

COVID-19 IMPACT SUPPORT

For

Early Learning and Care Services and

School Age Childcare Services

Application Form

2021

Section 1 Useful Information

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| Before you fill in this application form:   1. Read the Applicant Guidelines. 2. Complete the ELC and SAC COVID-19 Impact Support Workbook. 3. Prepare Bank Statements and Attendance Records. 4. Save a copy of this form to your own computer as a Word Document. Please do not PDF the final completed form. 5. Note the space available to respond to each question.   Image result for icon for very important about bank statements euroBank Statements  Submit bank statement(s) for all accounts held by the business for the following periods:   * 1st December 2020 to 31st December, 2020; and * Application month in 2021   i.e. the month you are applying for the funding.  The bank statements submitted must clearly show the opening balance and closing balance for each account. You can omit any page(s) in between the opening balance and closing balance for each account.  You must redact all personal information before you submit them e.g. names of employees who have been paid by direct transfer.  Image result for icon attendance records children Attendance Records  Submit your attendance record for the following periods:   * A sample week in December 2020 * A sample week from the application month in 2021 i.e. the month you are applying for the funding.   Please ensure you redact all personal information on the attendance records before you submit them.  These must correspond with the sample weeks selected in the ELC and SAC COVID-19 IMPACT SUPPORT Workbook.  Any Questions?  If you have any questions in relation to this form please contact your local City/County Childcare Committee for support and advice.  <https://myccc.ie/where-is-my-nearest-ccc> |

Section 2: Your facility information

|  |  |
| --- | --- |
| 2.1 | Enter the business name/facility name for the service which is the subject of this application |
|  | |
| 2.2 | **Enter the DCYA reference number for the above facility** |
|  | |
| 2.3 | **Please select the statement that best describes your service type** |
| *Information note*: Service provider with no employees.  For example, sole trader/partnership not employing staff. | |
|  | |
| 2.4 Enter the legal name for your service  This is the name which appears on your legal documents or governing documents for your service. For sole traders this is your name. | |
|  | |
| 2.5 Enter the address of the facility which is the subject of this application. | |

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| --- | --- | --- |
| **Email Address**  (which you are using for correspondence for this application) |  | |
| **Address** | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
|  | Town |  |
|  | County |  |
| **EIRCODE** <https://finder.eircode.ie/#/> |  | |
| **Tusla Registration Number for this facility** |  | |

**2.6** **Select your service type:**



**Services currently offered** (select/check as many as required):

|  |  |
| --- | --- |
| * Full Time ELC |  |
| * Full Time SAC |  |
| * Part-time ELC |  |
| * Part Time SAC |  |
| * Sessional Pre-school |  |
| * Sessional SAC |  |

**2.7 Do you own multiple Early Learning and Care and/or School Age Childcare Services?**

Owners of multiple services please note:

* + - * Multiple service owners may submit an application form for any, some or all of their facilities, provided that each facility for which an application is being made is registered with Tusla and has a DCYA reference number.
      * With each application form you are required to complete the financial information section of the application for your entire organisation as a whole and submit copies of bank statements for all accounts held by all constituent parts of your organisation. (Refer to page 2 for guidelines on bank statements)
      * You must submit an application form for each facility that you believe may require funding. The financial information provided in each application form will be the same, but the service-level information (e.g. occupancy levels) on each application form will be specific to that service.

Please note that all applications for services under the same ownership will be considered for funding collectively.

**2.8 Please list all other related services here.**

|  |  |
| --- | --- |
| **DCYA Reference Number** | **Service Name** |
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# Section 3 Child Attendance and Staffing

Please ensure that you have completed the **ELC and SAC** **COVID-19 Impact Support Workbook** in advance of completing the questions below. This Workbook was sent to you as part of the application pack.

**3.1 Child Attendance**

These figures must be taken directly from the “**Totals for application**” tab in the COVID-19 Impact Support Workbook.

