



## Grant Scheme for Mother and Child Institutions Commemorative Events 2024 Application Form

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The Grant Scheme for Mother and Child Institution Commemorative Events is designed to provide financial assistance to survivor centred advocacy groups for the purpose of organising commemorative events. We have made the application process as straightforward as possible, but we know that you may need help to complete it. We have put guidance information in the application pack, but if you wish to speak to someone, we are happy to answer any further questions you may have.

If you have further questions or need help, you can get in touch by:

**Telephone:** 01 6473200 (Monday to Friday between 9am and 5pm).

**Email:** [commemorativegrantscheme@equality.gov.ie](mailto:commemorativegrantscheme@equality.gov.ie)

**Post:** Commemorative Grant Scheme, Memorialisation and Historical Burials Unit, Department of Children, Equality, Disability, Integration and Youth, Mother and Baby Homes Investigation Unit, Block 1, Miesian Plaza, 50-58 Baggot Street Lower, Dublin 2. D02 XW14, Freepost F5055

Completed application forms and supporting documents should be posted to the Freepost address above or emailed directly to [commemorativegrantscheme@equality.gov.ie](mailto:commemorativegrantscheme@equality.gov.ie)

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## **Section 1**

**Guidance Notes:** We require this information to get in touch with you to acknowledge receipt of your application form and update you on progress. We might also need to contact you in relation to the documentation you have provided to support your application.

<b>Group name:</b>		<b>Number of Members</b>	
<b>Charity Number</b> (If applicable)			
<b>Correspondence Address:</b>			
<b>Contact name:</b>			
<b>Position in group:</b> (Chairperson, Secretary etc.)			
<b>Contact number:</b>			
<b>Email address:</b>			
<b>Website/Social Media page:</b>			
<b>Please give a full description of your group:</b>			
<b><u>Please include:</u></b>			
<ul style="list-style-type: none"><li>• The name of the Mother and Baby and/or County Home Institution(s) for which your group advocates on behalf of former residents. .</li><li>• What does your group do?</li><li>• Details of the group's membership arrangements.</li><li>• Where does it meet?</li><li>• Any other information you deem appropriate</li></ul>			
<b>* Please ensure to attach a copy of the group constitution/charter.</b>			



## **Section 2**

**Guidance Note:** This section is designed to help us get a better understanding of your planned event.

<b>Date of event</b>		<b>Location</b>	
<b>Expected number of attendees</b>		<b>Further information attached</b>	
<b>Please provide a detailed description of the proposed event.</b>			



<b>Have efforts been made to engage with any other groups or organisations regarding the proposed event?</b>	
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<b>If yes please provide details of the outcome of the engagement below.</b>
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<b>Has funding for the proposed event been received from any alternative sources?</b>	
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<b>If yes please provide details of the funding below.</b>
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<b>Have you organised commemoration events in the past?</b>	
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<b>If yes please provide full details below:</b>	



### **Section 3**

**Guidance Note:** Please provide a full list of estimated costs associated with the delivery of this event

Description of Expense*	Amount
<b>Total Amount of Funding being requested (up to a maximum of €2,500)</b>	

**\*Please note that expenses not listed above cannot be included on the report form unless notified to us in advance for approval.**

### **Section 4**

**Guidance Note:** If this application is approved for funding, payment will be processed by bank transfer into the organisations bank account. The payment cannot be paid into a personal bank account.

