**Childcare Business Support**

**Grant Application Form**

**(2021-22)**

1. **Details of Application Organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** |  | **Electoral Ward** |  |
| **Address** |  | **Postcode** |  |
| **Email** |  | **Telephone** |  |
| **Website** |  | **Legal Status** |  |

1. **Please provide a brief overview of your organisation (including any schools you serve)**

|  |
| --- |
|  |

1. **Please include details of all school you provide wrap-around for**

|  |  |
| --- | --- |
| **School/s** | **AM/PM/Both** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Explain why you are applying for funding and clearly state your financial need for assistance:**

|  |
| --- |
|  |

1. **How many childcare places will be created or sustained?** Please detail as applicable

|  |  |  |
| --- | --- | --- |
| Total number of sessions per week offered | Full time sessions | Part time sessions |
|  |  |  |
|  |  |  |

1. **Age Range of children currently on your register**

|  |  |
| --- | --- |
| **Age Range** | **Numbers** |
| 0 – 2 years |  |
| 2 – 4 years |  |
| 4 – 7 years |  |
| 7 – 11 years |  |
| Other |  |

1. **What are your session charges? Please complete**

|  |  |
| --- | --- |
| **Sessions** | **Fees £** |
| Part-time session |  |
| Full-time session |  |
| Sibling Discount |  |
| Other |  |

1. **Amount of funding requested, please complete the attached costing sheet for all items to be funded, and please also provide the settings contribution towards the purchases.**

|  |
| --- |
|  |

1. **When will you begin incurring costs?**

|  |
| --- |
|  |

1. **Please prove evidence for necessity for equipment/resources requested for your childcare provision**

|  |
| --- |
|  |

1. **What specific difference will the funding make to your organisation?**

|  |
| --- |
|  |

1. **If the grant was not awarded, what would the implications be on your provision?**

|  |
| --- |
|  |

**Examples could include: Not being able to purchase new equipment required to improve the provision, not being able to respond adequately to CIW Non-Compliance, etc.**

1. **What systems do you have in place to ensure long term sustainability, without future funding? Or what financial management systems do you have in place to ensure your future sustainability?**

|  |
| --- |
|  |

1. **Applicant Declaration & Signature**

|  |  |
| --- | --- |
| Please confirm: | |
|  | The organisation has registered with the Dewis Cymru and information will be updated every six months as required |
|  | All appropriate authorities have been informed of any applicable changes to our services |
| I have enclosed authentic copies of the following documents: | |
|  | Legal governing document (Constitution, Certificate of Incorporation, etc.) |
|  | CIW Registration Certificate (or evidence of commencement of registration process) |
|  | Up to date Statement of Purpose |
|  | Latest Annual Accounts within the last 12 months(not applicable to new or public organisations) |
|  | Business Plan (including Operating Budget) |
|  | Please complete and submit the attached Cash Flow Forecast |
|  | Recent bank statement (or a signed letter from the bank for new organisations). |
|  | Additional evidence to support application (e.g. inspection report recommendations, compliance issues etc.) |
|  | Member of Cwlwm partner organisation |
|  | Please provide the date of Latest (CIW) Report |
| I have kept: | |
|  | A copy of this application for reference |

If funding is approved, please pay the grant into the following bank account:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Account Name: |  | Sort Code: |  | Account Number: |  |

By signing this declaration, I confirm the accuracy of this application; that I have read, understood and accepted the Guidelines and Terms and Conditions; that this funding will only be used for the purposes outlined in this application and that failure to do so will result in the funding being repaid.

|  |  |  |  |
| --- | --- | --- | --- |
| Main Contact: |  | Position: |  |
| Signed: |  | Date: |  |

Please sign and return your completed application by email to:

**claire.jones4@cardiff.gov.uk/ChildcareBusinessSupport@cardiff.gov.uk**

:

**“This form is available in Welsh / Mae’r ffurflen hon ar gael yn Gymraeg”**