

Income		
Please estimate the income you expect to receive during the year 2015-2016		
Children's Fees	£	
Fundraising	£	
Grant from umbrella organisation	£	
Other Grants, e.g. Community Council, Lottery, Local Authority Any Other Income, please detail	£	
Total Income	£	

Expenditure	
Please estimate your annual expenditure	£
Salaries	£
Rent	£
Rates	£
Insurances	£
Fuel e.g. heat/lighting)	£
Resources e.g. paper, paint	£
Equipment, new & replaced	£
Maintenance	£
Any other costs, e.g. subscriptions, training please specify	£
Total Expenditure	£

Shortfall / profit for the year	£



10. Signatures I certify to the best of my knowledge that the information contained in this a is true & accurate.				
	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

