**Early Learning & Childcare Application Form Details/Questions**

**(THIS IS NOT AN APPLICATION FORM)**

**Information**

This grant aid scheme is designed to support:

* Providers delivering Early Learning and Childcare
* Voluntary and private sector organisations registered to provide Day Care and/or Out of School Care

Registered Childcare providers must submit a grant application at least 6 weeks prior to the start date of any proposed project.

Please use this form to tell us about you and what you would like us to fund.

Before you fill in the form please make sure you have thoroughly read the scheme guidelines. This will help you when filling in the application form.

You should also contact staff at the Grants Unit and/or the Early Learning Childcare Team to discuss your proposal prior to completing the application form to ensure you are eligible to apply for grant aid and that the intended project(s) / service fits with our scheme requirements.

Please refer to the grant scheme guidelines with regard to our use of the information you provide.

**Applicant’s Details**

* Applicant organisation name
* Contact Name
	+ Title
	+ First Name
	+ Surname
	+ Position
* Applicant Address
* Top of Form
	+ Postcode (Please ensure there is no space at the beginning and the end of the valid UK postcode)
	+ Address
* Bottom of Form
* Contact Phone number
	+ Home
	+ Work
	+ Mobile
* Please confirm your Care Inspectorate registration number
* Please confirm the grades achieved at your most recent inspection:
	+ Care and Support
	+ Environment
	+ Staffing
	+ Management and Leadership
* Applicants seeking financial assistance from this grant aid scheme must comply with Protection of Vulnerable Groups requirements - specifically child protection.
* We recognise that Childcare Providers will only achieve Registration with the Care Inspectorate if they have appropriate Child Protection Policy and Procedures in place and PVG Scheme membership checks have been carried out on all individuals involved in 'Regulated Work'.
* Are you satisfied that your organisation complies with the requirements of the Protecting Vulnerable Groups Act?
* How many employees does your organisation have?
	+ Full-time
	+ Part-time
	+ Volunteers

**Project Details**

* How will the grant be used?
	+ Please briefly provide details of how you would spend the grant.
* Why do you think this project is needed?
* What do you hope to achieve this year? Please detail any aims / targets you may have?
* How will you know your project aims / targets have been achieved?
* How does your project benefit Shetland or its inhabitants?
* The following totals and grant requested are calculated automatically, based on the information you provide.
	+ Please ensure that you cost your project as accurately as possible.
	+ In the event that the actual cost of your project is less than you have estimated, you may be required to repay a proportion of the grant.
* Please provide a breakdown of the costs you would like us to fund.
	+ Please add a new line for each cost
	+ Include description and cost
* Total cost of Project
* Other funding sources
	+ Including organisation’s own funding
	+ If zero, enter 0
* Grant requested
	+ Maximum £2500

**Financial Details**

* Account Name
* Bank or Building Society name
* Postcode (Please ensure there is no space at the beginning and the end of the valid UK postcode)
* Address
* Account sort code
* Account number
* Roll number (Only for Building Society)
* How many people have to sign each cheque or withdrawal from this account?
* Please supply the following from your most recent Annual Accounts
	+ Account for financial year ending (Date)
	+ Total Gross Income
	+ Minus Total Expenditure
	+ The form will automatically calculate Profit or Loss for Year
	+ Savings, reserves, cash or investments
* Does your group have savings, reserves, cash or investments greater that £10,000?
	+ Yes / No
	+ If yes, please specify the purpose for which these funds will be used.
	+ Please note that groups with significant funds that are not specified as restricted or designated funds may not be considered for grant assistance.

**Alternative Contact Details**

* Alternative contact 1
	+ Title
	+ First Name
	+ Surname
	+ Position
	+ Postcode
	+ Select Address
	+ Contact telephone number
		- Home
		- Work
		- Mobile
	+ Email
* Alternative contact 2
	+ Title
	+ First Name
	+ Surname
	+ Position
	+ Postcode
	+ Select Address
	+ Contact telephone number
		- Home
		- Work
		- Mobile
	+ Email

**Finishing Your Application**

* We can only process your application if:
	+ You complete all the questions on this form
	+ You complete this checklist
	+ You send us all the necessary
* You must tick all the boxes below to confirm that:
	+ You have answered all the relevant questions on the form
	+ You are authorised to apply for a grant from us (Shetland Islands Council) on behalf of your organisation
	+ You understand that if you make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or knowingly withhold any information, this could make your application invalid and you could be liable to repay any funding to us
	+ Your organisation meets our eligibility requirements as set out in our guidelines
	+ You understand and accept our obligations under the Data Protection and Freedom of Information Acts as set out in our guidelines.
* Other important checks:
	+ We will ensure that the Grants Unit receives this form at least six weeks before our project is due to start.
	+ Our organisation is included in the online Shetland Community Directory and the details currently listed are up to date.
	+ We have made a copy of this application to keep for our reference.
	+ We understand that if we are asked to provide any additional information, we must do so within 2 months of the date of receipt of this application, otherwise it will be withdrawn.
* Please tick the box on the form to confirm:
	+ We have returned the receipts and evaluation form for our last Early Learning and Childcare Fund grant (if applicable)