**PLEASE ENSURE YOU HAVE READ THE ACCOMPANYING GUIDANCE NOTES WHEN COMPLETING THIS APPLICATION**

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| **Section 1 – Your Details** |
| 1 | Name of key contact person for this application |  |
| 2 | Job Title |  |
| 3 | Contact number & email address |  |

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| 4 | Please state your company/organisational name (this is the legal entity to which any awarding grant will be paid) |  |
| 5 | Please state the registered address of your company/ organisation |  |
| 6 | Please state the name of your childcare provision (if different from company organisational name) |  |
| 7 | Please state the address of the premises where the wraparound places will be delivered |  |
| 8 | Please state which City Ward the above premises address is located in |  |
| 9 | In relation to the premises where the wraparound places will be delivered, please indicate the following Ofsted information; |
| 10 | Please state the Ofsted registration application status for this site ***Please mark one box only*** | Already registered *Please go to Q11* |  |
| Application in process*Please go to Q12* |  |
| Not yet registered*Please go to Q13* |  |
| 11 | Please state your Ofsted URN, current rating and date of last inspection (if applicable) |  |
| 12 | Please state the date your application was submitted |   |
| 13 | Please state the date you plan to submit your registration application  |  |
| 14 | Please state the date these new/additional places/hours will begin |  |

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| **Section 2 – Your Premises** |
| 15 | For the premises listed at question 7, please state whether you own these premises or will lease them***Please mark one box only*** | Owned***Please go to Q19*** |  |
| Leased***Please go to Q16*** |  |
| 16 | Is there a current lease agreement in place with the premises owner? | Yes***Please go to Q17*** |  |
| No***Please go to Q18*** |  |
| 17 | Please state the start date of the lease agreement |  | ***Please go to Q19*** |
| Please state the end date of the lease agreement |  |
| 18 | Please state the date this lease agreement will be in place |  | ***Please go to Q19*** |
| 19 | Please state if the owner of the premises/governing body has given their approval to this project | Yes  |  |
| No |  |
| 20 | Please state all the schools this wraparound project will be accessible to***Please add details on any demand analysis for these schools in Q22*** |  |

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| **Section 3 – Your Project** |
| 21 | **This question should be a summary from your submitted supporting Business Plan.** Please outline your project, including details of any current provision, how this will be impacted by this project, places and times to be delivered, the ages of children to be catered for, schools and other providers involved, an outline of any capital works (if the application includes a request for capital funding) etc  |
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| 22 | Please explain how you have determined that there is the demand for creating a new provision, increasing the number of places in an existing provision or increasing the hours in an existing provision, schools to be served, evidence of demand analysis*e.g – Childcare Sufficiency Assessment data, market research, consultation, waiting list*  |
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**PLEASE ENSURE YOU HAVE READ THE ACCOMPANYING GUIDANCE IN RELATION TO COUNTING PLACES**

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| 23 | Please detail what **current wraparound childcare provision** is available on the premises stated in Q7 |
|  | **Number of existing places** | **Opening hours** |
| **Before School**  |  |  |
| **After School**  |  |  |

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| 24 | Please detail what **wraparound childcare provision** **is planned** for the premises stated in Q7 |
|  | **Number of new/additional places to be created** | **Opening hours** |
| **Before School**  |  |  |
| **After School**  |  |  |

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| **Section 4 – Quality Childcare Practice** |
| 25 | Please describe your knowledge, practice and understanding in relation to safeguarding children, families and staff.  |
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| 26 | Please describe your knowledge, practice and understanding in relation to inclusive practice. This should include how equality and inclusion will be promoted for all children and how individual needs will be met |
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| 27 | Please outline a potential staffing structure and detail how you would recruit, induct, retain, and ensure ongoing support to your workforce to enable them to provide high quality service for local children and their families.  |
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| 28 | Please describe your experience and understanding of the importance of partnership working with other professionals and within the local community to improve outcomes for children. Please include any assessments you have undertaken on what the impact of your proposed project would be on existing provision. |
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| **Section 5 – Revenue Funding**  |

