

**COMHAIRLE NAN EILEAN SIAR  
DEPARTMENT OF EDUCATION**

**APPLICATION FOR 2008/2009 EARLY YEARS/CHILDCARE GRANT ASSISTANCE**

Please read the "Terms and conditions of Grant" before answering the questions. The form should be completed clearly in BLOCK CAPITALS or typescript.

<b>APPLICANT DETAILS</b>
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<b>1</b>	<b>Name of Early Years/Childcare Provider</b>	
<b>2</b>	<b>Contact Name and address (inc. Postcode)</b>	
<b>3</b>	<b>Position</b>	
<b>4</b>	<b>Contact Telephone No (Home)</b>	
<b>5</b>	<b>Contact Telephone No (Work)</b>	

<b>PURPOSES FOR WHICH GRANT ASSISTANCE REQUESTED</b>
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<b>6.</b>	<b>Premises (Building conversion or extension, renovation or refurbishment)</b>	
<b>(a)</b>	<b>Details of proposals</b>  <b>(Please list details and drawings if appropriate using separate sheet if space insufficient. Include reasons why group cannot fund expenditure)</b>	
<b>(b)</b>	<b>Total cost (Please attach estimates)</b>	
<b>(c)</b>	<b>Total funding applied for from CNES</b>	

<b>7.</b>	<b>Equipment, tools, materials and furniture</b>	
<b>(a)</b>	<b>Details of proposals (Please list details, using separate sheet if space insufficient. Include reasons why group cannot fund expenditure)</b>	
<b>(b)</b>	<b>Total cost</b>	

<b>8.</b>	<b>Travel, course fees and other costs associated with the training of staff</b>	
	<i>Please list on separate form PT03.</i>	

<b>9.</b>	<b>Other (please specify) e.g. 1:1 support funding and support to families. If you are providing a new service please ask for supplementary pages – “NPF1”</b>	
<b>(a)</b>	<b>Details of proposals  (Please list details, using separate sheet if space insufficient. Include reasons why group cannot fund expenditure)</b>	
<b>(b)</b>	<b>Total cost</b>	

<b>DETAILS OF OTHER/ GRANT ASSISTANCE</b>
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<b>10.</b>	<b>Have you applied to Comhairle nan Eilean Siar for other financial assistance for any purpose described in this application?</b>	
<b>If “YES” please detail</b>		
<b>11.</b>	<b>Which Department ?</b>	
<b>12.</b>	<b>For what purpose ?</b>	
<b>13.</b>	<b>Amount applied for ?</b>	

Other grants	
14.	Please give details of any other grants you may be seeking for the purposes described overleaf. (If you have insufficient space, please give details on a separate sheet which should be attached to this form.)
15.	Please add any further information in support of your application.

<b>TOTAL PROJECT COSTS DETAILS</b>
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16.	<b>Total Project Cost</b>	£
17.	<b>Total Income</b>	£
18.	<b>Total Applied For</b>	£

<b>MOST RECENT ANNUAL ACCOUNTS OR PROJECTED INCOME AND EXPENDITURE</b>
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19.	<b>Total gross income</b>	
20.	<b>Total Expenditure</b>	
21.	<b>Surplus/deficit for the year</b>	

Please provide us with a copy of your most recent accounts signed and dated by two committee members or an accountant.

If you are providing a new service please provide a business plan of your projected income and expenditure for the first year of operation.

<b>BANK DETAILS</b>
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22.	Account Name	
23.	Bank/Building Society	
	Bank Address	
24.	Bank Sort Code	
25.	Account No	
26.	Names of those who can sign cheques and their position.	

**DECLARATION**

On behalf of ..... I certify that:

- (a) the information and figures quoted in this application are correct to the best of my knowledge;
- (b) the expenditure above qualifies for grant assistance;
- (c) the group will refund to Comhairle nan Eilean Siar any grant overpaid or paid in respect of expenditure which is not incurred in the financial year 2008/2009;
- (d) the group acknowledges that the grant, or a reasonable proportion of it, will be repayable in the event that it disposes of an asset acquired, converted, extended or refurbished wholly or partly with the assistance of grant or ceases to use such an asset for the purposes of pre-school education. The group undertakes to advise Comhairle nan Eilean Siar of any such disposal of assets;
- (d) the group undertakes to give Comhairle nan Eilean Siar access to such accounts and other documents in respect of grant as they may require in order to ensure that the terms and requirements attached to the payment of grant are fulfilled; and
- (e) I hereby apply to Comhairle nan Eilean Siar for financial assistance for the purposes stated above.
- (f) I have read and agreed to comply with all points raised within the Department of Education Early Years/Childcare and Sure Start Terms and Conditions of Grant.

**SIGNATURE** .....

**POSITION** ..... **DATE** .....

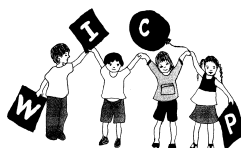
<b>DOCUMENT CHECKLIST</b>
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**Please use this checklist to ensure that you are sending a completed application. You must tick every box that applies to you before you send in your application.**

I have enclosed a copy of my group/organisation's Registration Certificate.	
I have answered all the questions on the application form that apply to me.	
My group/organisation has been established longer than one year and I have enclosed a copy of the most recent accounts signed and dated by two committee members or an accountant.	
My group/organisation is new and has not produced its first set of accounts yet, so I am enclosing an estimate of our income and expenditure for the first 12 months. (This should be in the form of a monthly cash flow statement). I have enclosed supplementary pages New Provision Form.	
I have signed the Declaration.	
I have kept a copy of this grant application plus all supporting documentation.	

<p><b>When completed, this form should be returned to Administrative Assistant, Childcare Partnership Office, Department of Education, CNES, 7 Harbour View, Cromwell Street Quay, Stornoway, Isle of Lewis, HS1 2DF.</b></p>
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FOR OFFICIAL USE ONLY			
DATE RECEIVED		DATE REFERRED TO FINANCIAL SUB	
DECISION			
PROVIDER INFORMED		DATE	
PAYMENT DETAILS			



Western Isles Childcare Partnership