This funding application must be agreed at an Early Help Partnership or Core Group meeting by all professionals present. The case should clearly identify that the family meet at least two of the Strengthening Families criteria.

The case must be on ECINS. It is essential that consent, a whole family assessment and whole family action plan are completed.

**Strengthening Families Section A**

Early Help Partnerships/Core Groups can make an application for funds up to £300.

These must clearly identify the need for the funding and what outcomes and measures are expected to be achieved through the funding.

**Childcare Support Funding Section B**

In certain circumstances funding may be available to support the provision of childcare for a family in need. This funding has been made available from the Early Years allocation of the Shropshire Dedicated School grant and, in order to be eligible to receive the funding, applications must fulfil a specific set of criteria.

These include:

* The family must have at least one child aged three or four years of age who is currently accessing their free early years entitlement, or who will access their entitlement as a consequence of the agreement of this grant application.
* Any funding agreed must be paid directly to the childcare setting against an invoice provided by that setting. No funding can be paid to the parent or family.
* We can only fund provision at a childminder or childcare setting which is currently in receipt of, or is eligible to receive, funding for the free early years entitlement.

Examples of why an application might be made are;

* Short term funding for more childcare hours if a parent/carer has returned to work.
* Emergency transport to and from a childcare setting
* Paying for specialist support to meet the needs of the family within the childcare provision
* Extra support to ensure school readiness

|  |  |
| --- | --- |
| Family Name  |  |
| ECINS case number/Carefirst numbers |  |
| Name of Lead Professional |  |
| Date of Early Help Partnership Plus meeting/Core Group meeting |  |
| Professionals Present at the meeting |  |

|  |
| --- |
| **Strengthening Families Section A** |
| Amount of funding required | £ |
| Please explain why the funding is required and what the expected outcomes are from using the funding. Please outline other areas of possible resources or support that have been explored. (The action should be recorded on the whole family action plan with the outcomes and measures identified.) |  |
| Exit strategy (What is going to happen when the funding/activity ceases?) |  |

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| --- |
| **Childcare Support Funding Section B** |
| Amount of funding required | £ |
| Please explain why the funding is required and what the expected outcomes are from using the funding. Please outline other areas of possible resources or support that have been explored. (The action should be recorded on the whole family action plan with the outcomes and measures identified.) |  |
| Exit strategy (What is going to happen when the funding/activity ceases?) |  |

|  |  |
| --- | --- |
| Service/Items that the funding is requested for: |  |
| Name of provider |  |
| Detailed Costings for service |  |
| Cost per session |  |
| No. of sessions |  |
| No of weeks service is required  |  |

The Application should be loaded onto the case on a report named Funding Applications and access given to partners already identified on the case. A task should then be sent to Shropshire Strengthening Families titled Funding Application requesting us to review. A date for completion set 10 working days after submission. All requests will be considered on their individual merits.

Lead Professionals will be informed of the decision via ECINS or e-mail within 10 working days of submission.

|  |
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| All other ways of fulfilling the identified need have been explored by the Early Help Partnership Plus Meeting/Core Group, including community or voluntary services and we agree that the needs of this family would be best met through the service/items identified.There is a whole family assessment and plan on ECINS and consent to share has been signed. |
| Lead Professional Signature |  |
| Lead Professional Name |  |
| Date |  |

**Money can only be released through the submission of an invoice or through an internal**

**transfer request to Shropshire Strengthening Families, GL20, Shirehall, Abbey Foregate, Shrewsbury. SY2 6ND** ShropshireStrengtheningFamilies@shropshire.gov.uk

|  |  |  |  |
| --- | --- | --- | --- |
| ECINS ID | Date request reviewed | Name | Name |
|  |  |  |  |
| Accepted |  | Denied |  |
| Amount |  | Reasons |
| Signed | Signed |

|  |  |
| --- | --- |
| Invoice received - date |  |
| Invoice Number |  |
| Invoice Detail |  |
| SAMIS reference |  |
| Date entered on SAMIS |  |