**Childcare Business Support**

**Grant Application Form**

**(2024-25)**

1. **Details of Application Organisation**

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| --- | --- | --- | --- |
| **Organisation** |  | **Electoral Ward** |  |
| **Address** |  | **Postcode** |  |
| **Email** |  | **Telephone** |  |
| **Website** |  | **Legal Status** |  |
| **CIW registration type. E.g childminder; full daycare** |  | **Language of setting** |  |

1. **Please provide a brief overview of your organisation**

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

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| --- | --- |
| **School/s** | **Type of service (breakfast club, after school club, wrap around…)** |
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1. **Age range of children currently on your register**

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

1. **What are you operating hours? Please complete the table below:**

|  |  |
| --- | --- |
| **State opening times** | **Fee £** |
| E.g. 08.00am – 09.00am | £10 |
|  |  |
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1. **Explain why you are applying for funding and clearly state your financial need for assistance:**

*Please note you can only apply for one category of application at any one time. Please select the most relevant category, or, if you are not sure, please speak to one of the CBSO’S.*

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| --- | --- |
| **Critical Financial Support**Supporting information to include: Cashflow reflecting the need for financial assistance, business plan demonstrating future plans to support the business moving forward and its viability. It may be necessary to undertake a Business Health Check with a member of the CBSO Team | **Please state your need for Critical financial support** |
|  |
| **New or extended childcare places**Supporting information to include financial forecast reflecting future sustainability, evidence of demand, business plan, items costing sheet | **State the demand for this service in your area and how you are aware of this, number of places being created, unique selling points and confirm that there will be no displacement of other services in your local area.** |
|  |
| **Workforce Training**Supporting information to include specific training information including cost of training and training provider. | **State how the grant will support workforce development and your need for financial assistance.** |
|  |
| **Improving Provision**Supporting information may include CIW report relating to quality recommendations; Quality assurance scheme action plans; New curriculum requirements; | **State how the grant will support the organisation to improve the quality of the provision, please include information on how this enhances the service and experiences of the children** |
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| --- |
| **£** |

1. **Amount of funding requested, please complete the costing sheet found** [**here**](https://www.cardifffamilies.co.uk/wp-content/uploads/Copy-of-Grant-Application-Costing-Sheet.xlsx) **for all items to be funded, and please also provide the settings contribution towards the purchases.**

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1. **When will you begin incurring costs?**
2. **If the grant was not awarded, what would the implications be on your provision?**

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*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. **Or what financial management systems do you have in place to ensure your future sustainability?**

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1. **How many months of financial reserves does the setting hold?**

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*Financial reserves are funds set aside to cover future obligations (staff costs, building costs, utilities)*

1. **Applicant Declaration & Signature**

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| Please confirm: |
|  | The organisation has registered with the Dewis Cymru and information will be updated every six months as required. Date last up-dated |
|  | 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.

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

Please sign and return your completed application by email to:

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

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