**Childcare Support**

**Grant, Grant A**

**(April 2021-March 2022)**

1. **Details of Application Organisation**

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

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

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1. **Please provide details of the nature of your service:**

Please detail as appropriate

|  |  |
| --- | --- |
| **Full Day Care** | **Yes/No** |
| **Sessional Care Cylch, Playgroup** | **Yes/No**  |
| **Breakfast Club** | **Yes/No** |
| **After School Club** | **Yes/No** |
| **Holiday Club**  | **Yes/No** |

1. **(Grant A) Please provide details of the forced closure together with:**
* **a copy of the advice received from Public Health Wales/Environmental Health/Test Track not to continue providing services while the household member is isolating (Childminder)**
* **or evidence that the setting was advised to close due to close proximity (Sessional Care/Playgroups) along with the reason the setting had to close e.g. both members of staff were self-isolating at the same time.**

**NB: Applications submitted for Grant A without this evidence will be rejected, and funding will NOT be provided**

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1. **How many booked childcare places will be lost due to the closure of the Nursery/Room/Childminder Setting? (Grant A)**

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| --- | --- | --- | --- |
| Total number of sessions per week offered | Full time sessions | Part time sessions | Total Number of Days missed |
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1. **Please submit copies of notification forwarded to CIW detailing closure and re-opening (Grant A)**

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1. **Applicant Declaration & Signature**

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| Please confirm: |
|  | The organisation has registered with the Dewis Cymru and information will be kept up to date**Grant A** |
|  | All appropriate authorities have been informed of any applicable changes to our services**Grant A** |
| I have enclosed authentic copies of the following documents: |
|  | Legal governing document (Constitution, Certificate of Incorporation, etc.)**Grant A** |
|  | CIW Registration Certificate (or evidence of commencement of registration process)**Grant A** |
|  | **Letter or email from Public Health Wales/Environmental Health, Test, Trace Protect advising setting to closure during isolating period** **Grant A** |
|  | Copy of CIW notification of closure and re-opening**Grant A** |
|  | Confirmation that details of booked childcare places are accurate and up to date **Grant A** |
|  | Scan/copy of redacted booking register includes details of full time and part time bookings in full day care settings claimed for and are accurate and up to date **Grant A** |
|  | Confirmation that parents have not been charged for the duration of the closure and confirm that all affected parents have received a copy of the template letter supplied by Local Authority**Grant A** |
| I have kept: |
|  | A copy of this application for reference**Grant A** |

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 return your completed application to the following Email address:

**Childcarebusinesssupport@cardiff.gov.uk**

**Childcare Business Support, The Conference Centre, East Moors Road, Cardiff, CF24 5RR**

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