FORM 1 (Counselling & Support Services)

2014 Scheme of

Grants to Voluntary Organisations

Providing Marriage, Child and Bereavement Counselling Services

- Please read the Information Leaflet before completing the application form.
- Any additional information which you wish to provide may be included at PART 7

Have you previously applied under this scheme? YES ☐ NO ☐ If 'Yes' quote Ref. No. _____

Does your Organisation have Charitable status? YES ☐ NO ☐ If 'Yes' quote Charity No. _____

Does your Organisation hold a Tax Clearance Certificate? YES ☐ NO ☐ If 'Yes' quote TCC No. _____

Grants for which you are applying

(Place a tick in the box opposite type of funding for which you are applying)

SECTION A: Counselling

Part 1 – Marriage/Relationship Counselling	(Page 2)	☐
Part 2 – Child Counselling	(Page 3)	☐
Part 3 – Bereavement Counselling (on the death of a family member)	(Page 4)	☐

SECTION B: Support Services

Part 4 – Bereavement Support Services	(Page 5)	☐
Part 5 – Marriage Preparation Courses	(Page 6)	☐

Details of Organisation

1. Main details

Full Name of Organisation	
Address	
Phone no.	Mobile no.
Fax	Email
Website:	

2. **Main Contact details (all correspondence will be sent to the address indicated)**

Title (e.g. Mr/Ms)	Full Name
Role: Chairperson / Treasurer / Other (please specify)	
Address for correspondence	
Daytime phone no.	Mobile no.
Fax	Email

3. 2nd Contact details

Title (e.g. Mr/Ms)	Full Name
Role: Chairperson / Treasurer / Other (please specify)	
Address	
Daytime phone no	Mobile no
Fax	Email

Section A: Counselling

Part 1 – Marriage/Relationship Counselling

Amount of Grant sought	€
Provide details of how you propose to use the funding sought and evaluate the work done	
Anticipated Number of Clients	
Address of main Marriage Counselling centre covered by this application	
If you have additional Marriage Counselling centres please enter details	1.
	2.
	3.

If you have further centres, please enter full details on page 7 of application form.

Please provide a budget breakdown on amount sought.

Counselling Costs (Please Specify)	Rent	Audit/Professional Services	General Office Expenses	Other Admin Costs	Total

2013	No. of Clients		Client Fees / Donations 2013				
No of hours counselling given	No of couples	No of individuals	No of clients paying €0	No of clients paying €1-€20	No of clients paying €21-€40	No of clients paying €41-€60	No of clients paying €61+

Age Profile of Clients 2013					
No of clients aged under 20	No of clients aged 21-35	No of clients aged 36-50	No of clients aged 51+	Average waiting period for first appointment	No. of clients on waiting list

Give details of other sources of funding received for the provision of Marriage/Relationship Counselling last year	
Source of funding	Amount

Section A: Counselling — Part 2 – Child Counselling

Amount of Grant sought	€
Provide details of how you propose to use the funding sought and evaluate the work done	
Anticipated Number of Clients	
Address of main Child Counselling centre covered by this application	
If you have additional Child Counselling centres please enter details	1. 2. 3.

If you have further centres, please enter full details on page 7 of application form.

Please provide a budget breakdown on amount sought.

Counselling Costs (Please Specify)	Rent	Audit/Professional Services	General Office Expenses	Other Admin Costs	Total

2013	No. of Clients	Client Fees / Donations 2013				
No of hours counselling given	Total No of clients	No of clients paying €0	No of clients paying €1-€20	No of clients paying €21-€40	No of clients paying €41-€60	No of clients paying €61+

Age Profile of Clients 2013			
No of clients aged under 10	No of clients aged 11-18	Average waiting period for first appointment	No. of clients on waiting list at year end

Give details of other sources of funding received for the provision of Child Counselling last year	
Source of funding	Amount

Part 3 – Bereavement Counselling (on the death of a family member)

Amount of Grant sought	€
Provide details of how you propose to use the funding sought and evaluate the work done	
Anticipated Number of Clients	
Address of main Bereavement Counselling centre covered by this application	
If you have additional Bereavement Counselling centres please enter details	1. 2. 3.

If you have further centres, please enter full details on page 7 of application form.

Please provide a budget breakdown on amount sought.

