We are inviting expression of interests from all Early Years providers across Derby who wish to increase the number of early years funded places available to support improving children’s outcomes and help parents continue to work, study or train, or return to work more easily through the Government’s Childcare Expansion Programme.

By submitting an expression of interest, you are confirming that your organisation meets the initial eligibility criteria and, that should it be successful, is able to provide additional evidence as part of the formal application process.

All expressions of interest received by the deadline date of **07 June 2024** will be reviewed against supply and demand data gathered by Derby City Council. Successful applicants will be notified by email and asked to submit a more detailed formal application supported by documentary evidence.

It should be noted that any successful applications will not receive the full amount to cover the project(s) and instead only a contribution towards the confirmed costs.

If you are unable to YES to all of the questions on this form, this means that you are unable to meet the minimum requirements and you should **not** submit an expression of interest.

|  |  |
| --- | --- |
| **EXPRESSION of INTEREST TIMETABLE**  | **DATE** |
| Expression of Interest to be returned to Derby City Council by email | Friday 07 June 2024  |
| Providers notified of outcome of Expression of Interest  | Friday 28 June 2024 |

**Remember:** You need to submit your expression of interests **no later than Friday 07 June 2024.** Expressions of interest received after this date cannot be considered.

|  |
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| **Section 1 – Provider to complete.**  |
| **Provider Name:** |  |
| **Provider Address:** |  |
| **Ofsted Registration Date:** | *(if not received, please state date of registration)* |
| **Contact:** |  |
| **Contact Telephone:** |  |
| **Contact Email Address:** |  |
| **Ward where proposed capital project located**  |  |
| **Please indicate YES or NO to the following questions**  |
| The proposed project includes the development of new FEEE places in Derby City | **Yes** | **No** |
| This provision is located within Derby City  | **Yes** | **No** |
| The provision has a good or above grading from Ofsted or is awaiting a first inspection | **Yes** | **No** |
| You can evidence that the provision is full, or is close to full capacity, and you will not be able to offer additional FEEE places to working parents without increasing the number of places available. | **Yes** | **No** |
| You can evidence you own the building and/or land or that you have permission of the building / landowner to make changes.  | **Yes** | **No** |
| You can evidence you determined there is demand for creating a new provision, increasing the number of places in an existing provision or an extension of the hours to an existing provision. | **Yes**  | **No** |
| You have the legal authority to apply for local authority funding  | **Yes** | **No** |
| You can provide detailed financial accounts and forecasting for your plans to secure long term sustainability | **Yes** | **No** |
| Will the additional places be available by September **2025**.  | **Yes** | **No** |
| I declare that the provision has no previous, current, or pending financial irregularities.  | **Yes** | **No** |
| **Please state the number of places you aim to create with the capital grant funding and the project type you will apply by:-** |
|  | **Under 2’s** | **2-year-olds** | **3&4 year olds** |
| New Build |  |  |  |
| Expansion |  |  |  |
| Conversion |  |  |  |
| Refurbishment |  |  |  |
| Resources to support high quality childcare |  |  |  |
| Total Project Cost (*estimate only if necessary)* | £  |
| Your contribution to the overall project cost | *£* |
| **Please provide us with a brief description of your project, including how it will increase your capacity.** |
|  |
| Is the provision for sale or is planned to be sold within the next 24 months? **Yes/No** |
| **SIGNATURE OF APPLICANT:**  |
| **Date:** |
| **Section 2 – for local authority to complete** |
| **DCC Internal use only: Assessment checks** |
| All criteria met | **Yes** | **No** |
| Name of Person /s Assessing Eligibility Criteria |  |
| **Approved for formal application** | **Yes** | **No** | **If no, why?** |