**County Kilkenny LEADER Partnership CLG.**

**8 Patrick’s Court, Kilkenny, Ireland,**

**Telephone: 056 -7752111 Mobile 086 7793913**

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# SICAP Application Form for Youth Funding

All questions must be answered fully. If, for the purpose of obtaining aid under the Programme, a person makes a false or misleading statement or withholds essential information, any grant which may be given will be recouped, or withheld. **Any funding given by KLP may be subject to audit, and we would require that the recipient furnish KLP with Receipts as proof of payment of any Goods or Services received by them from this KLP Funding**.

**Name of Applicant:**

**Contact person:**

**Address:**

**Telephone No: E-mail:**

1. **Name of Programme/Activity:**

*Briefly outline the proposed project****:***

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| --- |
|  |

1. **Age Group targeted:**
2. **Number of Youth expected to take part in the programme/activity (approx.):**
3. **Please specify what SICAP programme target group or groups your expected project will benefit by ticking beside the list below:**

People living in Jobless Households/households where the primary income source is low-paid/precarious *[ ]*

People living in Disadvantaged Communities\* *[ ]* International Protection Applicants *[ ]*

Disadvantaged Children and Families *[ ]* People Impacted by Educational Disadvantage *[ ]*

Travellers *[ ]*  People who are Long Term Unemployed *[ ]*

People with a Criminal History *[ ]*  Refugees *[ ]*

People with Disabilities *[ ]*  Heads of One-Parent Families *[ ]*

Roma *[ ]*

(\*Key Kilkenny City Communities)

1. **Please specify what SICAP programme Focus Area your expected project will benefit by ticking beside the list below:**

|  |  |
| --- | --- |
| * Older People in Isolation *[ ]*
* Refugee and Migrant Rights and Integration *[ ]*
* Climate Action and The Just Transition *[ ]*
* Addition *[ ]*
 | * Homelessness *[ ]*
* LGBTQI+ *[ ]*
* Youth *[ ]*
* Gender *[ ]*
 |

1. **Please select one or more categories from the following list that relates to the programme/activity to be delivered:**

|  |  |
| --- | --- |
| * Additional tuition *[ ]*
* Access to further education & training *[ ]*
* After-school youth work initiatives *[ ]*
* Sports/recreation/culture *[ ]*
* Welfare & wellbeing *[ ]*
* English language supports *[ ]*
* Youth work *[ ]*
 | * English language supports *[ ]*
* Equality/Anti-discrimination *[ ]*
* Family supports *[ ]*
* Pre-school supports *[ ]*
* Homework club *[ ]*
* Information technology *[ ]*
 |

1. **What are the expected outcomes of the proposed project:**

|  |
| --- |
|  |

1. **Total Cost of Project:** €

 *Please Outline Details of the Project Costs:*

1. **Amount Requested from SICAP:** €
2. **Have you applied for other funding towards the cost of your project?**

 *If Yes, please state who and the amount they have allocated to the project if any:*

1. **When do you propose to commence your project?**
2. **When do you expect your project to be complete?**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Development Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SICAP Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Martin Rafter***

***GOAL: 2 ACTION: 2.3***

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