Children's Health FOUNDATION
Crumlin • Temple Street • Tallaght • Connolly
SUPPORTING CHILDREN'S HEALTH IRELAND

Application Guide for CHF's Annual Funding Call 2026

This guide will give applicants a step-by-step overview and helpful guidelines to submit their application to Children's Health Foundation for the Families First Funding Call (GAP).

1. Background

The Families First Funding Call at Children's Health Foundation is open to all CHI staff across all four sites. This year's theme is "Families First". As such, grant applications focusing on projects directly supporting patients and their families will be prioritised.

CHF's Annual Funding Call will launch on **July 30** and will close on **August 27**. If you would like to apply for funding, please ensure that your application is fully submitted and reviewed by the closing date.

2. Funding principles

In 2026, the theme of CHF's Annual Funding Call is "Families First". Projects under the following pillars will be considered:

- Impact Initiatives for Patients, Family and Staff
- New and Emerging Services
- Pioneering Research and Innovation

Please ensure to select the most appropriate option for your project when applying.

The below table shows the applicable funding criteria across any project:

Initiatives NOT considered appropriate for donor funding	Initiatives considered appropriate for CHF funding	Initiatives considered as key investment areas, due to their long-term impact for children
On-going salary costs	Patient Care & Assistance	New &Emerging Medical Technologies
Maintenance costs	Patient Experience & Engagement Programmes	Innovations in Health
Warranty Costs	Patient & Family Supports	
Repair Costs	Enhancing healthcare teams' performance & experience	
Operational ICT	Clinical Technology	
Alcohol		
Business/First Class Flights and luxury accommodation		
Vouchers for CHI Staff		

Subscription costs		

3. What to expect

The application form for the 2026 Annual Funding Call can be found on CHF's website. Only applications submitted through this official channel will be accepted.

Please ensure to carefully read each question with the help of the guide below and give as much detail as possible.

Attach any supporting documentation such as quotes, budget breakdowns, or additional information.

Please add your department head or executive leader as the CHI reviewer.

Double check to ensure that none of the fields contain typos.

Once you submit your application, it will be sent to the email address of your dedicated CHI Reviewer. They will be able to review your application and any attachments. Only once they confirm your application, will it be sent to Children's Health Foundation.

Once the application window closes, all applications will be carefully reviewed by the Grants Advisory Panel comprising of executive members at CHF and CHI. The Board of Directors at CHF will take the final decision on your grant application.

Once a decision has been reached, we will reach out to you with the outcome of our application.

This whole process will take several months.

4. Step-by-Step guide

Application Field	Guidelines
Applicant Details	
Applicant First Name & Last Name	Enter first and last name
Applicant CHI Email	Enter **CHI email** address – please do not add any personal email addresses here
Applicant Phone Number	Enter work phone number – if you don't have a work phone, please enter your department/ward phone number
Department	Enter CHI hospital or urgent care centre department

CHI Site	Choose the CHI site in which this project will be realized: Temple Street Tallaght Crumlin Connolly NCH Multi-site
Project Details	
Tick box for category:	It is imperative to the accurate and fair review of your application that you assign your application to the correct CHF category. The options are: - New and Emerging Services - Impact Initiatives for Patients and Families - Pioneering Research and Innovation New and Emerging Services could include piloting a new service or model of care, introducing a service not currently available, expanding an existing service to meet an identified need, or testing a new approach before wider implementation. Impact Initiatives for Patients, Staff and Families could include projects that improve patient, family or staff experience, provide education, support health and wellbeing, enhance the care environment, improve staff development or wellbeing, or deliver measurable improvements in the quality of care. Pioneering Research and Innovation could include clinical or translational research, innovative quality improvement projects, the development or testing of new technologies, treatments or interventions, or projects that generate evidence to improve patient care and outcomes.
Amount Requested (incl. VAT)	Total amount requested in Euro including VAT Budget will be broken down later in the application. Please insert the total amount requested for your proposed project here.

