

Blaenau Gwent County Borough Council & Early Years Development Childcare & Play Partnership

Sustainability Grant Application Form 2016/17

1. Business Details

x

x

x Name o

4. Description of Premises

- x
- x
- x |
- x If leasehold, state period remain
- x If based in a school, state name and type e.g. nursery / infant / primary etc

5. What is the Sustainability Grant required to cover. (The items listed here should support the need for sustainability).

- x (€750 for Group provisions or €100 for childminders).

| Expenditure Item | 5 a ci bhod |
|------------------|-------------|
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6a. What type of childcare places do you provide?

| Type | State the number of places on your CSSIW registration | How many children are on your register at the time of application | What is the average Number of children attending per session |
|----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|
| Childminder | | | |
| Full Day-Care | | | |
| Playgroup/Cylch Meithrin | | | |
| Breakfast Club (more than 2 hrs) | | | |
| Wraparound | | | |
| After School Club | | | |

6b. How much do you charge for your service?

- Per hour
- Per session:
- Per day
- Per week
- Per month
- Per term
- Other

6c. Do you offer any discounts & do you charge any additional fees?

If yes please tell us what these are & what they are for.

6d. What days & times does your service operate?

(Please tick all the boxes that apply & complete the spaces for time details)

| Day | Morning | | | | Afternoon | | | |
|----------------------------|---------|--|----|--|----------------------|--|----|--|
| | From | | To | | From | | To | |
| Monday | From | | To | | From | | To | |
| Tuesday | From | | To | | From | | To | |
| Wednesday | From | | To | | From | | To | |
| Thursday | From | | To | | From | | To | |
| Friday | From | | To | | From | | To | |
| Saturday | From | | To | | From | | To | |
| Sunday] | From | | To | | From | | To | |
| Write the number of weeks) | | | | | School INSET days | | | |
| Week days | | | | | Term time only | | | |
| Evenings | | | | | Weekends | | | |
| School holidays | | | | | Other (please state) | | | |



9. Income and Expenditure Form

Please complete the attached Income & Expenditure Section. Please note that your

10. Signatures

I certify to the best of my knowledge that the information contained in this application is true & accurate.

Position

If you require any help in completing this application form or want further information, please contact Kara Kershaw, Child Care Business Development Officer, Early Years & Childcare Team, Integrated Services Team, Heart of the Valleys Integrated Centre, High Street, Blaina. NP13 3BN

Closing Date for receipt of applications is 31st January 2017

