

Wraparound Programme Funding Application Form

Section 1: Contact details					
a. Name and address of Provision	Name and Address:		Postcode:		
b. Current Ofsted Number and grading	Ofsted Number or school DfE number		Current Ofsted Grading and Date		
			Grading		Date received
c. Please confirm your legal governance structure e.g. Company Limited by Guarantee, Limited company, partnership. Include your company and charity number that relates to this application.		Governance	Company number		Charity Number
		Choose an item.			
		NB. If you are a voluntary management committee with registered charity status please indicate this. It is important to note that your members should give serious consideration to formalising their governance status to reduce any business liabilities by formally incorporating the setting.			
d. Main contact for this application		Name:		Position:	
Main contact – Tel number					
e. Provider Type -tick all that apply					
Nursery		Pre-School		Childminder	
Standalone Breakfast Club		Standalone After School		OOS Holiday	
School		Other:			

Section 2 – Grant Funding	
Method Statement 1: Full details of proposed project – please detail how you will use the revenue funding and what this will allow you to offer including timings, places, food, transport and any other relevant information. When providing a response to this question, please consider local need. Please submit costed delivery plan using the template provided.	

What are your proposed start dates for your Project?	
Proposed Start Date	
What is your proposed date for opening the places?	
Proposed opening Date	
Method Statement 2: Mobilisation – What will your organisation need to do in order to put the proposed new or extended provision in place? What timelines would you anticipate meeting to complete these activities? Please set out your mobilisation plan below with timelines	
Method Statement 3: Staffing - How many staff will you need to deliver the proposed new or extended service? How many staff do you already have in place for this and how many will you need to recruit (please respond in terms of Full Time Equivalents (FTEs)). What will be the minimum qualifications for the workforce delivering this service? What training will be provided?	
Method Statement 4: Quality – What steps will you take to ensure the quality of the proposed new or extended provision, including how this supports accessibility and inclusion?	

Section 5 – Delivery Model and charging structure			
	Current		Proposed
What are your opening hours?			
What are your fees?	£	per hour	£
	£	per session	£
How many weeks of the year are you open?			
How many Breakfast places do you offer?			
How many Afterschool places do you offer?			
What is age range of your provision?			
What ratio do you implement within your provision?			
Funding – Total funding request from the Local Authority in this application (see funding allocation in guidance)			
£			
Breakdown of funding request (e.g extended times, new places)			

Method Statement 5: Impact - How are you planning to achieve long term sustainability?

Declaration
I understand: - the funding requested in this application may not be offered in full or declined - the money awarded can only be used for the purpose of wraparound childcare - any unspent award will be recovered by the Local Authority - any funding received should be shown separately in your annual accounts - further information may be requested to support this application - the expectation to work collaboratively in partnership with the local authority to deliver the project - termly monitoring will take place to apprise progress of project, demand and financial position - termly data (incl. take up and demand) must be supplied to the local authority - conditions may be applied to the award

and confirm that:

- I have the authority to apply for funding on behalf of the business
- the information I have given within the application is true to the best of my knowledge.

Print Name		Signature	
Position		Date	

Note: This form must be signed by a member of your executive/managerial committee and not a paid employee of your organisation.

Please return completed application form to: earlyyears@torbay.gov.uk