

**External Application Form for Funding**

**Note: Projects to be completed by 2023 year-end. Funding applications must be submitted through your local ETB.**

**Section 1. Community Group/Project Information**

**Part 1 - to be completed by all applicants**

**Part 2 - if applicable, where the ETB does not have the up-to-date details relating to Tax Clearance and Bank Account.**

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| **Section 1 – Part 1 – Community group/project** | | | | | | | | | | | | | | | | | | |
| **Name of Community Group:** | | | | | | | |  | | | | | | | | | | |
| **Title of project proposed:** | | | | | | | |  | | | | | | | | | | |
| **Contact details** | | | | | | | | | | | | | | | | | | |
| **Contact Person** | | | | |  | | | | | | | **Role within organisation** | | | |  | | |
| **Community Group Address** | | | | | | | |  | | | | | | | | | | |
| **email** | |  | | | | | | | | | | | **Phone number** | |  | | | |
| **Funding** | | | | | | | | | | | | | | | | | | |
| **Have you received REACH/Mitigating against Educational Disadvantage funding from another source?** | | | | | | | | | | | | | | | | | **Yes/No** |  |
| **If yes, please answer the following questions** | | | | | | | | | | | | | | | | | | |
| Source(s) of this funding | | | | | | | | | | | **Intended purpose of this funding** | | | | | | | |
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| **Section 1 – Part 2 – Complete if applicable** | | | | | | | | | | | | | | | | | | | |
| Tax Clearance (Please attach details of your current Tax Clearance Access with this application) | | | | | | | | | | | | | | | | | | | |
| **Tax registration number:** | | | | | | |  | | | | | | | | | | | | |
| **Tax clearance certificate number:** | | | | | | | | |  | | | | | | | | | | |
| **CHY number (if applicable)** | | | | | | | | |  | | | | | | | | | | |
| **Bank details** | | | | | | | | | | | | | | | | | | | |
| **Name of bank** | | | |  | | | | | | | | | | | | | | | |
| **Address of bank** | | | | | |  | | | | | | | | | | | | | |
| **Sort code** | | |  | | | | | | | **Account number** | | | |  | | | | | |
| **IBAN** |  | | | | | | | | | | | | | | | | | | |

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| **Section 1 – Part 3** | |
| **Does your project address a decline in participation of disadvantaged learners particularly those on literacy and basic skills programmes at NFQ levels 1 to 3?** |  |
| **Does the project duplicate the work of community development organisations?** |  |
| **Does the project have clear and demonstratable positive educational outcome for learners?** |  |
| **Is the project a community group targeting educationally disadvantaged learners?** |  |

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| **Section 2 – project costs/funding** | | | | | | |  |
| **Cost of project** |  | |  | | | | |
| **Grant request** (the grant amount sought in this application) | | | |  | | | |
| If the total cost of the project is greater than the amount of the grant sought, please outline where and how the balance of funding will be secured: | | | | | | | |
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| **Project costs for each of the following, where applicable (***grant amount sought for each***)** | | | | | | | |
| **Digital Technologies, Unmet Literacy Needs** | | **Equality Awareness Raising** | **Refugee Support** | | **Innovative Green Projects** | **Support Disadvantaged groups** | **Support New Community Group** |
| **€** | | **€** | **€** | | **€** | **€** | **€** |

| **Section 3 – Project details** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Project proposed** | | | | | | |
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| Please provide a synopsis of the project proposed under the specific funding criteria that the grant is sought for: | | | | | | |
| **Funding Criteria** | **Target Group(s)** | | | | **Funding Purpose** | |
| **Digital Technologies, Unmet Literacy Needs** |  | | | |  | |
| **Equality Awareness Raising** |  | | | |  | |
| **Refugee Support** |  | | | |  | |
| **Innovative Green Projects** |  | | | |  | |
| **Support Disadvantaged groups** |  | | | |  | |
| **Support New Community Groups** |  | | | |  | |
| **Please include any additional information regarding the target group(s) you wish to add to support this application:** | | | | | | |
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| **Please provide information demonstrating how this funding intends to mitigate against educational disadvantage for the cohort you are working with:** | | | | | | |
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| **Please outline how the funding can complement and/or enhance the current provision of similar education in the area.** | | | | | | |
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| **Please clarify how this funding will support your learners to achieve positive outcomes as a result of this support:** | | | | | | |
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| **How will the benefits of this funding be measured?** | | | | | | |
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| **Please provide information on how this project represents value for money and indicate what steps the project has taken to ensure avoiding duplication with existing services in the area:** | | | | | | |
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| **Section 4 – Submission Details** | | | | | | | |
| **I declare on behalf of** *insert organisation name* | | | | | | | |
| That I have the appropriate authority to make this submission for funding. This application for funding form is fully completed and the information provided is a full and accurate account of how the funding (if allocated) will be used in 2021. | | | | | | | |
| **Signature** | |  | | **Print name** | |
|  | |  | |  | |
| **Position in organisation:** | |  | | **Date** | |
|  | |  |  | | |

**Applications to be submitted by email to your KWETB at reach@kwetb.ie**

**Closing date for receipt of applications: 5:00pm on 21st April 2023**