** A picture containing text, clipart

Description automatically generated**

**External Application Form for Funding**

**Note: Projects to be completed by 2021 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.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 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** |  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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***)** | | | | | |
| **Digital Technologies** | | **Learner Assistance Fund** | **Out-reach/ mentoring** | | **COVID-19 Recovery Exceptional Circumstances** |
| **€** | | **€** | **€** | | **€** |

| **Section 3 – Project details** | | |
| --- | --- | --- |
| **Project proposed** | | |
|  | | |
| 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** |  |  |
| **Learner Assistance Fund** |  |  |
| **Out-reach/mentoring** |  |  |
| **COVID-19 recovery exceptional circumstances** |  |  |
| **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:** | | |
|  | | |
| **Please outline how the funding can complement and/or enhance the current provision of similar education in the area.** | | |
|  | | |
| **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?** | | |
|  | | |
| **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:** | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 to your local ETB: MSLETB -** [**maed2021@msletb.ie**](mailto:maed2021@msletb.ie)

**Closing date for receipt of applications: Friday 29th October 2021@ 1 pm**