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| **Application for Capital Funding for expansion of childcare places. Full Business Case**  ***Please read alongside application process and criteria.***  ***Complete form should be submitted to*** [***childcareplanning@sheffield.gov.uk***](mailto:childcareplanning@sheffield.gov.uk) ***by 20th January 2025.***  Please provide your responses in the grey boxes. Wordcounts where suggested reflect maximum only and are not a guide to length of response required. | | | |
| **1.Name & address of Setting/Childminder.**  **1a. Ofsted registration number & grading** | |  | |
| **2. Company type** (Ltd Company, Charitable Incorporated Organisation, Trustees etc.)  **2a. Charity or Company number** (where applicable) | |
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| **3. Number of existing childcare places** | **0-1 years old** |  | |
| **1-2 years old** |  | |
| **2-3 years old** |  | |
| **3a. Number of new childcare places to be created** | **0-1 years old** |  | |
| **1-2 years old** |  | |
| **2-3 years old** |  | |
| **How many places will be available for Disadvantaged children? (if known)** |  | **How many places will be available for children with additional needs?(if known)** |  |
| **3b. Will your proposal allow you to increase wraparound provision to your local school/s? If so, please detail your current wraparound offer and number of additional places to be created.** | | | |
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| **Total Cost of project** | **£** | **Capital Contribution Request (if less than 100%)** | **£** |
| **Other grants/funding secured (If applicable) please state source** | **£** | | |
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| **4.Please detail your charging structure -i.e. cost per hour/or session (for wraparound and non FEL funded places) and details of subsidised places for siblings/disadvantaged children if applicable)** | | | |
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| **5.Full details of proposed project** What do you propose to do, what assets do you wish to purchase/adaptations you wish to make and what this will allow you to offer. Please include breakdown of the costs (max 750 words) | | | |
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| **6. Please provide evidence and explain the demand for proposed increased provision.** (Details of parental surveys/waiting lists/enquiries/market research/ other evidence you have.) (max 500 words) |
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| **7. Demand in the local area- please list other provisions offering this service in your local area and what their offer is and, if known, whether they have existing vacancies/waiting lists.**Please add any further information you feel is relevant. |
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| **8. Will the new places be accessible to all children, including those with special educational needs and disabilities?**. Please detail how you currently support children with additional needs or in this case of a new setting how you will do this.(max 300 words) |
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| **9. Will you be providing childcare during the school holidays (yes/no)? If no please explain why** |
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| **10. From what date do you expect the additional places to be in use?** |
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| **11. Viability-Please provide budget forecasts for the expanded provision with your application.** You may also provide further relevant information below. |
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| **12.Staffing--How many staff do you have currently and what qualifications do they have? How many of these will be delivering the additional places or new service and/or how many new posts will you be recruiting to and what qualifications will be required?** |
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| **13. What steps do you/will you take to ensure the quality of provision?(max 500 words)** |
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| **Name of person completing application** | | |
| **Name** | **Position** | **Contact email address** |
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| **FOR SCC use** | | |
| **Date application considered** | **Cost per place** | **Outcome** |
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