



County Kilkenny LEADER Partnership Co.
8 Patrick's Court, Kilkenny, Ireland,
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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:

Outline briefly the proposed project:

2. Age Group targeted:

3. Number of Youth expected to take part in the programme/activity (approx):

4. Please specify what SICAP programme target group or groups your expected project will benefit by highlighting or 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 | |

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

<ul style="list-style-type: none"> ▪ Additional tuition ▪ Access to further education & training ▪ After-school youth work initiatives ▪ Sports/recreation/culture ▪ Welfare & wellbeing ▪ English language supports ▪ Youth work 	<ul style="list-style-type: none"> ▪ English language supports ▪ Equality/Anti-discrimination ▪ Family supports ▪ Pre-school supports ▪ Homework club ▪ Information technology
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6. What are the expected outcomes of the proposed project:

7. Total Cost of Project: €

Outline of costs:

8. Amount Requested from SICAP: €

9. 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:

10. When do you propose to commence your project?

11. 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

