

**EXPRESSION OF INTEREST FORM - CAPITAL FUNDING – PRIVATE SECTOR
NATIONAL CHILDCARE INVESTMENT PROGRAMME 2006 – 2010**

| | | | |
|----------------------------|------------------|---------------------|---------------|
| FOR USE BY CCC ONLY | Ref: CSX- | Date Logged: | Notes: |
| DED (Facility Only) | | | |

SECTION 1. APPLICANT DETAILS

| | | | |
|---|-----------------|-------------------------|--|
| Contact Name | | Facility Name | |
| Contact Address | | Facility Address | |
| Contact Tel. No.: | Fax No.: | E-mail: | |
| | | | |
| Submitted to City/County Childcare Committee | | | |

SECTION 2. PROJECTED IMPACT OF PROJECT

(NB: When filling in these details, please refer to the Guidance Notes provided for the definitions of the type of places provided.)

| | Currently Provided (if applicable) | | | Proposed | | |
|--|---|------------------|------------------|---|------------------|------------------|
| | Sessional | Part-time | Full-time | Sessional | Part Time | Full Time |
| Number of places per day | | | | | | |
| Number of days per week | | | | | | |
| Number of weeks per year | | | | | | |
| Please tick the box if this includes either of the following types of service <i>(More than one option may be ticked)</i> | <input type="checkbox"/> Pre-school (3-4 yr old) education <input type="checkbox"/> School Age Childcare | | | <input type="checkbox"/> Pre-school (3-4 yr old) education <input type="checkbox"/> School Age Childcare | | |

Estimate the date of commencement of New Service

SECTION 3. FUNDING

Note the type of Capital funding requested
(More than one option may be ticked)

- | | |
|--|--|
| <input type="checkbox"/> Site costs | <input type="checkbox"/> Professional Fees |
| <input type="checkbox"/> Purchase costs of premises | <input type="checkbox"/> Fixtures and Fittings |
| <input type="checkbox"/> Construction/renovation costs | <input type="checkbox"/> Equipment Costs |

Estimate the amount of Capital funding requested*

€

** Maximum grant available = €100,000 per childcare facility. Please note: Minimum private contribution of 25% will be required.*

Signed: _____

Position: _____

Date: _____

Summary of the Application Process

STEP 1: Complete the one page form and contact your local City/County Childcare Committee (CCC) for guidance and support



- See overleaf for one page Expression Of Interest form

STEP 2: Following a support phase with your CCC, prepare a Project Proposal which demonstrates the following;

1. The nature and extent of the need for the service you propose
2. Your capacity to deliver in terms childcare expertise and professional management of the operations
3. How the proposal constitutes value for money



- Contact your CCC for a Project Proposal form

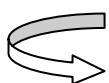
STEP 3: The CCC will review your Project Proposal in light of their strategic mapping exercise, and Programme criteria and include it within the county portfolio for national consideration.



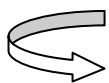
- The CCC may suggest amendments to enhance your Project Proposal

STEP 4: Pobal reviews County portfolios and presents funding recommendations to the Office of the Minister for Children's Programme Appraisal Committee leading to funding decisions by the Secretary General of the Dept. Health and Children.

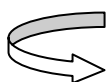
STEP 5: Following the decision, which is notified to the applicant by the Office of the Minister for Children, Pobal will deal with the following aspects of the grant, in liaison with the CCC:



- Implementation plan to achieve the project within budget and in line with Programme criteria



- Offer of contract



- Financial payments



- Monitoring of performance and expenditure

- Training and support