



Application form

**‘Playful Cities’ Transfer initiative**

*National Practice Transfer Initiative Ireland (NPTI)*

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| **Organisation details and proposed city/ town description** |
| Name of the Local Authority |  |
| Is your council currently partner in an URBACT network or applying to join others? If yes which one(s)? |  |
| Contact details in relation to this application |  |
| Name and short description of the town/city to be part of the initiative (e.g. population, main economic activities, why it is a good candidate for inclusion) |  |
| What experiences or actions that has your council already implemented to allow opportunities for play and/or healthy placemaking within this town? |  |

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| **Local coordinator and people involved** |
| **Human resources available** |
| What section or organisation will coordinate this initiative in your town/city? |  |
| Please indicate the staffing resources you can provide for your participation on the NPTI |  |
| **Interagency structures** |
| Please list the interagency structures in your county that can support the NPTI (e.g. Sports Partnerships, LCDCs, Healthy Cities & Counties, Age Friendly Cities & Counties, Mobility Forums, Environmental interagency groups, CYPSCs, etc.) |  |
| **Local Stakeholders** |
| Which local stakeholders do you anticipate involving in a URBACT Local Group (e.g. community groups, NGOs, local committees, action groups, etc.) to ensure a participatory approach and the successful transfer of the Good Practice? |  |

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| **Political and administrative support for participation in the Initiative** |
| Please indicate the level of political support from the Mayor/Cathaoirleach and/or elected officials to participate in this initiative. |  |
| Please indicate the level support from the Chief Executive and/or relevant division heads to participate in this initiative (e.g. willingness to mobilise resources, disseminate results, integrate successful outcomes into future policy). |  |
| Please attach a letter of commitment to participate with your application form. |  |

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| **Added value – how the practice helps you achieve your policy goals** |
| How do you think the Good Practice will provide benefits/solutions for your local context?  |  |
| Please list the likely barriers at local level to transfer the Good Practice?  |  |
| Please list the likely enablers at local level to the transfer of the Good Practice? |  |
| How will the implementation of the Good Practice serve, support or enhance council policies? |  |
| How will the implementation of the Good Practice serve, support or enhance your council’s contribution to other government policies and initiatives? |  |

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| **Capacity to communicate and build impact** |
| Please describe the local communication channels and resources that you will use to communicate the practice and disseminate outcomes. |  |
| Please describe any relevant wider networks your council can leverage and/or feed into to communicate the outcomes of the practice and build lasting impact (e.g. Healthy Cities or County groups, Tidy Towns, men’s sheds, practitioner associations, etc.) |  |