**Inclusion Capital Grants Early Years 2024/25**

**Application Form**

Please try to answer the questions as fully as possible, detailing relevant supporting information/evidence for your answers. If you have any questions, please do not hesitate to get in touch with your Early Years Inclusion Advisory Teacher.

Name of setting: ……………………………………………………………………………..

Name of person completing this application: …………………………………………….

Role: ………………………………………………………………………………………….

Contact details: ……………………………………………………………………………..

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| **How are you intending to use the Inclusion grant funding, should you be successful?** |
| **How does this application enhance the setting's ability to meet the needs of children with SEND?** |
| **Explain why this scheme has not been possible to implement from existing resources.** |
| **How does this bid enhance the 'ordinarily available provision' available in your setting?** |
| **Who has been involved in completing this bid? Has the bid been coproduced?** |
| **Who will benefit from this scheme? How will they benefit?** |
| **What will be the legacy impact of this scheme?** |
| **If you are proposing to do building work in premises that you rent, please confirm that you have permission from the landlord and that you expect to remain in the premises for at least the next 3 years** |
| **Please provide a breakdown summary of the cost of the scheme and amount of funding requested**. |

Once complete please email to [jo.hill@portsmouthcc.gov.uk](mailto:jo.hill@portsmouthcc.gov.uk)