

**External Application Form for Reach Funding**

**Note: Projects to be completed by 2024 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** |
|  |  |
| **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?** |  |
| **Per the Guidelines: *\*For external (non-ETB) projects Reach funding may be used for staff costs which are for a specific purpose or fixed term, commitments/contracts must not extend beyond the end of 2024.*****If your application includes pay costs, please outline how the staff member will contribute specifically to the project:** |  |

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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: |
|  |
| **Project costs for each of the following, where applicable (***grant amount sought for each***)** |
| **Supporting the Adult Literacy for Life Strategy** | **Equality Awareness Raising** | **Refugee Support** |
| **€** | **€** | **€** |
| **Innovative Green Projects** | **Support Disadvantaged Groups** | **Support New Communities** |
| **€** | **€** | **€** |

| **Section 3 – Project details** |
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| **Project outline and aims**  |
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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** |
| **Support the Adult for Life Strategy** |  |  |
| **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:** |
|  |
| **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 2024.  |
| **Signature** |  | **Print name** |
|  |  |  |
| **Position in the organisation:**  |  | **Date** |
|  |  |  |

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

**Closing date for receipt of applications: 5:00 pm on Wednesday 20th March 2024**