

Wraparound Programme Funding Application Form

Section 1: Contact details					
a. Name and address of Provision	Name and Address:			Postcode:	
			District:	Ward:	
b. Current Ofsted Number and grading	Ofsted Number or school DfE number		Current Ofsted Grading and Date		
			Grading	Date received	
		Governance	Company number	Charity Number	
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.		Choose an item.			
		<i>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.</i>			
d. Main contact for this application		Name:		Position:	
Main contact – Tel number					
e. Provider Type -tick all that apply					
FDC Nursery		Pre-School		Childminder	
Standalone Breakfast Club		Standalone After School		OOS Holiday	
School		Other:			

Section 2: Premises (capital applications only)			
a. Who owns the building in which the childcare is delivered? For capital applications the landlord's permission for the proposed works must be sought and included in the application.			
b. What type of agreement do you have?	Lease		Rent Agreement
c. When did the lease/ rental agreement start and when does it finish?	Start:		Finish:
d. Has planning consent been sought or approved? (please provide evidence)	Yes/No	<i>If no please explain</i>	
e. Have building regulations been applied for or approved? (please provide evidence)	Yes/No	<i>If no please explain</i>	

f. If you are a LA school and the project includes a capital build using some of the school land, have you consulted with the school planning team and sought permission through a Section 77 agreement. (Please provide evidence).	Yes/No	<i>If no please explain</i>
g. If your application requires any refurbishment of the premises, do you have the landlords consent for this? (please provide evidence)	Yes/No	<i>If no please explain</i>

Section 3 – Grant

a. TYPE OF GRANT – please indicate which of these are being applied for:	Capital			
	Revenue	Core Start up		
		Core Accessibility		
		Inclusion supplement		

b. Please describe the project you are undertaking.

c. What are your proposed start and completion dates for your Project?

Proposed Start Date		Proposed completion date	
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d. What is your proposed date for opening the places?

Proposed opening Date	
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e. Please outline what the funding is needed for and what it will be specifically spent on.

Section 4 – Sufficiency – refer to guidance before completing this section

a. Please provide evidence of community engagement

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b. What other wraparound provision is within your area?

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Section 5 – Delivery Model – refer to guidance before completing this section

	Current	Proposed
What are your opening hours?		
What are your fees?	£ per hour	£ per hour
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?		

Section 6 - Funding break-down

A. Total Project Costs	Revenue	£
	Capital	£
	Total	£

	Amount	Source
B. Funding Contribution	£	
	£	
	Total	£
C. Total amount being requested from the Local Authority in this application	Revenue – Core start up	£
	Revenue – Core accessibility	£
	Revenue – Inclusion Supplement	£
	Capital	£

Section 7 - Impact

a. Voice of the Child - please demonstrate how you have consulted with the children

b. How are you planning to achieve long term sustainability?

Section 8: Declaration

I hereby certify that the information set out in this application is correct and in accordance with the best information available to me. I undertake to provide additional information as may be required by Lincolnshire County Council in order to verify my application. I understand that, if a grant is approved, I will comply with the initiatives and contracted conditions of the award. Failure to declare accurate information could lead to clawback of the grant award.

a. Do you/your organisation have any bad debts that could affect the viability of the business? If yes please give details

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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b. Have any members of your family submitted any quotes as part of your application and will they be undertaking any works as part of your project? Please outline below

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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c. Is your business up for sale and or are you planning to sell your business in the next 12 months?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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d. Conflict of Interest – are you related to or have a close friendship with a member of staff in the Early Years and Childcare Support team? Please outline below.		Yes		No	
e. Does anyone in your organisation, directors, and trustees/committee members have any convictions for fraud, misappropriation of funds or any other financial irregularities? If yes please give details		Yes		No	
f. Do you understand that if the grant is awarded, the contract will specify that if you fail to appropriately evidence the spending of the grant, the full value of the grant may be clawed back?		Yes		No	
g. Do you acknowledge that if you are successful, it will be conditional of receipt of the required evidence applicable to your application?		Yes		No	
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.					
Section 9 – Documentation to be included with your application					
Revenue and Capital			Additional information for Capital		
Signed Application Form		Bank Statement for all business accounts			
Rent/Lease Agreement /heads of terms. Proof of building ownership (if appropriate)		Design Plans			
Resource list of proposed purchases		Planning permission and/or building regulation approval/ permitted development information			
Evidence of consultation with children and/or young people		Copy of like for like quotes (3 in total) including VAT if applicable. Please clearly indicate your preferred contractor			
2 years of financial forecasting detailing the overhead costs that the funding will support.		Landlords' permission for the proposed works (evidence)			
Evidence of consultation with the community and other providers.		For schools building on school land, or changing the use of the land, evidence of			

		section 77 agreements from the secretary of state.	
Banks Statement/s for all business. Copy of maintained school budget code if applicable		A copy of your school portfolio clearly marked with the proposed build or land change of use.	
Copy of most current annual accounts for existing provision.			
Evidence of personal /business /school contribution			
Business Plan/ and or project plan			

Please return completed application form to: WAC@lincolnshire.gov.uk