

Application for a new DCYA Reference for the purposes of applying for Capital Funding 2019 only

This form must be completed by services who intend to make an application for the Early Learning and Care and School Age Childcare Capital 2019 and sent from the CCC to prog_applications@dcya.gov.ie before the 13th of March 2019.

SECTION 1: PRIMARY ORGANISATION CONTACT DETAILS

1.1 The **Business Name** is the name of the childcare service e.g. Little Learners

Business Name _____

1.2 The **Legal Name** is the legal entity responsible for the organisation. The authorised signatory is the person who will be the 'Primary Organisation Contact' on the Programmes Implementation Platform (PIP) with the responsibility of assigning access permissions at organisation level and, if relevant, individual childcare facility level.

- In the case of Limited Companies, the Legal Name will be the Company, and the PAU must be **an authorised person on behalf of the Company, e.g. a director.**
- In the case of sole traders, the Legal Name will be the sole trader, and the PAU must be **the sole trader**
- In the case of partnerships, the Legal Name will be the members of the partnership, and the PAU must be **a member of the partnership**
- In the case of School Boards of Management, the Legal name will be the BOM and the PAU must be the **Chairperson**

(Please note that a childcare service must fall into one of the above categories in order to be eligible to apply for the Capital grants.)

Legal Name _____

TRN _____ **and** **TCAN** _____

Legal Structure (e.g. Sole Trader / Partnership / Ltd Company, etc.) _____

Community Based / Private Enterprise _____

Primary Authorised User - Details

1.3 The Primary Authorised User contact details given in this application will be set up on PIP as the Primary Contract User at Organisation Level to manage finance / bank details, Tax Compliance Details and authorise PIP access to any other users in your organisation.

PIP Primary Authorised User _____
(please see 1.2 above)

Position held _____

Legal Address

Street 1 _____

Street 2 _____

Street 3 _____

County _____ **Eircode** _____

Contact Tel No of Primary Authorised User (Landline) _____ Mobile _____

Contact E-mail of Primary Authorised User _____

N.B. For Security purposes the email address provided **must be unique and accessible only to the Primary Authorised User.**

SECTION 2: SERVICE DETAILS

(Please complete this section for each new service/facility)

Name of Childcare Facility _____

Address of Childcare Facility

Street 1 _____

Street 2 _____

Street 3 _____

County _____ Eircode _____

Contact Tel No of Childcare Facility (Landline) _____ Mobile _____

Contact E-mail of Childcare Facility _____

SECTION 3: GENERAL CONTACT DETAILS FOR CORRESPONDENCE

(Please complete this section if nominating another person to receive general business correspondence related to the childcare programmes and PIP e.g. Service Manager)

Contact Name _____

Position held _____

Secondary Contact Address

Street 1 _____

Street 2 _____

Street 3 _____

County _____ Eircode _____

Contact Tel No (Landline) _____ Mobile _____

General Contact E-mail _____

Please note that if there is a change to the PAU you must inform Pobal immediately.

PLEASE COMPLETE THIS FORM AND RETURN TO YOUR LOCAL CITY/COUNTY CHILDCARE COMMITTEE