**FTE = Full Time Equivalents**

|  |  |  |
| --- | --- | --- |
| *Copy these figures from the workbook* | **December**  **2020** | **Application month**  **2021** |
| **Total FTE** | **Total FTE** |
| Enter the **total of all children in service FTE** (all rooms) |  |  |

**3.2 Staffing**

|  |  |  |
| --- | --- | --- |
|  | **December**  **2020** | **Application month**  **2021** |
| **Total Weekly Staff Numbers** | **Total Weekly Staff Numbers** |
| **Total Staff Numbers**  (Owner-operators who work in the service must include themselves as part of this total.) |  |  |

**You must submit:**

* A copy of your COVID-19 Impact Support Workbook used in preparation of this application form.
* A copy of your attendance record for a sample week in December 2020. This must correspond with the sample week selected in the COVID-19 Sustainability Workbook
* A copy of your attendance record for a sample week in application reference month 2021. This must correspond with the sample week selected in the COVID-19 Sustainability Workbook
* Please ensure that you **redact all the names of children or parents and guardians** before submitting.

# Section 4 Financial Information

**Note:** **Figures for the “application month” in this section must be from the first day of the month to the last day of the month.**



Each time you **insert** or **delete** a **numeric value** in the tables **please ensure** that you use your **Tab key to tab across to next cell** in the table, to ensure that the calculation is refreshed.

**This is particularly important in the last cell of each table.**

**4.1 Opening and Closing Bank Balances**

You must provide the total opening and closing bank balance for your business. If you have **more than one bank account** for your business you must **provide the combined** opening balance and closing **balance** **across all bank accounts**.

|  |  |  |
| --- | --- | --- |
|  | **December 2020**  ***01/12/20-31/12/20*** | **Application month**  **2021** |
| **Enter Opening Balance** as at first day of the month**.** |  |  |
| **Enter the Closing Balance** as at the last day of the month**.** |  |  |
| **Difference in Bank Balances** | **€0** | **€0** |

**4.2 Income**

You must provide the details on **all your income for your business**. If you have more than one bank account for your business you must provide **the combined income across all bank accounts for your business**. For owners of multi-service owners this means you must provide the combined income for all your services.

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| --- | --- | --- |
| **Income** | **December 2020**  ***01/12/20-31/12/20*** | **Application Month**  **2021** |
| Enter your **total income from all your bank accounts** i.e. as per your bank statements |  |  |
|  |  |  |
| **4.3 Please provide a breakdown of your income. The total income must equal the total income at Q4.2.** | | |
|  | **December 2020**  ***01/12/20-31/12/20*** | **Application Month**  **2021** |
| Enter the total income from sources **related to delivering ELC and SAC only** |  |  |
| Enter total income **from sources not related to delivering ELC/SAC** |  |  |
| **Total Income**  (check against Q4.2 – Totals MUST equal) | **€0** | **€0** |
|  |  |  |
| **4.4 Parental Income**  **Please state the % average monthly income from parents’ fees for 2020.** | | |
| **%** |  |  |
| **4.5 Expenditure**  Please complete the table below in respect of all your expenditure for your whole business/organisation for the month of **December 2020 and for the application calendar month in 2021 where the deficit has occurred, as per all of your bank accounts** | | |
| **Expenditure** | **December 2020**  ***01/12/20-31/12/20*** | **Application Month** |
| Total Expenditure as per bank statements |  |  |
|  |  |  |
| **4.6 Please provide a breakdown of your total expenditure**.  The total expenditure must equal the total expenditure at Q4.5 | | |
|  | **December 2020**  ***01/12/20-31/12/20*** | **Application Month** |
| Expenditure related to delivering childcare |  |  |
| Expenditure **not** related to delivering childcare |  |  |
| **Total expenditure**  (check against Q4.5 – Totals MUST equal) | **€0** | **€0** |
|  |  |  |
| **INCOME/EXPENDITURE SUMMARY** |  |  |
|  | **December 2020**  ***01/12/20-31/12/20*** | **Application Month** |
| Total Income (per 4.3) | €0 | €0 |
| Total Expenditure (per 4.6) | €0 | €0 |
| **Surplus/(Deficit)** | **€0** | **€0** |
| **Please Note:** Your Income/expenditure surplus/(deficit) figures displayed above here **must match** the totals at **Q4.1** **Difference in Bank Balances**.  **If they do not match please review and correct your figures before submitting.** | | |
| **4.7 Surplus/(Deficit) Calculations** | | |
| **CHILDCARE Income/Expenditure** | **December 2020**  ***01/12/20-31/12/20*** | **Application Month** |
| Childcare Income (per 4.3) | €0 | €0 |
| Childcare Expenditure (per 4.6) | €0 | €0 |
| **Surplus/(Deficit)** | **€0** | **€0** |

**Please note:**

You **must** **submit with your application**:

