##

## **Early Education**

**People- Children**

## **Capital Development Application Form**

**Please return the application form to** **earlyyears@slough.gov.uk** **or post to Early Years Education, Observatory House, 25 Windsor Road, Slough, SL1 2EL**

For further information please contact Danielle Mercer on Tel: 07770936674 or danielle.mercer@slough.gov.uk

## **Contact details**

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| **Organisation name**The name of the organisation, group or body making the application as it appears on your constitution or governing document: |
| **Address of your organisation** |
| **Name of the childcare provider**If this is different from the organisation name |
| **Provision address**Address of the proposed provision in this application |
| **Contact name:**Of the person who will be responsible for managing the funding agreement | **Position:** |
| **Registered address for funding agreement** – if you are a limited company with a registered office address |
| **Telephone:** |
| **Email address:**For all communication related to this application |

1. **Your organisation**

**2.1 Details of your Ofsted registration (if applicable)**

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| **Ofsted URN** |
| **Date of last visit** |
| **Grade** |

**2.2 If you are currently an early years or childcare provider, please indicate the type and provide relevant registration numbers**

*Companies House Reg No..*

Limited Company

*Company Reg No.*

Community Interest Company (CIC)

*DfE number*

School

*Charity Commission Reg No.*

Registered Charity

Sole Trader Partnership Other (please state)

* 1. **Please indicate the type(s) of childcare that you provide**

Day nursery Children’s Centre

Pre-School Nursery

Nursery class in a Primary School

**Section 3: The Project**

**3.1 Outcomes**

Please attach your project proposal describing how your project will meet the priority matrix criteria and desired outcomes of the funding.

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| **Evaluation questions and criteria** |
| **The project** |
| Please give a brief overview of you project, detailing how the money will be spent and what the outcomes will be for local children and families? |
| 1. **The Offer**
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| How will you develop a service that meets the requirements outlined in the priority matrix criteria?***Attach a copy of your admissions policy*** | * The projects proposed geographical location is in a priority area according to the CSA
* The project proposes to develop funded under two places
* The project proposes to develop funded two-year-old places
* The project proposes to develop places for children with SEND
* Numbers of additional funded early education (FEE) places to be offered
* How will FEE places be offered (flexibility, free at point of access and meeting contract requirements etc.)
* Implementation of the Early Years Foundation Stage
* Ofsted registration and ability to achieve and maintain good or outstanding Ofsted grading
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| 1. **Mobilisation**
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| Provide a plan that details how this project will be mobilised and timescales for full delivery including identification of risks and mitigations.***Attach Risk Log*** | * The plan details how this project will be mobilised and includes timescales for full delivery
* Research that demonstrated local knowledge and need
* Company structure
* Staff recruitment
* Marketing
* Planning consent and/or approvals and build timeframes
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| 1. **Quality Assurance**
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| Explain how the provision will be committed to ensuring they offer a high quality service.***Attach evidence of quality assurance processes*** | * The application details how the provision is committed to quality improvement
* Robust systems and processes are in place to support the identification of reflective evaluation
* Monitoring systems
* Customer feedback resulting in responsive reactions
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| 1. **Funded early education**
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| Consider the delivery of funded early education in line with statutory guidance and local processes***Attach a copy of your FEE policy/information for parents – this will be checked for contract compliance*** | * Funded Early Education Policy for Parents is compliant with the statutory guidance
* Policy clearly demonstrates compliance in all areas and offers families flexibility to meet individual needs
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| 1. **Core Values**
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| Please tell us about the core values of your organisation and how you would work with partners within your local community to ensure that the services delivered are meeting local need. | * The application provides information about the core values of the organisation and demonstrates commitment to partnership working
* Inclusion and diversity
* SEND 0-25 Code of Practice 2018
* Parental engagement
* Equality Act 2010
* Partnership working
* Early Years Pupil Premium
* Funded early education
* Communication and engagement with relevant stakeholders
* Sharing of information and best practice
* Use of premises for partners
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| 1. **Safeguarding**
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| How would you ensure that children in your care are protected from harm***Attach a copy of your organisations main safeguarding policy******Attach a list of other related policies (we will request copies if necessary)*** | * The application includes a copy of the organisations safeguarding policy and explains how the children are protected from harm
* Setting procedures
* Local Berkshire Safeguarding Childrens Board (LBSCB)
* Polices and procedures
* Continuous Professional Development (training)
* Whistle blowing
* Safer recruitment / DBS
* Information handling / data protection
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| 1. **Workforce**
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| Please provide a potential staffing structure and details how you would recruit, induct and provide ongoing support to your workforce to enable them to provide a high quality provision for local children and their families. | * The application includes a potential staffing structure and details how recruitment, induction and ongoing support to the workforce will enable them to provide a high quality provision for local children and their families
* Staffing structure
* Safer recruitment
* Staff qualification
* Induction policies
* Ongoing staff training and commitment to CPD
* Ongoing staff supervision
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| 1. **Business plan and cashflow forecast – attach copies of your business plan and cashflow forecast.**
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**Section 4: Costs**

1. Using the table below please give a detailed breakdown of how much money you are requesting in column A (exclusive of VAT). Use column B to detail the VAT cost and column C to detail total amount you are requesting for that particular item (A+B). Use column D to detail the total of any contribution you will be making to the funded activity.
2. If the table is not completed your application will be returned**. Please do not put ‘see attached quotes’ as this will not be accepted.**

