**Childcare Provider Grant– Application Form**

The Welsh Government have launched the Childcare Provider Grant to help childcare providers with the economic consequences of coronavirus (Covid-19).

The grant compliments other Government support measures (such as the Job Retention Scheme to cover ‘furloughed’ employees) for people and business.

You are not eligible for this grant if you have received, or have been successful in applying for support from:

* The business rate grant from your Local Authority
* Economic resilience fund for SME and microbusinesses
* Self-Employment Income Support Scheme
* Welsh Government Start Up Grant
* Third Sector Resilience Fund

In addition to the schemes above, you will not be eligible if you have received funding under the Mudiad Meithrin grant scheme as this is funded via the Third Sector Resilience Fund.

|  |  |
| --- | --- |
| The business has not received funding from, or has not been successful in applying for the grant schemes listed above | **Yes / No** |
| The business is a childcare business  | **Yes / No** |
| The business is registered with Care Inspectorate Wales (CIW) | **Yes / No** |
| The business was operating in Wales on or before 1 March 2020 and is continuing, or intends to continue operating in Wales | **Yes / No** |
| Net income for 1 April to 30 June 2020 has decreased compared to the same period in 2019 due to COVID-19, **or** your business started trading on or after 2 April 2019 and you made a net loss for the period 1 April to 30 June 2020 | **Yes / No** |
| The business is open or intends to fully re-open on or before 14 September 2020 or, if based on school premises, will reopen as soon as the school allows | **Yes / No** |
| The business is, or will become, a company limited by guarantee, a private limited company, a Community Interest Company or a Charitable Incorporated Organisation;Or, alternatively, the business is a childminder **and** is already registered as a sole trader with HMRC | **Yes / No** |
| If you employ staff, the business aims to maintain employment of staff for 12 months | **Yes / No / N/A** |
| The business has not applied to this scheme before | **Yes / No** |
| If applicable, Coronavirus Job Retention Scheme (CJRS) declarations are up-to-date and copies will be provided with my application | **Yes / No / N/A** |
|  |  |

**If you unable to answer ‘yes’ to all of the questions above, you are not eligible for the scheme.**

 **When submitting your application, please remember to attach all the required evidence documents, including proof of identification, proof of business address and bank statements. Please ensure all business related income and expenditure is clearly highlighted on bank statements. Further details can be found in the guidance document.**

**SECTION 1 – Your Personal Details**

|  |  |  |
| --- | --- | --- |
| Title | First name | Last name |
| Address |
| Relationship to business |  |
| Contact telephone number | E-mail address |
| Age | 16-24 | 25-49 | 50-64 | 65+ | Prefer not to say |
| Please tick |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Do you consider yourself as | Female |  | Male |  | Prefer not to say |  |
|  |  |  |  |  |  |  |
| Are you a Welsh speaker | Yes |  | No |  | Prefer not to say |  |

**SECTION 2 – Information about your business**

|  |  |
| --- | --- |
| Business name | Type of Childcare business |
| Street |  |
| Town / City |
| Local Authority |
| Postcode |
| CIW registration number |
| HMRC Unique Taxpayer Reference or PAYE reference (if applicable) | Projected annual turnover for 2020/2021 |
| Annual turnover for 2019/2020  | Number of Childcare Places (as per CIW registration number) |
| Number of employees | Date business started trading |
| Please outline any Childcare Offer, Flying Start, Foundation Phase Nursery or Coronavirus Childcare Assistance Scheme (C-CAS) funding you have received for the period 1 April 2020 to 30 June 2020, including any amounts paid in arrears due to be paid after June: Please provide details of which scheme(s), dates received and the amounts received from each scheme: |  |
| Please explain how the viability of your business will be affected if you do not receive the grant: |  |

**Statement of De Minimis Aid received**

Have you received De Minimis Aid during the previous 3 fiscal years (i.e. current fiscal year and the previous two fiscal years):

|  |  |  |
| --- | --- | --- |
| Body providing assistance | Amount £s | Date |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 3 – Impact of Covid-19 on your business**

Please tick the statement that applies to your business:

my business has continued to trade normally but has experienced a reduction in income

my business is partially trading

my business has suspended business operations

Has your net income for 1 April to 30 June 2020 reduced compared to the same period in 2019 as a result of Covid-19? (this will need to be evidenced by providing business bank statements for the period 1 April to 30 June for 2019 and 2020). You must include **all** sources of business income.

Yes Income 1/4/2019-30/6/2019 £…………………

 Income 1/4/2020-30/6/2020 £…………………

Expenditure 1/4/2019-30/6/2019 £…………………

Expenditure 1/4/2020-30/6/2020 £…………………

No

**OR**

The business started trading on or after 2 April 2019 and made a net loss of £………………… for the period 1 April 2020 to 30 June 2020

**Additional information regarding the impact on your business**

|  |
| --- |
|  |

**SECTION 4 – Your business bank details**

(Please provide a business bank statement as evidence)

|  |  |
| --- | --- |
| **Bank Name** | **Account Name** |
| **Account Number** | **Sort Code** |

**SECTION 5 - Declarations**

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I confirm that the information I have provided is true and accurate to the best of my knowledge;

I confirm that I have read and understood the Childcare Provider Grant Guidance document.

I confirm that my business operates in Wales

I confirm my business will undertake the obligations of the scheme outlined on the application form and in the guidance notes

I acknowledge that my local authority or the Welsh Government will undertake any appropriate business checks considered necessary to assess the application and to check the nature, use and impact of the funding in the future.

I confirm that without the grant the viability of my business will be under threat as a result of the Covid-19 pandemic.

If applicable, I confirm that our Coronavirus Job Retention Scheme (CJRS) declarations are up-to-date and copies have been provided with the application

I confirm that the business has not received funding from, and has not successfully applied for the Self Employment Income Support Scheme, Economic Resilience Fund, the Business Rate Grant, Welsh Government Start Up Grant, Third Sector Resilience (WCVA) Fund or the Mudiad Meithrin grant scheme.

I confirm that I have provided all required evidence to support my application for the Childcare Provider Grant.

I confirm that I will register for Business Wales support if my application for the Childcare Provider Grant is successful.

I confirm that I have read and understood the Privacy Notice of the Childcare Provider Grant: [https://gov.wales/childcare-provider-grant-privacy-notice](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgov.wales%2Fchildcare-provider-grant-privacy-notice&data=02%7C01%7CPeter.Jones%40gov.wales%7Cf0caf6bfe0c742f15b0808d8436d2630%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C637333483349866393&sdata=S8jwjagn88DkBrbosmvmcpnwJD7ZxKmXHpB%2FgwCzJ1k%3D&reserved=0).

**When submitting your application, please remember to attach all the required evidence documents, including proof of identification, proof of business address and bank statements. Further details can be found in the guidance document.**

**Welsh Government reserves the right to recover funding from individuals and businesses where false information was provided or where upon further checks, the business is not eligible for the scheme. Welsh Government may refer potentially fraudulent claims for criminal investigation.**