



Grant Scheme for Mother and Child Institutions Commemorative Events

Application Form

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@dcya.gov.ie

Post: 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@dcya.gov.ie



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.

Group name:		Number of Members	
Charity Number (If applicable)			
Correspondence Address:			
Contact name:			
Position in group: (Chairperson, Secretary etc.)			
Contact number:			
Email address:			
Website:			
Please give a full description of your group: (Please include: What does your group do? Details of the group's membership arrangements. Where does it meet? Does it have social media profile and other information you deem appropriate)			
<p style="text-align: center;">Please ensure to attach a copy of the group constitution/charter.</p>			



Please provide the name of any Mother and Child Institutions or County Home for which your group advocates on behalf of former residents.

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Section 2

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

Date of event		Location	
Expected number of attendees		Further information attached	

Please provide a detailed description of the proposed event.

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Have efforts been made to engage with any other groups or organisations regarding the proposed event?

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If yes please provide details of the outcome of the engagement below.

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Has funding for the proposed event been received from any alternative sources?	
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If yes please provide details of the funding below.

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Have you organised commemoration events in the past?	
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If yes please provide full details below:

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Section 3

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

Description of Expense	Amount
Total Amount of Funding being requested	

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

Account Name			
Bank Name			
Branch Address			
BIC		IBAN	



Section 5

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

Declaration	
On behalf of: _____ (Group Name)	
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>	
<input type="checkbox"/> We confirm that we are authorised to make this application and to sign this Agreement.	
<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.	
<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.	
<input type="checkbox"/> We understand that we are required to provide original receipts/ paid invoices to the Department of Children and Youth Affairs. Copies will not be accepted.	
<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 the Department of Children and Youth Affairs within 1 month of holding the event.	
<input type="checkbox"/> We confirm that the group has obtained all relative legal permissions in relation to the event.	
<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 DCYA prior to the event.	
<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 DCYA. In respect of applications where the applicant has already received payment pursuant to the Grant Scheme, DCYA reserve the right to pursue a full repayment.	
<input type="checkbox"/> We confirm that adequate financial controls are in place to manage the grant received.	
Signed on behalf of Grantee (1 st Signatory)	
Name:	
Signature:	
Date:	
Contact Number:	
Signed on behalf of Grantee (2 nd Signatory)	
Name:	
Signature:	
Date:	
Contact Number:	



GDPR

The Department of Children and Youth Affairs 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.dcy.gov.ie>. Details of this policy are also available in hard copy upon request to Department of Children and Youth Affairs, Block 1, Miesian Plaza, 50 – 58 Baggot Street Lower, FREEPOST F5055, Dublin 2, D02 XW14

Freedom of Information

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



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