Project Title	Insert the title of your project e.g. "'Letter To My Younger Self' Booklet: A resource for newly diagnosed patients and parents." "Croí Connected: a group-based post discharge support intervention for families of infants with cardiac conditions"
Project End Date	Insert the expected end date of your project in the format DD/MM/YYYY
Background and Context: What is the project?	Please provide a summary for this project. Max 300 words This is a summary of the project you are proposing for funding. Focus on giving reviewers a clear overview of the project, its intended purpose and impact. Please note you will have an opportunity to go into further detail on each part in the subsequent application questions. This summary should answer these questions at a high level: **What?** - What is your proposed project **Why?** - Why is it necessary, what issue or need it will address. **Who?** - Who are the direct and indirect beneficiaries of the project? For example: in a project that creates a support group for parents of chronically ill children, parents are the direct beneficiaries because they receive support, and their children (patients) are the indirect beneficiaries because their family's emotional capacity and capability to support them will be improved. **How?** - What steps will be taken to achieve the desired outcome"
The Problem: Please tell us why this project is needed	Describe the problem, gap, or unmet need that your project aims to address. Explain why this issue is important and how it affects the intended beneficiaries. Where possible, support your response with relevant data, evidence, or local context. Focus on the core mission: how will this project contribute to the mission of giving every sick child in Ireland the best chance?

Please detail how many beneficiaries this project will impact on an annual basis?	Estimate the number of people who will directly and indirectly benefit from the project proposed, it is imperative that your proposed project reaches patients and/or families and/or staff in order to be considered for funding. Respond in numeric format how many patients AND/OR families AND/OR staff the project aims to reach e.g. "This project will directly benefit approximately 150 patients annually, based on current clinic figures. It will also indirectly benefit approximately 150 family members, who will receive education booklets and support, and 25 clinical staff, who will use the resources developed through the project"
Evidence: What is the evidence base for this project?	Outline the evidence supporting your proposed project. This may include research literature, service evaluations, audit findings, clinical guidelines, patient feedback, or local data demonstrating the need for, or effectiveness of, the proposed approach.
Impact and Outcomes: Please describe how you monitor impact on an on-going basis, outside of CHF required data collection?	CHF requires as part of the funding agreement that certain data points (or 'indicators') be collected during the course of your funded project and reported upon quarterly. Please tell us what outcomes you are aiming to achieve with this project. Please indicate the key qualitative and quantitative outcomes for this project and ensure that all proposed outcomes are clear and measurable. Any information included may be used by the Foundation to monitor the impact of grant funds
What, if anything, makes your project unique / innovative that could influence practice?	Describe any innovative or distinctive aspects of your project. Explain how it differs from existing approaches and whether it has the potential to improve practice, influence service delivery, or be adopted more widely.
Will this project be transferable to the New Children's Hospital?	Choose yes or no. If yes, ensure to provide Authentication from CHI Commissioning Team

Please confirm that you have obtained approval from any relevant departments if your project will require their support. Please also attach approval as an attachment to this application.	If your project requires support or involvement from other departments or services, please confirm that the necessary approvals have been obtained and upload supporting documentation with your application. Applications requiring departmental support may not be considered without appropriate approval.
Project Team	Add any additional project team members by entering their full name, position, phone number, and **CHI email**.
Project Budget and Funding	
Staff Costs	Provide the budget in Euro for all staff costs associated with the project. If not required, enter 0.
Salary, PAYE/PRSI and Other	Provide total budget associated with salaries, PAYE/PRSI and other. If not required, enter 0.
Equipment Costs (Details)	Provide the budget in Euro for any equipment required for the project. If not required, enter 0.
Consumables/Materials (Details)	Provide budget details in Euro for any consumable items or materials required. If not required, enter 0.
Other Costs	Include budget details in Euro for any additional project costs not covered elsewhere. If not required, enter 0.
Total	Provide the total funding requested in Euro, ensuring it matches the sum of all budget categories. It should also match the 'Amount requested' at the top of the application form.
Have you applied for funding for this project elsewhere?	Indicate whether you have sought or received funding for this project from any other organisation
Are you envisioning there to be a need for co-funding for this project	Please indicate whether additional funding will be required to fully deliver the project.
CHI Reviewer Details	
CHI Reviewer First Name	Enter CHI Reviewer First Name. Your CHI Reviewer will receive a notification and must confirm their support before this application is sent to Children's Health Foundation.

CHI Reviewer Last Name	Enter CHI Reviewer Last Name. Your CHI Reviewer will receive a notification and must confirm their support before this application is sent to Children's Health Foundation.
CHI Reviewer Email	Enter CHI Reviewer Email. Ensure that no spelling mistakes are made as this email will be used to request support for your project.
Role	Enter CHI Reviewer's Role. e.g. "Department Head", "DON", "Clinical Lead" or similar.