



## Blaenau Gwent County Borough Council & Early Years Development Childcare & Play Partnership

## Parent & Toddler & Cylchoedd Ti a Fi Start Up Grant Application Form 2016-2017

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	-	43111	COO	-	tuns

Address of Premis

Address t

## 2. What type of Setting do you operate? (please tick)

Parent & Toddler	
Cylch Ti a Fi	

## 3. Is your provision: (please tick)

Registered Charity	If yes (please enter registration number)	
Private Business	Charitable/Community	
	Organisation	



		•		the Blaenau & Toddler &				t Scheme	
	If Y	es what	was your a	award? undertake t				eme? Ye	 s/No
5. Days & time of sessions e.g. 10am 12 noon, 2pm 4pm etc.									
		MON	TUES	WED	THUR	FRI	SAT	SUN	
	M M								
	IVI								
6. Ho	ow m	uch do y	ou charge	e per sessi	on?				
7. How many children attend your provision on a weekly basis?									
8. To	otal aı	mount y	ou are app	olying for £	th (th	is must b	oe no mor	e than £1	00)
9. Items you are applying for (items listed below should support the need for starting up a new Parent and Toddler / Cylchoedd Ti a Fi)									
Exp	endit	ure Item							

4. Quality Improvement Scheme

O. Financial Details (this is the account the Grant will be paid into if successful) Please provide 3 months business bank statements. Please note that your application cannot be processed without this information.	
Account Name	
Bank/Building Society Name	
Bank/Building Society Address	
Sortcode Account Number	
Building Society Roll Number (if applicable)	

11. Tell us how this Start Up Grant will support your provision.				



12. Applicant Declaration:	