Counselling Costs (Please Specify)	Rent	Audit/Professional Services	General Office Expenses	Other Admin Costs	Total

2013	No. of Clients	Client Fees / Donations 2013				
No of hours counselling given	Total No of clients	No of clients paying €0	No of clients paying €1-€20	No of clients paying €21-€40	No of clients paying €41-€60	No of clients paying €61+

Age Profile of Clients 2013					
No of clients aged under 20	No of clients aged 21-35	No of clients aged 36-50	No of clients aged 51+	Average waiting period for first appointment	No. of clients on waiting list

Give details of other sources of funding received for the provision of Bereavement Counselling last year	
Source of funding	Amount

Amount of Grant sought	€
Provide details of how you propose to use the funding sought and evaluate the work done	
Anticipated Number of Clients	
Address of main Bereavement support centre covered by this application	
If you have additional Bereavement support centres please enter details	1. 2. 3.

If you have further centres, please enter full details on page 7 of application form.

Please provide a budget breakdown on amount sought.

Support Costs	Bereavement Support
Materials	
Other Admin Costs (please specify)	
TOTAL	

Report of Organisation's Activities during 2013	
Number of Clients	
Number of Bereavement Talks given (if any)	
Number of Support Groups (if any)	

Give details of other sources of funding received for the provision of Bereavement Support Services last year	
Source of funding (including client donations, if any)	Amount

How many people in your organisation are currently available and trained to provide Bereavement Support?

Part 5 – Marriage Preparation Courses

Amount of Grant sought: €

Provide details of how you propose to use the funding sought and evaluate the work done

Anticipated Number of Clients

Address of main Marriage Preparation centre covered by this application

If you have additional Marriage Preparation centres please enter details

1.

2.

3.

If you have further centres, please enter full details on page 7 of application form.

Please provide a budget breakdown on amount sought.

Costs (Please Specify)	Materials	Rent	Audit/Professional Services	General Office Expenses	Other Admin Costs	Total

2013	No. of Clients	Client Fees / Donations 2013			
No of courses provided	No of couples	No of couples paying €0	No of couples paying €1-€99	No of couples paying €100-€199	No of couples paying €200 or over

Age Profile of Clients 2013					
No of clients aged under 20	No of clients aged 21-35	No of clients aged 36-50	No of clients aged 51+	Average waiting period for first appointment	No. of clients on waiting list

Give details of other sources of funding received for the provision of Marriage Preparation last year	
Source of funding	Amount

How many people in your organisation are currently available and trained to provide marriage preparation courses?

Part 6 Other Information

Please provide a summary of the budget breakdown for the total funding requested by your organisation under each category.	
Category	**Total Funding Requested**
Marriage Counselling	
Child Counselling	
Bereavement Counselling	
Bereavement Support	
Marriage Preparation	
Total	

Part 7 Additional Information (if any)

Accounts

Please refer to part 6 of the Information Leaflet for further details on accounts procedures.

A grant will not be paid to groups who fail to submit outstanding accounts for grants received previously.

A sample Income and Expenditure sheet is across, which can be used if appropriate. Otherwise attach your own accounts to this application form.

Professional Indemnity Insurance

(Only applies to organisations providing Marriage, Child and/or Bereavement Counselling)

Does your Organisation have Organisational Professional Indemnity Insurance? Yes ☐ No ☐

IF YES, please submit a copy of the **current** **Organisational** Professional Indemnity Insurance certificate with this application

If you do not have **Organisational** Professional Indemnity Insurance, please submit copies of the **current** individual certificates of all counsellors who will provide the counselling for the categories applied for under the scheme of grants **along with a list of their names in alphabetical order.**

Details of Counsellors in your organisation

Total Number of Counsellors currently attached to your organisation ☐

Of these,

(1) How many are paid from the Counselling Grant? ☐

(2) How many provide their services on a totally voluntarily basis? ☐

(3) Approximately what percentage of annual counselling hours are provided voluntarily? ☐

Income and Expenditure Account Template

(Please Use If Appropriate or Provide Accounts Separately)

