A blue and white logo

Description automatically generated

Graphical user interface

Description automatically generated with medium confidence

Applications will only be accepted if:

* All questions are answered
* Received by closing date
* All requested documentation/Information is included

Submit completed application to [info@aes.cdetb.ie](mailto:info@aes.cdetb.ie)

By: **8th March 2024 @ 5pm**

**Reach Fund 2024**

**Application Form**

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| **APPLICATION FORM**  \*All sections of this form must be completed to be considered for City of Dublin ETB’s Reach Fund 2024.  \*All applicants are invited to attend a live online information session**.** |

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| **Section 1: Applicant Information** | | | | | |
| **Name of your Community Group/Organisation:** | | |  | | |
| **Title of Proposed Project:** | | |  | | |
| **Organisation Address:** | | |  | | |
| **City of Dublin ETB Internal Organisation** |  | **OR** | | **Community Based Organisation** |  |

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| **1.2 Contact Details (please provide contact details for 2 people in your organisation):** | |
| **Contact person 1st name:** |  |
| **Position:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Contact person 2nd name:** |  |
| **Position:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

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| **Section 2: Funding** | | |
|  | **Yes** | **No** |
| **Have you applied for Reach funding from any other source this year (2024)?** |  |  |
| **Have your received Reach or MAED Funding in previous years from any other source?** |  |  |
| **If you have applied for or received MAED or Reach Funding from another source, please provide details below:** | | |
|  | | |

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| **Community Based Organisations ONLY: Please complete this section** | | | |
| **2.2 Financial Details** | | | |
| **Tax Clearance (please attach details of your current tax clearance status with this application)** | | | |
| **Tax registration number:** | |  | |
| **Tax clearance access code:** | |  | |
| **CHY number (if applicable):** | | **CHY** | |
| **Bank Details (Bank Account you want the reach funding to be paid into)** | | | |
| **Name of bank:** | |  | |
| **Address of bank** | |  | |
| **IBAN:** |  | **BIC:** |  |

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| **2.3 Project Costs**  A completed Breakdown of Costings spreadsheet must be completed and returned with this application. | |
| **Breakdown of Project Costs per Category:** | |
| Learner Assistance Support | € |
| Green Projects | € |
| Increasing Participation of Priority Target groups | € |
| Equality Awareness Events / Awareness Campaigns | € |
| Adult Literacy for Life (ALL Strategy) Target Groups | € |
| Pre-development Work for Community Groups Supporting Marginalised Groups | € |
| Support for Refugee Groups | € |
| **Total Grant Request amount:** | **€** |

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| **Section 3: Project Checklist** | | | | | |
| Tick which of the below priority groups your project will work with. Please tick all that apply. | | | | | |
| **Priority Target Groups** | | | | | |
| * Long-term unemployed | | | |  | |
| * Young people 16+ | | | |  | |
| * People with Disabilities | | | |  | |
| * Members of the Traveller and/or Roma Communities | | | |  | |
| * Migrants and Refugees | | | |  | |
| * Women wishing to return to the labour market | | | |  | |
| * One-parent households / Lone parents | | | |  | |
| * Older Adults (55+) | | | |  | |
| * Low paid workers | | | |  | |
| * Carers | | | |  | |
| * People with language needs | | | |  | |
| * Incarcerated persons and ex-offenders | | | |  | |
| * Persons recovering from addiction | | | |  | |
| **Provide a brief description of the beneficiaries/learners of your project? (100 words max)** | | | | | |
|  | | | | | |
|  | | | | | |
| **If you use the City of Dublin PLSS data base, will the project outcomes be linked to beneficiaries on PLSS?** | **Yes** |  | **No** | |  |
| **Is your community group located within an unemployment blackspot/area of disadvantage within the City of Dublin ETBs Region?**  **If yes, please list which area/s below:** | **Yes** |  | **No** | |  |
|  | | | | | |
| **Does your project duplicate the work of any other community education or community development organisations within your catchment area?** | **Yes** |  | **No** | |  |

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| **Section 4: Proposed Reach Project Details** | |
| **Summarise the Proposed Reach Project (25 words max)** | |
|  | |
| **Describe the Proposed Reach Project: (350 words max)** | |
|  | |
| **Outline the positive educational outcomes this proposed project will achieve for learners. List how you will measure / capture these outcomes. (max 150 words)** | |
|  | |
| **Estimated number of learners who will benefit from your proposed Reach project before the end of the year 2024 (only enter a number in the answer to this question)** |  |

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| **Section 5: Checklist for application:** | |
| **I have read and agree to the terms and conditions of the City of Dublin ETB Reach Fund Grant 2024** |  |
| **I have completed all sections of this application.** |  |
| **I have included the “Breakdown of Costings per Category” spreadsheet** |  |
| **I have provided quotations where required** |  |
| **I have provided a copy of my 2022 signed audited accounts** |  |
| **Signed Declaration** – confirmation that the Application Form has been completed in full and that all information provided is accurate and complies with the Reach Fund grant criteria and purchasing rules.  A scanned signature will be accepted  *Note: If all necessary documentation is not included, this will may result in your application not being eligible.* |  |

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| **Section 6: Submission Details** | | | | |
| **I declare on behalf of (*insert organisation name here*)** | | | | |
| **That I have the appropriate authority to make this submission for funding. This application for funding is fully completed and the information provided is a full and accurate account of how the funding (if allocated) will be used in 2024.** | | | | |
|  | | | | |
| **I confirm that there is no duplication of public funding** | | | **Yes** | **No** |
| **I confirm that the conditions of the funding will be complied with if applications are successful** | | | **Yes** | **No** |
|  | | | | |
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|  |  |  | | |
| **Signature (not typed)** |  | **Print Name** | | |
|  |  |  | | |
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|  |  |  | | |
| **Position in Organisation** |  | **Date** | | |

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| **Signed Applications & Breakdown of Costings Spreadsheet to be returned by email to:** [**info@aes.cdetb.ie**](mailto:info@aes.cdetb.ie)  **Closing date for receipt of applications:**  **8th March 2024 @ 5pm** |