*Please note that, should your application for funding be approved, you will be asked to provide details of your group's bank account on your banks headed paper.*

<b>Account Name</b>			
<b>Bank Name</b>			
<b>Branch Address</b>			
<b>BIC</b>		<b>IBAN</b>	



## Section 5

**Guidance Note:** Ensure that you have read each statement below carefully

Declaration
<p><b>On behalf of:</b> _____ (Group Name)</p> <p>We, _____ and _____ wish to apply for a grant towards the named above and we declare that all the information given in this form is true and complete to the best of our knowledge and belief.  <i>Please tick all boxes to confirm that you have read and understand each statement in this declaration.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> We confirm that we are authorised to make this application and to sign this Agreement.</li> <li><input type="checkbox"/> We understand that information provided under false pretences could constitute fraud and appropriate steps will be taken to recoup any funds issued in respect of the application.</li> <li><input type="checkbox"/> We understand that by signing this Agreement we are committing the Group to comply with the terms and conditions as set out in the Grant Information Pack.</li> <li><input type="checkbox"/> We understand that we are required to provide original receipts/ paid invoices to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). Copies will not be accepted.</li> <li><input type="checkbox"/> We agree that on completion of this event that a completed event report form along with all supporting documentation will be submitted to DCEDIY within 1 month of holding the event.</li> <li><input type="checkbox"/> We confirm that the group has obtained all relative legal permissions in relation to the event.</li> <li><input type="checkbox"/> We undertake to have sufficient insurance coverage in respect of all activities associated with the commemorative event. The extent and adequacy of the insurance cover is a matter for the group and its insurance advisors. We agree to submit a copy of this insurance confirmation to DCEDIY prior to the event.</li> <li><input type="checkbox"/> Any false, fictitious or fraudulent statements or claims knowingly made on grant applications or supporting documentation, submitted in respect of the grant application or any breach of the Terms and Conditions may result in current and future applications being deemed ineligible by DCEDIY. In respect of applications where the applicant has already received payment pursuant to the Grant Scheme, DCEDIY reserve the right to pursue a full repayment.</li> <li><input type="checkbox"/> We confirm that adequate financial controls are in place to manage the grant received.</li> </ul>

Signed on behalf of Grantee (1 <sup>st</sup> Signatory)		Signed on behalf of Grantee (2 <sup>nd</sup> Signatory)	
<b>Name:</b>		<b>Name</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Date:</b>		<b>Date:</b>	
<b>Contact Number:</b>		<b>Contact Number:</b>	



## **GDPR**

The Department of Children, Equality, Disability, integration and Youth collects personal data for the purpose of accessing and/or administrating the Department's various activities. Full details of the Department's Privacy Notice, setting out how we will use your personal data as well as information regarding your rights as a data subject are available on the Department website at <https://www.dcediy.gov.ie>. Details of this policy are also available in hard copy upon request to Department of Children, Equality, disability, Integration and Youth, Block 1, Miesian Plaza, 50 – 58 Baggot Street Lower, FREEPOST F5055, Dublin 2, D02 XW14

## **Freedom of Information**

All information submitted to the DCEDIY Mother and Baby Homes Unit in relation to this application is subject to the Freedom of Information Act 2014.

## **Re-scheduled/cancelled commemorative events**

Should your event need to be re-scheduled beyond the 6 month window or indeed cancelled, please engage with this Department as soon as possible.

If your commemoration event does not take place in 2024, as per the terms and conditions of the scheme, any unspent funds must be returned to the department. Please contact our offices if this becomes evident.





For Official Use Only		
This section is to be completed by Department of Children, Equality, Disability, Integration and Youth staff only.		
A. Has the grantee self-certified that they are representing a survivor centred group?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
B. Does the group represent one or more of the named Mother and Baby and County Home Institutions investigated by the Commission of Investigation into Mother and Baby Homes.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the group have minimum 3 members including Chairperson, Secretary and Treasurer?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
D. Have the group submitted a copy of their constitution/charter?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
E. Does the group have a business bank account?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
F. Has the Group submitted a Group Report Form for the previous event? (If applicable)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

**We hereby verify that We have examined the information contained in this Application Form and We are satisfied/unsatisfied that this application meets the requirements to receive funding from the Grant Scheme for Mother and Child Institutions Commemorative Events.**

**Based on the event details provided the amount of funding approved is :**

Signature:		<b>Application Number</b>
Grade:		
Name:		
Date:		
Signature:		
Grade:		
Name:		
Date:		