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| **Item**Each item should correspond to the estimate or quote of your preferred supplier | **Cost of item (Net of VAT)****(A)** | **Value of VAT****(B)** | **Total amount applied for****(C)** |
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| **Total** |  |  |  |

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| **Please outline how much the setting proposing to contribute?** |
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| **What is the total amount per place** |
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**Section 5: Required information**

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|  | **Confirmation of attached document and file name** |
| **Organisational status**Registered Charity – attach a copy of your organisation’s constitution.Limited company – attach a copy of your Memorandum and Articles of AssociationPartnership or Sole Trader please confirm this in section 2. | Attached YES / NODocument Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Insurances**Please confirm that you have or will obtain:1. Public liability insurance with a limit of indemnity of not less than ten million pounds (£10,000,000) in relation to any one claim or series of claims arising from the project; and
2. Employer’s liability insurance with a limit of indemnity of not less than ten million pounds (£10,000,000) in relation to any one claim or series of claims arising from the project.
3. Professional indemnity insurance with an indemnity limit of two hundred and fifty thousand pounds (£250,000)
 | YES / NO |
| **Number of new places** Please confirm the number of new places to be created by this projectIf this grant will part fund a project, please indicate the proportion of all new places that will be created with the funding | Minimum number of new places \_\_\_\_\_\_\_\_\_\_\_Current number of registered places\_\_\_\_\_\_\_\_\_\_\_Proposed number of places to be registered with Ofsted / DfE\_\_\_\_\_\_\_\_\_\_\_ |
| **Dates**Please confirm the proposed start and end dates of your project | Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_End date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Required Supporting Evidence**Please select the Yes or No to indicated whether a document is attached and provide the name of the file or document |
| **Admissions policy** | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Risk log** | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Quality assurance policy** | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Free early education policy / information for parents on how to access their child’s entitlement** | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Safeguarding policy** | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **List of safeguarding related policies (we will request copies if necessary)** | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Business Plan/ proposal** | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3 year cashflow forecast** | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Plans/ drawings** Please provide plans/drawings of the proposed worksProjects on school sites should also include a full site plan of the school | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lease Agreement (where applicable)**Please provide a copy of your lease agreement or evidence that is being progressed | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Freeholder consent**Please provide evidence of consent to undertake the worksNB projects on school sites (including academies) may require planning consent from the Dept for Education and / or Slough Borough Council | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project Plan**Please provide a project plan addressing points 1 – 11 in the checklist for building projects (Guidance Appendix 2) | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Programme**Please provide a programme (indicating key timescales for completion and milestones expressed as a GANTT chart) | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project manager (where applicable)**Please provide contact and qualification details of a suitably qualified project manager. | Attached YES / NoDocument Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**Declaration**

**I/we understand and agree to the following:**

1. The information given in this application and in any other documentation that supports this application is true to the best of my knowledge
2. If funding is received, that information provided in the application for is material to a funding agreement which I/we will be required to sign to govern the use of the grant.
3. I/we have completed and submitted the annual provider audit (we will check to see if this has been returned when you application is received).
4. If funding is received it will only be used for the purpose stated in this application, and this organisation will take all reasonable precautions to ensure that grant monies received will not be misused or misappropriated in any way.
5. I/we accept that any funding that cannot be evidenced as being spent on the items that were agreed by the Early Years Capital Development Board must be returned to Slough Borough Council.
6. If I/we do not spend the entire grant on this service we will promptly return the unspent amount to Slough Borough Council when requested, failure to do so will mean access to future grants will be denied.
7. I/we understand that we may not receive all of the funding requested in this application and that the Early Years Capital Development Board’s decision is final.
8. I/we understand that Slough Borough Council is not liable or responsible for health and safety for our service or any items purchased with funding awarded.
9. I/we will comply with any relevant legislation affecting the way we carry out our service.
10. I/we will monitor the service and provide a written statement of how the funding was used to Slough Borough Council by completing the funding monitoring form as requested, and at any other time required.
11. I/we will acknowledge this grant from Slough Borough Council in our annual report, the accounts, which cover the period of the grant and in any publicity material we produce about the service. I/we will show the grant separately in our annual accounts.
12. I/we will inform Slough Borough Council in the case of any changes to that detailed above and ensure clear records are maintained in accordance with the terms and conditions under which the grant may be made. All accounts and records must be available for inspection by Slough Borough Council’s officers and staff or any approved auditor.
13. Records of expenditure and the monitoring form will be forwarded to Slough Borough Council on request.
14. I/we have kept a copy of this application for our records.
15. I/we confirm other sources of funding have been explored and we have discussed how much we are prepared / able to contribute.
16. This is a valid lease/licence agreement for the business (where applicable).
17. I/we conform that all staff meet Ofsted requirements (qualifications and ratios).

I confirm that I/we have the authority to make this application. I/we understand that you may ask for additional information at any stage of the application process.

**Signature** **of main contact (This must be the person named in section1)**

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| Name of authorised signatory (please print) |
| Signed: |
| Date: |

**Data Protection and Consent**

Under the Data Protection Act 2018, we are required to gain your permission to keep personal details for you. Slough Borough Council and its agents may share this information with government and local authority departments and other authorised organisations for administrative, statistical and research purposes.  For further information please visit: [www.slough.gov.uk/yourprivacy](http://www.slough.gov.uk/yourprivacy)

Completing this form and signing it gives us your informed consent. If you are unable to access the provided links or wish to submit a query in relation to fair processing, please contact the data protection officer at DataProtectionOfficer@slough.gov.uk