* Bank statement(s) showing opening and closing bank balances for the 1st December and the 31st December 2020
* Bank statement(s) for the application reference month 2021 showing opening and closing bank balances **for the 1st day and the last day of the month**

**Note**: You must submit all bank statement(s) for each account associated with this facility**.**

**Please redact** all personal information on the relevant bank statements before your submit them with the application.

# **Section 5 Terms, Conditions and Disclaimers**

Terms and Conditions

1. I/we have an overall reduction in occupancy and parental income and/or an increase in costs due to COVID-19.
2. I am / we are contracted with DCEDIY to provide Early Learning and Care and or School Age Childcare Programmes.
3. I/we are accessing all supports currently available to my/our service through DCEDIY.
4. I/we confirm that we are compliant with all public health and safety guidelines and are adhering to the following:

* COVID-19 Work Safety Protocol
* COVID-19 Infection Prevention and Control Guidance for settings providing childcare during the COVID-19 Pandemic.
* For information please go to: <https://first5.gov.ie/practitioners/reopening>

1. I/we understand that if relevant information provided in the application form is found to be inaccurate that this may render the grant ineligible. In such cases the grant or part thereof will be recouped by DCEDIY/Pobal, including future beneficiary funding.
2. The grant payment is to be made to the bank account setup for the Early Learning and Care service and or School Age Childcare Services on the HIVE (EYP) system.
3. I/we confirm that I/we understand that this funding is an emergency funding provided by the DCEDIY.
4. The Board of Directors/Management Board/Owner declare that the information provided in relation to the organisation described in this application is true and complete to the best of our/my knowledge and belief.
5. The person submitting this application has been authorised by the board to submit the application form on our behalf. (if applicable)
6. I/we agree to comply with the Statement of Principles for Grantees (DPER Cir 13/2014, accessible [here](https://circulars.gov.ie/pdf/circular/per/2014/13.pdf) (<https://circulars.gov.ie/pdf/circular/per/2014/13.pdf>)

**By submitting this application the board/management committee/owner(s)** **agrees to the following:**

1. To retain copies of documentation to calculate income and expenditure included in the application form for future inspection or submission (if required
2. Agrees to follow public procurement guidelines (where applicable).
3. To retain and provide evidence (if required) of funding received from other funders to enable the organisation to continue to employ staff and maintain services during the period of COVID-19 pandemic.
4. To retain and provide evidence (if required) of any loans or overdrafts facilities for the purposes of maintaining supports and services during the COVID-19 pandemic.
5. If requested the applicant will provide a brief update of progress
6. The Board of Directors/Management Committee/Owner(s) are agreeable to having the project monitored by DCEDIY and Pobal **and** to allow access to premises and records, as necessary, for that purpose.
7. The Board of Directors/Management Committee/Owner(s) facilitate verification checks, both on and off-site as appropriate or required.
8. The grant must only be used for the agreed purposes in accordance with the application guidelines and theterms and conditions outlined in this application form.
9. My/Our Tax Reference Number (TRN) and Tax Clearance Access Number (TCAN) being shared with DCEDIY (if requested) via a secure file transfer mechanism, for the purpose of validating if the applicant Childcare Service has registered for the EWSS. In agreeing I am / we are expressly consenting to Revenue providing this validating information to DCEDIY.

**By submitting this application the board of directors/management committee/owner(s) accept the following:**

1. It is my/our responsibility to ensure the application is fully compliant with all requirements stated herein or in the application guidelines and that it is submitted within the applicable deadline. Any failure of technology or disruption to internet services affecting submission of the application will be at the applicant's risk and Pobal accepts no liability whatsoever if the application fails to be submitted or is rejected as a late submission.
2. The Board of Directors/Management Board/owner also accepts that all information supplied in this application and the amount of any subsequent grant awarded, will be shared with relevant Government Departments and Agencies in order to inform any future funding decisions that they may consider.
3. If the application is successful, this application form and these terms and conditions **represent the contract (grant agreement) between Government of Ireland, DCEDIY and or Pobal** and your organisation in relation to this Scheme.
4. Recoupments of this grant may be made from other DCEDIY schemes or grants.

