**CYPSC FUNDING - COVID-19 RESPONSE**

|  |  |
| --- | --- |
| **Date:** |  |
| **Recipient’s Name & Address** (*only needed where a 3rd party is delivering the assistance requested to the recipient)* |  | **Contact number of recipient** (*only needed where a 3rd party is delivering the assistance requested)* |  |
| **Please state if the request for assistance and the provision of personal contact details has been discussed with the recipient and consent given** |  |
| **Agency Referred by**  |  | **Key worker (name & tel)** |  |
| **Details of request:** |
| **No. of families assisted:** | **No. of children:** |
| **Please state whether you have checked out other possible sources of funding (\**see below*):** |

|  |  |
| --- | --- |
| **Request Approved:** |  |
| **Details & delivery arrangements:**  |  |
| **Amount:** |  |
| **Signed (Manager):** |  |

|  |  |
| --- | --- |
| **PAYMENT:**  | **EFT □ Credit Card □ Cash □** |
| **Manager:** |  |
| **Admin Manager:**  |  |

*Contact details:*

*For North of Co. Tipperary: Silver Arch Family Resource Centre, Nenagh:* *caroline.lydon@silverarchfrc.ie*

*For South of County: Barnardos Family Support Project, Clonmel:* *joanne.ogorman@barnardos.ie*

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\*Criteria for allocation of funding:

* The funding goes to meet needs of vulnerable children, young people and their families which arise directly from Covid-19-related conditions.
* There is no unnecessary duplication of funding: for instance, if an applicant already has access to another funding stream to which it may be more appropriate to refer to.