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**MITIGATING AGAINST EDUCATIONAL DISADVANTAGE**

**FUNDING APPLICATION FORM**

**This form is for external groups proposed initiatives**

**Note please initiatives to be completed by 2020 year-end**

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

**(Part 1 to be completed by all applicants, Part 2 – if applicable, where the MSLETB 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 Details** |
| Name of Community Group: |
| Title of Project Initiative proposed: |
| **Details of Contact Person** |
| Contact Person: |  | Role in organisation |  |
| Address:  |  |
| Email: |  | Telephone |  |
| **Funding**  |
| Have you received 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** |
| **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 2 – Financial Details** |
| **Financial Details of Project Initiative** |
| Cost of Project: | € |
| Grant Request (the grant amount sought) | € |
| 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: |
|  |
| Estimated costs for each of the following: |
| **Digital Technologies** | **Learner Assistance Fund** | **Reach out/Mentoring** | **COVID-19 Exceptional Circumstances** |
| € | € | € | € |

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| **Section 3 - Proposal Details** |
| **Statement of proposal** |
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| Please provide a synopsis of the **target group** and under which category you are applying for this funding: |
| **Digital Technologies** |  |
| **Learner Assistance Fund** |  |
| **Reach out/ Mentoring** |  |
| **COVID-19 Exceptional Circumstances** |  |

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| **Section 3 - Proposal Details - continued** |
| **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:** |
|  |
| **Please clarify how this funding will support your learners to achieve positive outcomes as a result of this support:** |
|  |
| **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 request 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 2020.  |

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| **Signature** |  | **Print name** |
|  |  |  |
|  |  |  |
| **Position in organisation** |  | **Date** |
|  |  |  |

**Applications to be submitted to:** maed2020@msletb.ie

**Closing date for receipt of applications:**

**Closing Date 1:** 2pm 19th November 2020

**Closing Date 2:** 10am 3th December 2020