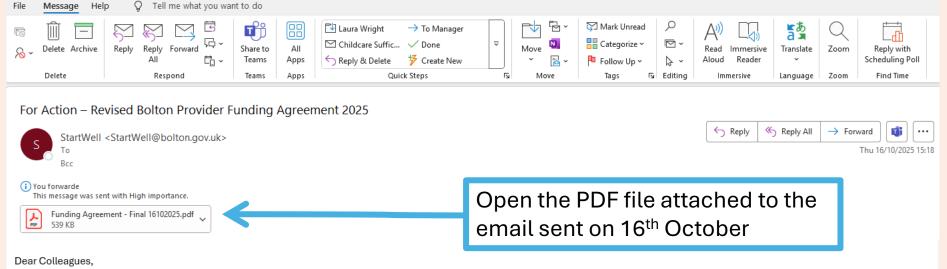
Signing the Provider Agreement

Guidance







We apologise as there were a number of errors in the email sent to you on Wednesday 15th October 'Action required - Provider Funding Agreement 2025.' Please delete that agreement.

Updated 16th October 2025 (see dated agreement attached)

Bolton Council has updated the Provider Funding agreement in line with the changes made to the Statutory guidance Early Years and Childcare and the expansion of the early years funding streams. This guidance applies from April 2025, and providers must have everything in place from January 2026.

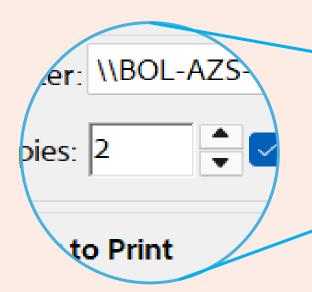
To support you we have outline some further guidance below;

It is essential that providers read the agreement carefully in full before signing to ensure you understand the terms, responsibilities, and requirements it sets out. Signing the agreement confirms your acceptance of these conditions, which will apply from January 1st, 2026.

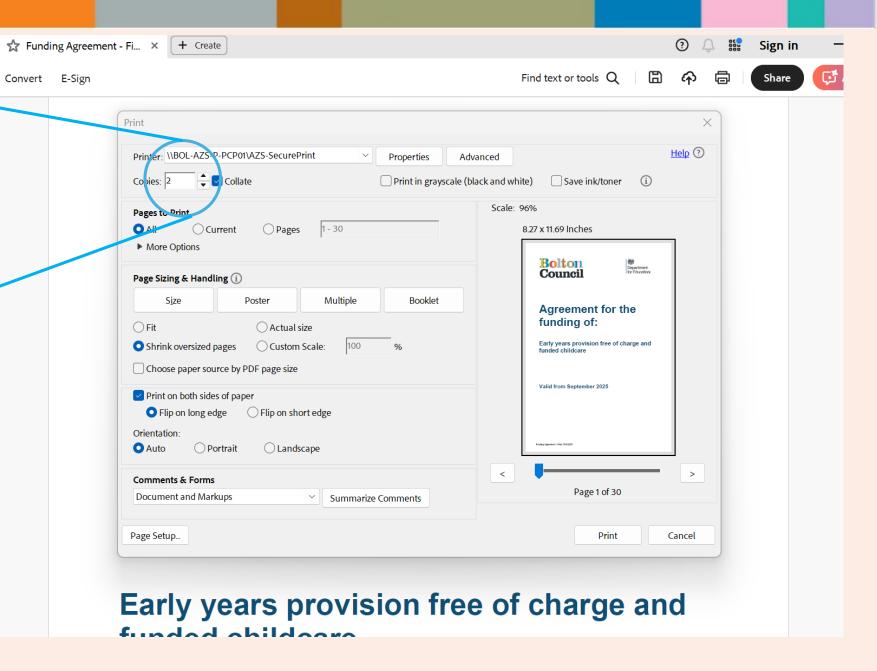
Please note, from January 2026, early years funding will be paid to providers who have signed and returned their Bolton Provider Funding Agreement. Any provider who does not return a signed agreement will be at risk of not being paid.

We kindly ask that you complete and return two copies of the full agreement by the deadline as follows:

