**Childcare Providers Support**

 **(Cwtch) Grant D Application Form**

**(2020–21)**

**1. Details of Applicant Organisation:**

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

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

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**3.**

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| --- | --- |
| **Has your setting received, funding or grants from 01 April 2020 to date of application?** |  |
| **Funding or grant**  | **Amount received**  | **Applications submitted but not yet received** | **Applications not yet applied for** |
| Childcare Offer funding  | **£** |  |  |
| Tax Free Childcare | **£** |  |  |
| Early Education (FPN) | **£** |  |  |
| Flying Start  | **£** |  |  |
| Childcare Coronavirus Assistance Scheme (CCAS) | **£** |  |  |
| Retainer fees from parents during Lockdown | **£** |  |  |
| Other, please state: *e.g. Business Rate grant, self-employment income support scheme, Resilience Grant Sustainability Grant, Childcare Provider Grant etc. Job Retention Scheme (Furlough)* | **£** |  |  |
| Business Insurance Loss Of Earning etc. | **£** |  |  |

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| **Premises – please state if this is:** |
| **Owned** | **Rented** |
|  | **Cost of Rent per month £****–** Please provide evidence |

**4. Please explain how the viability of your Business will be affected if you do not receive the funding and clearly state your financial *need* for assistance: (Please include information detailed in enclosed Cash Flow Forecast)**

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| **Please indicate what the sustainability funds will be utilised for:** |
|  | 🞏 Staffing costs (not eligible for those staff on furlough scheme at time of application) 🞏 Rent costs 🞏Building/Public liability insurance Etc. |

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**5. Amount of funding requested, up to maximum of:**

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| --- | --- |
| **Childminders**  | **£5,000** |
| **Childcare providers registered for 19 places**  | **£7,500** |
| **Childcare providers registered for 20+ places** | **£10,000** |

**6**. **How many childcare places will be sustained?** Please detail as applicable

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

**7. Occupancy and Age range of children currently attending the setting. Please complete for the week Application Form submitted**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Range of children currently accessing Setting at Application** | **AM** | **PM** | **Full Day** |
| 0 – 2 years |  |  |  |
| 2 – 4 years |  |  |  |
| 4 – 7 years |  |  |  |
| 7 – 11 years |  |  |  |
| Other |  |  |  |

**8. What are your Settings Fees? Please complete**

|  |  |
| --- | --- |
| **Sessions** | **Fees £** |
| Part-time session |  |
| Full-time session |  |
| Hourly Rate |  |
| Sibling Discount |  |
| Retainer Fee (if parent chooses not to send child at present, but does not wish to cancel Contract) |  |
| Other |  |

**9. If the grant was not awarded, what would the implications be on your provision? Examples could include: Not being able to respond adequately to CIW Non-Compliance, etc.**

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**10. What systems have you put 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?**

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**11. Applicant Declaration & Signature**

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| Please confirm: |
|  | The organisation has registered with Dewis and information will be kept up to date |
|  | All appropriate authorities have been informed of any applicable changes to our services |
| I have enclosed authentic copies of the following documents: |
|  | CIW Registration Certificate (or evidence of commencement of registration process) |
|  | Business Plan (including Operating Budget) |
|  | **Actual Turnover 2019/2020 together with Annual Spreadsheet. (If up to date Accounts not available)** |
|  | **Latest Annual Accounts within the last 12 months(not applicable to new or public organisations)** |
|  | **Actual Cash Flow for April 2020 – December 2020 Attached in Application) and projected Cash Flow for January 2021 – December 2021** |
|  | Recent bank statement (or a signed letter from the bank for new organisations).  |
|  | Additional evidence to support application |
|  | Member of Umborg |
|  | I confirm I will register with Business Wales for support if my application is successful |
| 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 return your completed application via email to:

**childcarebusinesssupport@cardiff.gov.uk**

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