

# Department of Children and Youth Affairs

## CHILDMINDING RE-OPENING GRANT

### Application Form

JUNE 2020



Closing date for applications is the 28<sup>th</sup> August 2020.



**Application Form**

**Applicant Details**

Name of Applicant	
Address of Applicant (please provide the address where the childminding takes place)	
Telephone (land line)	
Mobile Telephone	
E-mail	

(Please mark all applicable boxes with an "X")

I was childminding in my own home prior to 12th March 2020:  Yes  No

Evidence of Childminding Insurance submitted:  Yes  No

Evidence of completion of Children First E-Learning Programme submitted:

Yes  No

Please indicate if you would like the Childminding Development Officer to retain contact details for communication purposes:

Yes  No

I am registered as a self-employed person with Revenue:

Yes

No

Tax Registration Number (TRN).

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I am **not** in contract to provide DCYA Funded Programmes:

Reopening date of Childminding Business: \_\_\_\_\_

Please select the areas where you intend to purchase/purchased or works you are going to undertake to comply with the HPSC Infection Prevention and Control and the **COVID-19 Infection Prevention and Control Guidance for settings providing childcare during the COVID-19 Pandemic.**

Area	Select as many as is appropriate
Arrival Space	
Transitional Spaces	
Outdoor Space	
Health & Hygiene	
Indoor Space	
Sleep / Rest	
Equipment	

<b>Bank Details</b>	
Account Name:	
Payee Address:	
IBAN:	
Sort Code:	
Account number:	
BIC:	
Bank Name:	
Bank Address:	

I, \_\_\_\_\_(Insert Name) hereby give authorisation to \_\_\_\_\_ City/County Childcare Committee to make an online payment transfer to the above account.

Signed person giving consent \_\_\_\_\_ Date: \_\_\_\_\_

\*If there is no access to a scanning facility a photograph of the applicant signature is required with the Application Form.

Declaration:

I, \_\_\_\_\_ (INSERT NAME),

- I have undertaken a full assessment of my service to determine the measures to be put in place in line with the **COVID-19 Return to Work Safety Protocol** for the parents and children attending my service.
- I confirm that the modification or adaptation costs included in this application (if applicable) are necessary to ensure compliance with the **COVID-19 Infection Prevention and Control Guidance for settings providing childcare during the COVID-19 Pandemic as set out by DCYA.**
- I confirm that I intend to use the grant to purchase items or services in accordance with the guidelines for this grant in compliance with the **COVID-19 Infection Prevention and Control Guidance for settings providing childcare during the COVID-19 Pandemic set out by DCYA.**
- I confirm that the receipts that will be subsequently used to support this grant will be for eligible costs in line with the grant application guidelines.
- I confirm that all items purchased will have a projected lifespan of 12 months or more.
- I agree to retain all receipts, invoices and evidence of compliance with procurement process for up to 1 year following payment of the grant.
- I confirm that I will continue to provide a Childminding service for 12 months post receipt of this grant.
- I confirm that if for some reason the grant or part of the grant is unspent this will be refunded to the CCC that provided the Grant.
- I accept that I may be asked to refund all or part of this grant where the expenditure has been deemed ineligible as part of a desk verification check by the Childminding Development Officers.
- Any failure of technology or disruption to internet services affecting submission of the application will be at the applicant's risk and DCYA accepts no liability whatsoever if the application fails to be submitted or is rejected as a late submission
- I confirm that I understand that this funding is an emergency once-off funding provided by DCYA, in response to the impact of COVID-19 on the childcare sector. By submitting the application, I declare that the information provided in relation to the Childminding service described in this application is true and complete to the best of my knowledge and belief.

If this application is successful, this application form and these terms and conditions represent the contract (grant agreement) for this DCYA grant programme.

It will be a condition of any application for funding under the terms and conditions of COVID-19 Capital Grant 2020 for Childminding services that:

- I. DCYA shall not be liable to the applicant or any other party in respect of any loss, damage or costs of any nature arising directly or indirectly from:
  - a. the application or the subject matter of the application;
  - b. The rejection for any reason of any application.

- II. DCYA and their servants or agents shall not at any time in any circumstances be held responsible or liable in relation to any matter whatsoever arising in connection with the development, planning, construction, operation, management and/or administration of individual projects.
- III. By submitting this application the Childminder acknowledges that they have read, understood and accepted the above terms and conditions.

**Disclosure under the Freedom of Information**

Under the Freedom of Information Act 2014, the information in this document and its attachments may be released on request to third parties.

If you believe that any of the information in this document is sensitive and should not be disclosed to a third party, you must identify the sensitive information and provide the reason(s) for its sensitivity at the time of the application.

You will be consulted about the sensitive information before any decision is made to release the information to a third party.

If you do not identify any of the information supplied in this document and supporting documentation as being sensitive you are acknowledging that any, or all of the information supplied, may be released in response to a Freedom of Information request.

Please outline the sensitive information and the reason(s) for the sensitivity in the text box below and submit with your application.

**GDPR**

All records and data will be processed in compliance with GDPR. Please see Department of Children and Youth Affairs Privacy Notice for further information.

Name (BLOCK CAPITALS)	
Signature	
Date	

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Completed Applications should be returned to the Childminding Development Officer (CMDO) in your area **by email** with the required documents to demonstrate eligibility.

<b>CMDO</b>	<b>Area</b>	<b>Email</b>
Sarah McKenna	Fingal, Dublin City, South Dublin, Dun Laoghaire Rathdown, Wicklow	<a href="mailto:sarah@fingalcountychildcare.ie">sarah@fingalcountychildcare.ie</a>
Michelle Grant	Westmeath, Meath, Louth, Longford, Offaly, Kildare	<a href="mailto:childminding@westmeathchildcare.ie">childminding@westmeathchildcare.ie</a>
Rachael Ryan	Kilkenny, Tipperary, Waterford, Wexford, Laois, Carlow	<a href="mailto:rachael@kkccc.ie">rachael@kkccc.ie</a>
Heather McColl	Galway, Mayo, Roscommon, Clare	<a href="mailto:childminding@galwaychildcare.com">childminding@galwaychildcare.com</a>
Denise Quinlan	Cork County, Cork City, Kerry, Limerick	<a href="mailto:dquinlan@corkchildcare.ie">dquinlan@corkchildcare.ie</a>
Orla McKeon	Cavan, Monaghan, Sligo, Leitrim, Donegal	<a href="mailto:omckeon@cavanccc.ie">omckeon@cavanccc.ie</a>

