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| **Application for Programme Revenue Funding for the expansion of Wraparound provision.**  ***Please read alongside application process and criteria*** and provide your responses in the grey boxes.  ***Completed form should be submitted to*** [***childcareplanning@sheffield.gov.uk***](mailto:childcareplanning@sheffield.gov.uk) | | | | | | | | | |
| **1.Name & address of Setting/Childminder.**  **1a. Ofsted registration number & grading** | | | |  | | | | | |
| **2. Company type if not a school** (Ltd Company, Charitable Incorporated Organisation, Trustees etc.)  **2a. Charity or Company number** (where applicable) | | | |  | | | | | |
|  | | | | | | | | | |
| **2. School / PVI Provision to be created or expanded** *(please indicate if this will be breakfast club or after school care provision or both and name the school or the schools it will serve. Must cover the hours of 8am while 6pm).* | | | | | | | | | |
| **3. Number of existing Breakfast Club places** |  | **Yes/No** | | **Number of new places** | **Start date (Sep 24/ Jan 25/ Apr 25)** | **Further Information** | | | |
| **New Breakfast Club** | |  | |  |  |  | | | |
| **Additional Breakfast club places added to existing provision** | |  | |  |  |  | | | |
| **Extension of opening hours** (please detail) | |  | |  |  |  | | | |
| **4. Number of existing After School places** |  | **Yes/No** | | **Number of new places** | **Start date (Sep 24/ Jan 25/ Apr 25)** | **Further Information** | | | |
| **New After School Club** | |  | |  |  |  | | | |
| **Additional after school club places added to existing provision** | |  | |  |  |  | | | |
| **Extension of opening hours (please detail)** | |  | |  |  |  | | | |
|  | | | | | | | | | |
| **5. Full details of proposed project**  What do you propose to do to deliver a complete 8am-6pm offer? | | | | | | | | | |
|  | | | | | | | | | |
| **6. What model of delivery are you proposing?** (School run PVI on site/off site etc.) | | | | | | | | | |
|  | | | | | | | | | |
| **7. What is your understanding of local demand for this increased provision** (Details of parental surveys/waiting lists/enquiries/market research/ other evidence you have) | | | | | | | | | |
|  | | | | | | | | | |
| **8. Are there other provisions offering this service in your local area? If so who/what is their offer/do they have existing vacancies? Have you consulted them about your proposals? Do you intend to consult them about your proposals?** Please add any further information you feel is relevant | | | | | | | | | |
|  | | | | | | | | | |
| **8a. PVI’s and Childminders only – Has your proposal been developed in collaboration with one or more local primary schools? Please state name of these school/s and provide a supporting statement from their headteacher.** | | | | | | | | | |
|  | | | | | | | | | |
| **9. Will these places be accessible to all children, including those with special educational needs and disabilities.** Please detail how you currently support children with additional needs. | | | | | | | | | |
|  | | | | | | | | | |
| **FINANCIAL INFORMATION –The Financial Forecast Tool may help you complete this section** | | | | | | | | | |
| **10a. CHARGING STRUCTURE- Please detail your charging structure** (i.e. cost to parents, per hour or per session) | | | **Breakfast club -** | | | | | **After School Club -** | |
|  | | | **£** | | | | | **£** | |
| **Do you offer any subsidy for multiple siblings and low income/disadvantaged families?** | | |  | | | | | | |
| **10b. EXPENDITURE– Incurred to deliver the additional places and/or extend opening times** (Please note this is *not* to include existing running costs) | | | | | | | | | |
|  | | | **Year 1 – Sept 2024/Aug 2025** | | | | **Year 2 – Set 2025/Aug 2026** | | |
| **Childcare staff \*(**Please give details below) | | |  | | | |  | | |
| **Recruitment and Training** | | |  | | | |  | | |
| **Premises Rental** | | |  | | | |  | | |
| **Equipment and Resources** | | |  | | | |  | | |
| **Consumables (Food and Resources)** | | |  | | | |  | | |
| **Other (please detail)** | | |  | | | |  | | |
| **Total Expenditure** | | |  | | | |  | | |
| ***\*Please detail additional staff to be employed to deliver the new places (staff titles, grades and hourly rates)*** | | |  | | | | | | |
| **10c. INCOME** (Please detail estimated income to be received through parental fees factoring in that you may not fill all places immediately) | | | | | | | | | |
|  | | | **Year 1 Sept 2024/Aug 2025** | | | | | | **Year 2 Sept 2025/Aug 2026** |
|  | | | **£** | | | | | | **£** |
|  | | | | | | | | | |
| **10d. TOTAL VALUE OF GRANT REQUESTED?** PLEASE NOTE Funding allocations will be capped at **£1500 per place created** (Unless the funding panel identify there to be exceptional circumstances). *\*\* Approved funding applicants will receive a one-off upfront payment to cover the entire 2-year project\*\** | | | | | | | | | |
| **£** | | | | | | | | | |
| **11. When do you expect the new places to be self-financing?** | | | | | | | | | |
|  | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Name of person completing application** | | | | **Name** | **Position** | **Contact email address** | |  |  |  | | | | | | | | | | |
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| **Area of information** | **Check list proceeding to a formal application – Stage 2** | **Notes** |
| **Demand** | * There is no provision currently or existing provision in the local area is limited in terms of number of places offered or the hours of delivery * The demand for wraparound childcare from families exceeds the places we have available (current providers only) * We have or will undertake market research or consultation with families to support our application and will take into consideration other local wraparound providers in our planning * We will communicate widely to families of our wraparound care and signpost families to support available which will subsidise their childcare costs | Yes /No  Yes/No  Yes /No  Yes/No |
| **Quality** | We will work with the Local Authority and Sheffield Wraparound Support Hub (SWASH) to ensure that quality standards are met | Yes/No |
| **Inclusivity** | This provision will meet the needs of all children including those with Special Educational Needs. We also encourage disadvantaged pupils to attend who receive Free School Meals or Pupil Premium, so they get to benefit and experience more. | Yes/No |
| **Essential Criteria** | * All primary ages from Reception to Year 6 to be offered access to wraparound provision * Available wraparound hours to be a minimum of 8am start for Before School places through to 6pm for After School places * Wraparound Provision to be available from Monday to Friday | Yes/No  Yes/No  Yes/No  Yes/No |

\*\*We may not be able to support all projects and therefore decisions will be made based on best value and those projects which will provide the most places in areas of greatest demand.

Please thoroughly lead the Governments guidance see link to support completion of this application.

<https://assets.publishing.service.gov.uk/media/65d735262197b201e57fa72a/Wraparound_childcare_guidance_for_schools_and_trusts_in_England.pdf>

<https://assets.publishing.service.gov.uk/media/65d859af6efa83001ddcc55b/National_Wraparound_Childcare_Programme_Handbook.pdf>

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| **Please return this completed form to** [**childcareplanning@sheffield.gov.uk**](mailto:childcareplanning@sheffield.gov.uk) | | | |
| **Type of item** | | | |
| **For Decision** |  | **Progress Update** |  |
| **For Steer** |  | **Other** |  |

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| **FOR SCC use** | | |
| **Date application considered** | **Outcome** | **Signed off/approved** |
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