|  |  |
| --- | --- |
| A pink and yellow text on a black background  AI-generated content may be incorrect. | Cluster Support for Inclusive Environments Capital FundingSETTING REQUEST FORM |

# SUBMISSION CHECKLIST

|  |
| --- |
|[ ]  **Completed all sections of the application form** |
|[ ]  **Attached project quotations (including full cost breakdown), design plans or drawings (if available)** |
|[ ]  **Provided evidence base for how the project will support children with EHCPs** |
|[ ]  **Included confirmation of match funding (if applicable)** |
|[ ]  **Attached evidence of stakeholder engagement (e.g. pupils, parents, staff)** |
|[ ]  **Provided anticipated environmental impact and any relevant policies/strategies** |
|[ ]  **Signed and dated the declaration section** |

# section 1 - Setting Information

**Please do not use any children’s names and ensure that the anonymity of the child can be protected during the cluster meeting**

|  |  |
| --- | --- |
| **Name of education setting** |  |
| **Type of education setting** | [ ] Early years [ ] primary [ ] secondary [ ] post-16 |
| **Contact person name** |  |
| **Contact email** |  |
| **Contact phone number** |  |
| **Cluster panel area** | [ ] North [ ] Central [ ] South East [ ] South West |
| **Has your setting previously received high needs capital grant funding?** | [ ] Yes [ ] No |

# SECTION 2: PROJECT OVERVIEW

|  |
| --- |
| **Project title** |
|  |
| **Brief description of the proposed project** |
|  |
| **Total project cost** |
| £ |
| **Amount requested from Inclusive Environment Fund** |
| £ |
| **Is this part of a wider project? If yes, please provide details, including any match funding secured** |
| [ ] Yes [ ] No |
|  |
| * **Attach project quotations (including full cost breakdown)**
 |

# SECTION 3: STRATEGIC FIT AND IMPACT

|  |
| --- |
| **How does this project support inclusion for children and young people with EHCPs?** |
|  |
| **Anticipated Outcomes and Impact (add more rows if necessary)** |
|  |
|  |
|  |
| **How will you measure the success of the project? (add more rows if necessary)** |
|  |
|  |
|  |
| **Value for money justification** |
|  |

# Section 4: Project Design and Delivery

|  |
| --- |
| **Description of Design and Build Plans:** |
|  |
| **Timeline for Delivery:** |
| Anticipated start date |  |
| Anticipated completion date |  |
| **Provide details of how you intend to deliver this project** |
|  |

# Section 5: Environmental and Engagement Considerations

|  |
| --- |
| **Anticipated Environmental Impact:** |
|  |
| **How will you measure the environmental impact?** |
|  |
| * **Attach evidence of environmental impact and any relevant policies/strategies**
 |
| **Provide details of how you engaged with stakeholders in the design and development of this proposal** |
|  |
| * **Attach any evidence of engagement**
 |

# Section 6: Declaration

[ ] I confirm that the information provided is accurate and complete

[ ] I understand that this is a capital-only grant and cannot be used for revenue costs.

[ ] I understand that my setting will be responsible for the ongoing maintenance of any spaces or equipment funded.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  | **Click or tap to enter a date.** |