This funding is available to providers that are listed on the Ofsted Early Years Register, offer Early Education to families in Norfolk or Out of School childcare provision and are required to pay rent to the local authority.

If agreed, the award will be for a 12-month period. Subsequent applications will be considered and must be requested via earlyyearsfundingpanel@norfolk.gov.uk.

Awards may not cover in full the rent due.

**IMPORTANT:**

* It is the responsibility of the applicant to complete and provide **all** the required documentation for panel. The documentation must be completed in full, signed by an authorised signatory and submitted by the deadline
* An incomplete application will not be considered
* All documentation must be submitted SECURELY via emailed to – earlyyearsfundingpanel@norfolk.gov.uk. The message should also indicate that the conditions detailed in Section 6 are accepted
* If successful, the applicant will be notified in writing within 15 working days
* All communication concerning your application will be via email

**Section 1: Provider Details**

|  |  |
| --- | --- |
| Type | [ ]  PVI [ ]  Childminder [ ]  Other *(please state)*       |

|  |  |
| --- | --- |
| Ofsted Reg No |       |

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Address |       |

**Section 2: Main Contact for Application**

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Position |       |

|  |  |
| --- | --- |
| Email |       |

**Section 3: Property and Lease/Rent Details**

|  |  |
| --- | --- |
| Type | [ ]  Mobile [ ]  Standalone building [ ]  Integrated |

|  |  |
| --- | --- |
| Cost of Rent (prior to application) | £       |
| Cost of Rent (following review) | £       |
| Payable (monthly, quarterly, annually) |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other Annual Costs | Utilities (gas/electricity/oil) | £       | Maintenance | £       |
| Grounds | £       | Insurance | £       |
| Service Charge | £       | Paid to       |

|  |
| --- |
| Additional comments concerning your costs relating to the property      |

|  |  |
| --- | --- |
| Do you have a reserve for maintenance and repairs | [ ]  No / [ ]  Yes |
| If YES, current balance | £       |

**Section 4: Financial Position (April to March)**

|  |  |  |
| --- | --- | --- |
|  | **Actuals** | **Forecast** |
|  | **2022-23** | **2023-24** | **2024-25** | **2025-26** |
| **Income** | £       | £       | £       | £       |
| **Expenditure** | £       | £       | £       | £       |
| **I less E** | £       | £       | £       | £       |

**Excluding early education or childcare fees, what other income sources does the setting have to contribute towards operating costs?**

|  |
| --- |
|       |

**Please describe your financial viability including –**

* Occupancy levels
* Ability to meet operational costs
* Risk of closure
* Contractual obligations which have termination fees
* Reserves available
* Current creditors

|  |
| --- |
|       |

**Section 5: Policy Review**

|  |  |
| --- | --- |
| When were fees last reviewed? |       |

|  |  |
| --- | --- |
| When was the charging policy last reviewed? |       |

**Section 6: Meeting Need**

Briefly detail how the following criteria is be met

|  |  |
| --- | --- |
| Meeting the childcare needs of working families |       |
| Meeting the needs of children with SEND |       |
| Partnership working |       |

**Section 7: Governance**

Briefly detail the governance of the setting and its ability to meet the demands as an employer

|  |
| --- |
|       |

**Section 8: Documentation required for this application**

|  |
| --- |
| [ ]  Latest Audited Accounts[ ]  Business Plan / Annual Report[ ]  Marketing Plan[ ]  Maintenance Programme |

**Section 9: Signature**

**I understand:**

* the decision of the Early Years Funding Panel is final
* the grant is awarded to mitigate the rent owed and cannot be used for any alternative liability

**I agree that:**

* where the payment terms for any rent due has not been met, then the balance will be deducted from future early years payments

**and confirm that:**

* I have the authority to apply for funding on behalf of the provider
* the information I have given within the application is true to the best of my knowledge

|  |  |
| --- | --- |
| Signed |       |
| Full Name (in CAPITALS) |       |
| Position |       |
| Date |       |