**PLEASE ENSURE YOU HAVE READ THE ACCOMPANYING GUIDANCE IN RELATION TO PROJECT COSTS AND FUNDING AVAILABLE**

**IF YOU ARE NOT APPLYING FOR REVENUE FUNDING, PLEASE GO TO SECTION 6**

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| 29 | **Project Costs***Please provide outline detail on estimated costs to deliver the new/additional places/hours detailed at Q24 for the first two years of operation. This must be your delivery costs and not any capital expenditure*  |
| **Expenditure Heading**  | **Year 1** | **Year 2** |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |
| **Total Costs** | **£** | **£** |
| 30 | Please state how much of the total given in Q29 you are seeking grant funding for | **£** | **£** |
| 31 | Please state the difference between the total project costs in Q29 less the grant request amount in Q30 | £ | £ |
| ***If this indicates a shortfall, please go to Q32.*** ***If full project costs are requested and no shortfall is indicated, please go to Q33.*** |
| 32 | Please detail how this shortfall will be met and if this funding is secured |  |
| 33 | Please confirm that you have submitted a 3 year cash flow forecast with your application that evidences sustainability when the grant funding ends***Please mark one box only*** | Yes |  |
| No |  |
| **Section 6 – Capital Funding**  |

**PLEASE ENSURE YOU HAVE READ THE ACCOMPANYING GUIDANCE IN RELATION TO PROJECT COSTS AND FUNDING AVAILABLE**

**IF YOU ARE NOT APPLYING FOR CAPITAL FUNDING, PLEASE GO TO SECTION 7**

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| 34 | **Proposed Capital Works***Please provide outline detail on estimated costs to deliver the new/additional places/hours detailed at Q24. This must include details of the proposed capital works (building modifications, internal/external works, physical assets). This must not include any revenue expenditure.*  |
| **Expenditure Heading** | **Estimated Costs** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total Costs** | **£** |
| 35 | Please state how much of the total given in Q34 you are seeking grant funding for | £ |
| 36 | Please state the difference between the total project costs in Q34 less the grant request amount in Q35***If this indicates a shortfall, please go to Q37.*** ***If full project costs are requested and no shortfall is indicated, please go to Q38.*** | £ |
| 37 | Please detail how this shortfall will be met and if this funding is secured |  |

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| 38 | Please confirm that you have submitted a 3 year cash flow forecast with your application that evidences sustainability when the grant funding ends***Please mark one box only*** | Yes |  |
| No |  |
| 39 | Please state if planning permission is required for the works detailed in this application | Yes***Please go to Q40*** |  |
| No***Please go to Q41*** |  |
| 40 | Please **complete one line only** to reflect the status of the planning permission requiredIf yes, what is the status of this planning permission:To be applied for / Applied for / Secured | Planning permission secured |  | Date secured |  |
| Planning permission applied for  |  | Date applied for  |  |
| Planning permission not yet applied for |  | Date to be applied for  |  |
| 41 | Please state if you have obtained and supplied the correct number of quotes to support your application | Yes***Please go to Section 7*** |  |
| No***Please go to Section 7*** |  |

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| **Section 7 – Declaration & Submission** |
| In submitting this application, the key contact identified in Section 1 is signing to confirm that they:* Have appropriate legal authority within their organisation to make this application, which they confirm to be true and accurate at the time of completion
* Will provide any supplementary documentation as requested in support of their application
* Understand that following Panel Assessment if a grant was to be awarded, a full grant agreement between the City Council and the organisation would need to be in place, prior to funding being released
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| Signed |  |
| Print Name |  |
| Date |  |
| For the City Council’s Data Protection Statement and further information on how the Early Years Team will use your information, please go to <https://www.nottinghamcity.gov.uk/privacy-statement>  |

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| **Please use the below checklist to ensure your application is complete prior to submission** |
| **Question**  | **Supporting Documentation** | **Complete** |
| All | This application is fully completed |  |
| 16 | Copy of your lease agreement (if applicable) |  |
| 19 | Evidence of the School / Governing Body’s support of this application |  |
| 21 | Copy of your Business Plan |  |
| 22 | Evidence of demand for the proposed project |  |
| 32 | Evidence of the shortfall in revenue project costs to ensure the full cost can be met (if applicable) |  |
| 33 and 38 | 3 Year Cash Flow Forecast |  |
| 37 | Evidence of the shortfall in capital project costs to ensure the full cost can be met (if applicable) |  |
| 40 | Evidence of Planning Permission being secured or applied for (if applicable) |  |
| 41 | Evidence of the relevant number of supporting quotes for your capital project  |  |

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| * **Once complete, please email your Application Form and supporting documentation to** **earlyyearsexpansion@nottinghamcity.gov.uk**
* **The application deadline dates can be found in the accompanying Guidance Notes**
* **Any applications received after the deadline date will be deferred and assessed in the following application round, with the exception of the final round, when any late applications will not be assessed.**
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