EYBid1 Autumn 2024

ESSEX COUNTY COUNCIL

STAGE 1 PROJECT CONCEPT STAGE

EARLY YEARS CAPITAL FUNDING APPLICATION PROCESS

Notes:

# Please refer to the **Checklist for Early Years Building Projects** prior to completing this Form.

1. Please ensure this form is completed and signed by the Early Years Lead.
2. Please complete all sections
3. Please submit a scanned signed copy of the completed form in .pdf via email to

[CCDL@essex.gov.uk](mailto:CCDL@essex.gov.uk)

1. \* Please delete as appropriate

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| --- |
| EARY YEARS NAME: ....................................................................................................................  ADDRESS: ..................................................................................................................................... |
| Name of Project ………………………………………………….……………………………… |
| Date of EYBid1 Application …………………………………………………………………………. |
| Project Description:  Please provide details of the scope of the Project. |
| Applicant Contact for Project queries - Please confirm details of who will act as the Early Years Provider main contact throughout the project. |
| Name: |
| Telephone no |
| Email address: |
| Name of appointed Property Consultant |
| Name: |
| Telephone no |
| Email address: |
| Please submit any annotated Site plan/sketch plan which shows the location of proposed works  Details provided YES\*/NO\* |
| Quotes:  Please provide scanned pdf copies of your chosen quotes for the Project.  Quotes provided YES\*/NO\* |
| Photos:  Please provide photos of the proposed project area  Photos provided YES\*/NO\* |
| Age of the Building:  In the area the proposed project is to take place in, please state the buildings’ age..................... |
| Approximate value of work  £ |
| Approximate duration of the work on site in weeks |
| Planning  Is Planning Approval Required? YES\*/NO\*  Has Planning Approval been achieved? YES\*/NO\* |
| Declaration - to be completed by Head of Establishment |
| I have read the Checklist for School Building Projects and have taken and/or will take note of its contents in relation to this project. Please ticko |
| I certify that the above information has been supplied by myself and is correct to the best of my knowledge. Please ticko |
| I understand that this Consent does not constitute technical approval of the project and should not be used for this purpose. Any technical review of the proposal by ECC is purely for the purposes of Capital Funding Approval and suitable technical expertise must be employed directly by the applicant to ensure all standards are achieved. Please ticko |
| I understand that approval of this EYBid1 application does not constitute approval to proceed with the works, And I confirm that no works will commence on site until such time as EYBid2 Stage 2 approval is granted Please ticko |
| Name: |
| Signed: |
| Position: |
| Date: |
| Please submit a scanned signed copy of the completed form in .pdf via email to CCDL@essex.gov.uk |