	Organisation Name	Ref. No.:
Period covered	From 1/1/2013 to 31/12/2013	
		Income
	Opening Balance 01/01/2013 (if any)	€
	FSA Grant 2013	€
Any other funding received (give details)		
	Total Income	€
		Expenditure
Sample headings	Counsellor Fees	€
	Telephone	€
	Electricity	€
	Postage	€
	Heating	€
	Printing/stationery	€
	Insurance	€
	Rent (if applicable)	€
	Other expenditure (give details)	€
		€
		€
		€
		€
	Total Expenditure	€
	Total Income	€
	Total Expenditure	€
	Closing Balance 31/12/2013	€
1st signature		
Position in group		Date:
2nd signature		
Position in group		Date:

Please Note: Two signatures are required above

Activity Report

REPORT OF WORK FUNDED UNDER THE FAMILY SUPPORT AGENCY'S SCHEME OF GRANTS FOR VOLUNTARY ORGANISATIONS PROVIDING MARRIAGE, CHILD AND BEREAVEMENT COUNSELLING SERVICES.

THE INFORMATION YOU PROVIDE IS AN ESSENTIAL RECORD OF YOUR ORGANISATION'S ACTIVITIES AND OUTCOMES AND WILL HELP TO INFORM THE DEVELOPMENT OF THE SCHEME.

PLEASE COMPLETE ALL QUESTIONS. THE INFORMATION PROVIDED WILL ALSO INFORM THE ASSESSMENT OF FUNDING APPLICATIONS IN THE FUTURE.

FUNDING REFERENCE NUMBER:	
ORGANISATION NAME:	
NAME OF CONTACT PERSON:	
ROLE IN ORGANISATION:	

HOW DID YOU SPEND THE MONEY ALLOCATED UNDER THE SCHEME IN 2013?

WHAT WAS YOUR AIM IN SEEKING FUNDING UNDER THE SCHEME?

WHAT WERE THE OUTCOMES OF THE FUNDED WORK?

Activity Report

PLEASE PROVIDE DETAILS OF COUNSELLING STAFF EMPLOYED, HOURS WORKED BY EACH AND COST TO THE PROJECT?		
Name	**Annual Hours Worked approx.**	**Annual Cost to Organisation in 2013**

NB: Please enclose copies of the following documents with your application

- ☐ Organisational Professional Indemnity Insurance certificate or copies of current individual certificate(s) for each counsellor
- ☐ Copy of the Organisation's current Tax Clearance Certificate (if applicable) (see part 5 of the Information Leaflet for further details)
- ☐ Your most recent Audited Accounts or Income and Expenditure Accounts (see part 6 of the Information Leaflet for further details)
- ☐ Constitution and / or Memorandum & Articles of Association(if not previously submitted or if amended since last submitted)
- ☐ Latest Annual Report (if not already submitted)

Part 10 Declaration

1. **We hereby give an undertaking to commit to spending the Grant awarded under the 2014 Counselling Grants Scheme in accordance with the terms and conditions outlined in the Information Leaflet.**
2. **We acknowledge that any funding awarded in 2014 is subject to the condition that all remuneration paid in 2014 to management and staff from such funding will not exceed Government pay policy guidelines.**
3. **We confirm that, consistent with the principles of Children First: National Guidance for the Protection and Welfare of Children, this Organisation ensures best practice in the recruitment, Garda vetting and training of staff and volunteers**

Chairperson's Signature		Date
(If other title, please state)		
Treasurer's Signature		Date
(If other title, please state)		

Signatures must be original

Please send completed application to: Child and Family Agency,
Grants Section, Floor 4,
St Stephens Green House,
Earlsfort Terrace, Dublin 2

If you wish to make further enquiries, please phone: 01 6114100

NB: Closing date for receipt of applications is Friday 28 March 2014 at 5.30pm.
Please note: applications received after this date will not be accepted.

Freedom of Information Act

Any information provided by you in this application may be subject to release in accordance with the Agency's obligations under the Freedom of Information Act, which came into force on 21st April 1998. If you believe that any of the information supplied by you should not be disclosed because of its sensitivity, you should identify this information and state the reasons for its sensitivity. The Agency will consult with you about this sensitive information before making a decision on any Freedom of Information request received.

NOTE: Please provide your name and address below (and reference number if applicable) as this will be returned to you in acknowledgement of the receipt of your Application form.

2014 Scheme of Grants for Marriage, Child & Bereavement Counselling Services. Ref No: _____

Contact name and address:

_____

_____

_____

_____

Date application form received

Official Use Only

NB: Closing date for receipt of applications is Friday 28 March 2014 at 5.30pm.
Please Note: applications received after this date will not be accepted