

**Healthy Kilkenny Eastern Environs (Kilkenny City) Small Grants Scheme 2025**

\* Required

**Registration Details**

1. **Name** \*
2. **Email Address**

**Group/Organisation Details**

1. **Name of Group/Organisation submitting the application for Healthy Kilkenny Funding** \*
2. **Group/Organisation Address** \*
3. **Contact Person Name** (This must be the name of the person who should be able to answer questions about the application) \*
4. **Contact Number** (for the main contact) \*
5. **Group/Organisation Email Address** \*
6. **Is your Group/Organisation registered with the local Public Participation Network?** \*

🞏Yes

🞏No

1. **Is the Group/Organisation a registered charity?** \*

🞏Yes

🞏No

1. **Does the Group/Organisation have access to its own bank account?** (Successful applicants for funding will only be paid to the applicant group/organisation bank account)

🞏Yes

🞏No

🞏Unsure

1. **Has the group/organisation been set up as a supplier previously with Kilkenny County Council?** \*

🞏Yes

🞏No

🞏Unsure

**Project Proposal Details**

1. **Please provide a title name for your project** \*
2. **Write a short summary of the proposed project** - Please use this space to describe your project or event. What is it, who is it for, who is organising it, what are the benefits, what will people gain from it, duration of the project. Try to align your answer to the community findings and recommendations/solutions highlighted in the Health Needs Analysis \*

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1. **Area/Neighborhood in the Eastern Environs of Kilkenny City where the proposed project/event will take place** \*
2. **Please demonstrate how your project helps to address Health Inequalities** \*

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1. Target Group (you may select more than one)\*

🞏Young people

🞏Older People

🞏Areas of Disadvantage/Deprivation according to the Pobal Index - see map or p17-18 in the Health Needs Analysis report

🞏Disadvantaged Families including One Parent Families

🞏Travellers

🞏New Communities

🞏People living with a disability

🞏People living with chronic health condition(s)

🞏Other

1. **If you selected other, please specify the target group**
2. **Health and Wellbeing Priority Theme** (tick all that apply) \*

🞏Community Wellbeing: community engagement, enhanced opportunity for volunteerism, community events etc

🞏Healthy Eating

🞏Physical Activity

🞏Mental Health and Wellbeing

🞏Other

1. **What Health behaviours are you trying to target or prevent?** (tick all that apply) \*

🞏Smoking / Vaping

🞏Healthy Eating

🞏Physical Activity

🞏Preventative Health Behaviours

🞏Social Connection

🞏Mental Wellbeing: stress, anxiety, resilience

🞏Risk Reduction: screen time

🞏Risk Reduction: Alcohol & Drug Addiction

🞏Improve Health Literacy and Awareness

🞏None of the Above

🞏Other

1. **Does your Organisation/Group wish to express an interest for the HSE Healthy Food Made Easy programme as part of this application** (please note this is a 6 week programme - 1.5 hours per week - which involves cooking classes with a tutor and healthy eating advice from a registered Dietitian. The budget for this programme is not to be included in your costings.)

🞏Yes

🞏No

1. **Proposed Start Date of Project or Event** \*
2. **Proposed End Date of Project or Event** \*
3. **Is your Organisation/Group in a position to collect anonymous surveys from the people you reach with your event or project?** The surveys will be provided to your group from the Healthy Ireland Coordinator \*

🞏Yes

🞏No

1. **Will your proposed project or its benefits be sustained after the funding period ends?** \*

🞏Yes

🞏No

1. **If you selected yes, please outline how this will be sustained**

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**Project Costings**

1. **Amount of funding your group/organisation wishes to apply for?** (see guidelines document for minimum and maximum allocations) \*
2. **Please provide a breakdown of costings** - include expenditure items and amounts (see application guidelines for a list of eligible expenditure) \*

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1. **Are there any other sources of funding to cover shortfalls for this proposed event/project?** \*

🞏Yes

🞏No

1. **If you selected yes, please provide details on the source of funding**

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1. I have read and understand and consent to the terms and conditions set out in the Privacy Statement [click here to view the privacy statement](https://kilkennycoco.ie/%2139UWM2)

🞏Yes