

## Early Intervention Fund Request for Funding Proforma

Date	
Lead Professional / CAF Practitioner:	
Agency:	
Telephone Number ( <i>please include</i> ):	
Email ( <i>please include</i> ):	
CAF Reference Number:	
Was contact made with an Integrating Processes Co-ordinator (IPC) or Head of Children Centre Services (HoCCS)?	Yes <input type="checkbox"/> No <input type="checkbox"/> (click twice on appropriate response and select checked)
Date contact made with IPC / HoCCS:	

Delivery Name	
Delivery Address	
Delivery Telephone Numbers	
Special instructions if appropriate ( <i>e.g. best times and days to deliver</i> )	
Date goods received (please email the appropriate administrator when goods have been received):	

Type of Purchase Request						
Company / Supplier (name, address and email if locally based)	Catalogue Number (ensure it is up-to-date)	Goods	Quantity	Estimated Costs	*Actual Cost	Order No and Total Cost (admin only)

*\*Please note for goods / services over £100, if actual cost is 30% or more than estimated cost then this needs to be agreed by IPC / HoCCS.*

Please complete and return by email to relevant IPC and HoCCS

<b>For office use only</b>			
Name of approver			
Date of approval			
Signature			
Date received by admin:		Date order processed by admin:	