**EYBid2**  **May 2023**

ESSEX COUNTY COUNCIL

**STAGE 2 PROJECT DETAIL DOCUMENTS CHECKLIST**

**EARLY YEARS CAPITAL FUNDING APPLICATION PROCESS**

**Notes:**

1. Please refer to the **Checklist for Early Years Building Projects** prior to completing this Form.
2. Please ensure this form is completed and signed by the Early Years Lead.
3. Please complete all sections
4. Please submit a scanned signed copy of the completed form in .pdf via email to CCDL@essex.gov.uk

\* Please delete as appropriate

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| --- |
| SCHOOL: .....................................................................................................................................ADDRESS: ...................................................................................................................................  |
| Name of Project ……………………………………………………………………… |
| Date of EYBid2 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: |
| **Documentation to be supplied** | **ECC Required Documentation (ECC to tick)** | **Applicant Documentation Provided** **(Applicant to tick)** |
| **General project information** |
| Description of the extent and detail of the proposed works including any impact on existing construction.  |[ ] [ ]
| Copies of full drawings in respect of the above to include structural calculations and connection details as well as existing plans.  |[ ] [ ]
| Copies of specifications in respect of the above |[ ] [ ]
| Please confirm that your insurance provider has been notified of the proposed works and that the appropriate “Works in Progress” cover has been obtained. |[ ] [ ]
| Please evidence that your Principal Contractor and Principal Designer hold the appropriate levels of Insurance Cover as set out in the Schools Property Handbook on Infolink |[ ] [ ]
| **Design Team, project personnel etc**. |
| Name & profession of respective design consultant(s) Designer to provide qualifications and association/accreditation certificates. |[ ] [ ]
| Details of the individual / organisation acting as **Principal Designer** under CDM Regulations 2015.  |[ ] [ ]
| Confirmation that consultants will be inspecting the works during the course of construction, to ensure appropriate quality of delivery under CDM regulations.  |[ ] [ ]
| Confirmation that building professionals and contractors have been given any existing information/drawings. |[ ] [ ]
| **Contractors** |
| Details of contractor/principal contractor proposed for the works (Name, registered address, contact details, name of key contacts)  |[ ] [ ]
| Details of contractor/principal contractor professional accreditation i.e. CIBSE, ECA, NICEIC, SSAIB, Gas safe etc. |[ ] [ ]
| **Construction Design & Management Regulations, Health &Safety etc.** |
| Written confirmation of whether the project is notifiable under the CDM Regulations 2015. If notifiable, the F10 certificate should be included.  |[ ] [ ]
| Confirmation that all contractors, depending on role, have the relevant level of DBS registration, Asbestos Awareness Training, Hot Works Training, Gas safety registered, IPAF/PASMA cards for working at height and CSCS or equivalent qualifications.  |[ ] [ ]
| Confirmation that Risk Assessments and Method Statements (RAMS) have been prepared  |[ ] [ ]
| Confirmation that a Construction Phase Plan (CPP) has been prepared  |[ ] [ ]
| Written confirmation that a Refurbishment & Demolition (R&D) Survey has been undertaken in areas affected by the works\* OR Confirmation that a survey is not required due to the building having been constructed after 2000.\*This must include all areas through which new services will be routed. Intrusive’ Refurbishment & Demolition survey (previously known as a ‘type 3 survey’) may be necessary and should be commissioned to match the scope of works being proposed) ECC will not accept an asbestos management plan or contractor recommendations as suitable evidence that the building is clear from Asbestos.  |[ ] [ ]
| Details of Asbestos Survey Company used in respect of R&D survey. School or managing agent must ensure the survey is targeted and in the location of proposed works.  |[ ] [ ]
| Details of Asbestos removal contractor (if asbestos identified by surveys). (Name, registered address, contact details) |[ ]  [ ]  |
| Written confirmation of the outcome of the Asbestos Survey, that any identified Asbestos has been safely removed or made safe and works have factored in the presence of Asbestos. Where asbestos is removed a clearance certificate will need to be provided.  |[ ] [ ]
| **Planning & Listed Buildings Consent, Building Regulations, Design Standards** |
| Evidence that Planning & Listed Buildings Consents have been obtained (where relevant).  |[ ] [ ]
| Evidence that a Building Regulations Approval has been received for the proposed works (where relevant). School/managing agent must be aware of and act upon conditions to obtain full approval.  |[ ] [ ]
| **Additional Information Required** |
| **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 |
| I understand that as part of Stage 2 approval to proceed, a further checklist will be provided for submission upon completion of the project and will ensure that the relevant contractors are aware of the requirements and compile this information during the project delivery phase. Please tick o \* |
| Name:  |
| Signed: |
| Position: |
| Date: |
| Please submit a scanned signed copy of the completed form in .pdf via email to CCDL@essex.gov.uk |