Funding agreements sent to all providers week beginning 13th October 2025



Print 2 copies of the agreement





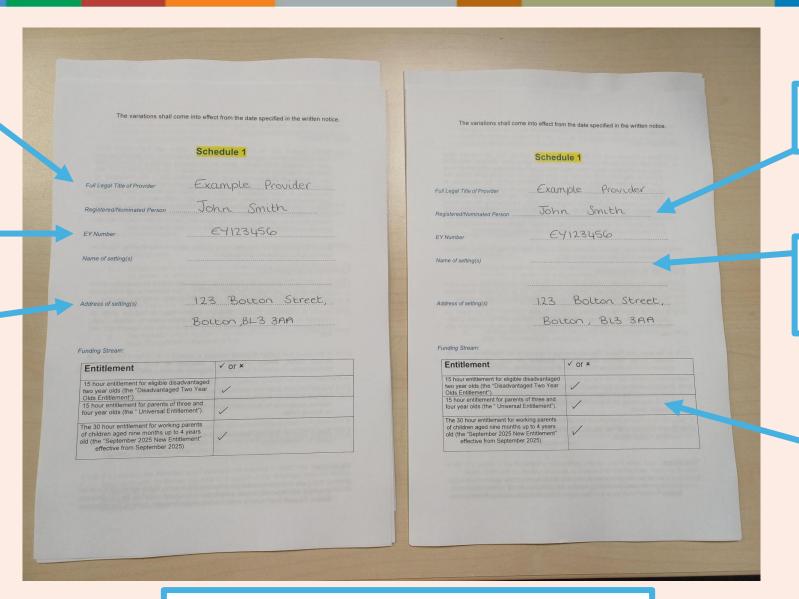
	fect from the date specified in the written notice.			
		The varia	ions shall come into effect fro	m the date specified in the written notice.
Scl	hedule 1			
			Sched	ule 1
Full Legal Title of Provider				
Registered/Nominated Person		Full Legal Title of Pro	vider	
		Registered/Nominate	d Person	
EY Number		EY Number		
Name of setting(s)				
		Name of setting(s)		
Address of setting(s)		Address of setting(s,		
		The state of the s		
Funding Stream:		Funding Stream:		
Entitlement	✓ or ×	Funding Stream:		√ or ×
Entitlement 15 hour entitlement for eligible disadvantaged two year olds (the "Disadvantaged Two Year	√ or ×	Entitlemen 15 hour entitleme two year olds (th	nt for eligible disadvantaged	✓ or ×
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Turn to schedule 1

Registered name on Companies House

Ofsted URN

Where the provision takes place



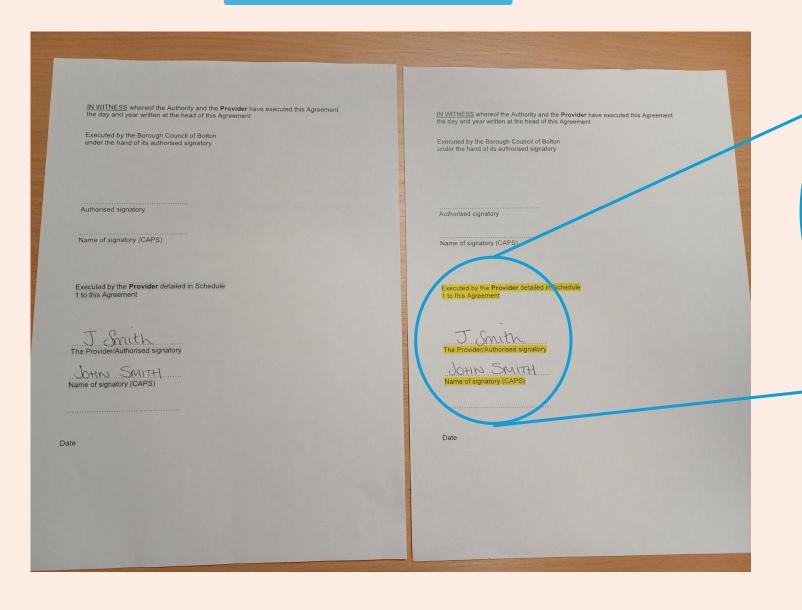
Owner or Headteacher

Only enter if this differs from the registered name

Tick the boxes that you offer

Ensure you fill in Schedule 1 in ink, in both copies of the agreement. Do not photocopy

Turn to the signing page



Executed by the Provider detailed in 1 to this Agreement

The Provider/Authorised signatory

JOHN SMITH

Name of signatory (CAPS)

Sign both copies in ink.

Do not date.

Do not photocopy

Do not sign

IN WITNESS whereof the Authority and the Provider have executed this Agreement the day and year written at the head of this Agreement Executed by the Borough Council of Bolton under the hand of its authorised signatory Authorised signatory Name of signatory (CAPS)

IN WITNESS where of Bolton Council and the Provider have executed this Agreement as a Deed the day and year first before written

Executed as a deed by THE BOROUGH COUNCIL OF BOLTON affixing its Common Seal in the presence of:

Authorised Sealing Officer

Executed as a deed by [name of Provider] acting by

Director signature

Director/Secretary/Witness signature

Witness Name

Witness Address

Returning the signed agreements:

- Drop-off: at Harvey Family Hub, Shaw Street Bolton BL3 6HU, open 9am-6pm Mon- Fri
- Post: to Start Well Service, Harvey Family Hub, Shaw Street, Bolton, BL3
 6HU.

We strongly recommend using tracked and signed-for delivery if posting.