**County Kilkenny LEADER Partnership Co.**

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

**Telephone: 056 -7752111 Fax: 056 – 7752333**

**E-mail:** **info@cklp.ie**

# 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:**

**Date group was formed:**

**Please state the groups legal status:**

**Outline briefly the proposed project:**

|  |
| --- |
|  |

**Please specify what SICAP programme target group or groups your expected project will benefit by ticking beside the list below:**

Disadvantaged Children and Families People living in Disadvantaged Communities

Disadvantaged Young People (aged 15 – 24) People with Disabilities

Disadvantaged Women Roma

Emerging Needs Group Travellers

Lone Parents The Disengaged from the Labour Market (Economically Inactive)

Low Income Workers/Households The Unemployed

New Communities

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

|  |  |
| --- | --- |
| * 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
 |

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

|  |
| --- |
|  |

**Do you have a bank account**:

*If yes describe briefly your cheque signing arrangements:*

*If not, how do you manage and report on your financial resources:*

**Total Cost of Project:** €

*Outline of costs:*

**Amount Requested from SICAP:** €

**Have you applied for other funding towards the cost of your project?**

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

**When do you propose to commence your project?**

**When do you expect your project to be complete?**

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

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

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

***Martin Rafter***

***GOAL:………………………………….. ACTION:……………………………………………………………………………………………………………..***