Please confirm that you have read and understood these terms and conditions by checking this box

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| Disclaimers |
| Please read carefully:  The Owner(s)/Board of Directors/Management Committee acknowledges that any grant awarded must be used for the purpose stated and not used to replace existing funding.  The Owner(s)/Board/Management Committee also understands that information supplied in, or accompanying, this application may be made available on request under the Freedom of Information Acts 2014.  The Owner(s)/Board/Management Committee accepts, as a condition of the award of a grant, that it involves no commitment to any other grants from the Government of Ireland, Department of Children Equality Disability Integration and Youth, and/or Pobal.  The Owner(s)/Board of Directors/Management Board also accepts that Pobal may contact other Funder Organisations or Government Departments in relation to this application and previous funding awarded, as part of the decision making process. |

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| 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.   |  | | --- | |  | |

**Lobbying Act 2015**

Under the Lobbying Act 2015, applicants should note that DCEDIY and Pobal are required to make information available to the public on the identity of those communicating with us in relation to prospective funding decisions.

**Canvassing by an applicant or a third party may disqualify an application**

**General Data Protection Regulations (GDPR)**

Pobal is responsible for the administration and delivery of “COVID-19 Sustainability Impact Support on behalf of Department of Children Equality Disability Integration and Youth (DCEDIY).

Pobal is a data processor on behalf of Department of Children Equality Disability Integration and Youth.

We are committed to protecting and respecting your privacy. We respect your trust in us. To fulfil our regulatory and statutory obligations, we will collect some personal information from you, such as your contact information and details of your board members and staffing resources. We may share your information with the DCEDIY who are the data controllers for this Fund.

We use information about you:

* To process a grant application.
* **As part of the decision making process DCEDIY and Pobal will share information with each other.**
* **DCEDIY will contact Revenue to verify your application to the Employment Wage Subsidy Scheme as appropriate.**
* To carry out our obligations arising from our contract for administering the COVID-19 Sustainability Impact Support Fund on behalf of DCEDIY
* To notify you of any changes relevant to any funding agreement (contract)
* To send you communications relevant to your grant agreement (contract)
* To collect and analyse programme data and demographic information to enhance service delivery and support government policy
* To seek your views or comments on the supports we provide.
* Successful applicants will be published

**In addition,** The Government of Ireland and DCEDIY may use the data in this application form as part of research or documenting the impact of the grant awarded under the COVID-19 Sustainability Support Fund.

In compliance with GDPR, all application forms and personal information submitted to Pobal will be kept only for purposes relating to the administration of the funding. We will hold your personal information on our systems for as long as is necessary for the relevant activity, or for as long as is set out in any relevant contract you hold with us. This is subject to legislation and regulatory rules we must follow as set out by DCEDIY.

Pobal takes our security responsibilities seriously, employing the most appropriate administrative, physical and technical measures to safeguard your personal data, and regularly review these measures.

**Personal data should not be disclosed within this application form for any reason incompatible with the purpose for which funding is sought**. Furthermore, any individual whose personal data is submitted within this form must be informed of the use of their personal data.

**By submitting this application form you are confirming individuals whose personal data is disclosed have been clearly informed of this purpose and have been informed of their rights under data protection legislation.**

For more information on your privacy rights, please see our full [Privacy Statement](https://www.pobal.ie/privacy-policy/) on our website.

The DCEDIY privacy notice can be accessed here: <https://www.gov.ie/en/help/privacy-policy/>

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| --- | --- |
| **Please confirm that that you have read and understood the Disclaimers set out in this application form by checking the boxes below.** | |
| 1. The grant can only be used for the purposes set out in this application form. |  |
| 1. Disclosure under the Freedom of Information Act 2014. |  |
| 1. Lobbying Act 2015. |  |
| 1. General Data Protection Regulations (GDPR). |  |

# Section 7 Submission and Signature

**7.1** **Checklist of documents**

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| --- | --- | --- |
| **Document Type** | **Submitted with application** | **Notes (optional)** |
| **Fully completed application form** |  |  |
| **Bank Statement (s)** for all bank accounts showing opening and closing balances for December 2020 and application month in 2021. |  |  |
| **COVID-19 Sustainability Support Fund Workbook** |  |  |
| **Sample Weekly Attendance Logs**  (Dec 2020 and application month in 2021) |  |  |
| Please ensure you redact all personal information on the Attendance Records and Bank Statements before submitting. | | |

**7.2 Enter the name of the person submitting the application form.**

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***This must be a member of the board/senior executive/owner of this facility.***

If this application is being submitted on behalf of a board or committee, the person signing and submitting this application must be authorised by the board and evidence of the authorisation must be retained by the applicant for future reference e.g. minutes of board meeting.

**7.3** **Position in the organisation.**

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