**REACH FUND 2022**

(FORMERLY KNOWN AS MAEDF -MITIGATING AGAINST EDUCATIONAL DISADVANTAGE FUND)

**FUNDING APPLICATION FORM**

**Note:** Please submit completed applications by **5pm on Tuesday 6th  September, 2022 .**

*Pay costs or costs of a recurring nature are not permitted*

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

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| **Section 1 - Part 1** | | | | | | | |
| **Community Group/Project Details** | | | | | | | |
| Name of Community Group: | | | | | | | |
| Title of proposed project: | | | | | | | |
| **Details of Contact Person** | | | | | | | |
| Contact Person: | |  | | Role in organisation | |  | |
| Address: |  | | | | | | |
| Email: |  | | Telephone | |  | | |
| **Funding** | | | | | | | |
| Have you received REACH funding from another source in 2022? | | | | | | | Yes  No |
| If yes, please answer the following questions | | | | | | | |
| Source(s) of this funding: | | | | Intended purpose of this funding: | | | |
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| **Section 2 – Financial Details**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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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| **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 where applicable: | | | |
| **Green Projects** | **Learner Assistance Fund** | **Participation of priority/target cohorts** | **Support for Refugee Support Groups** |
| € | € | € | € |
| **Equality Awareness** | **Participation of ‘Adult Literacy for Life Strategy’ target cohorts e.g., unmet literacy needs, access to technology and devices and community access to Wi-Fi/broadband.** | | **Pre-development phase community groups supporting marginalised groups.** |
| € | € | | € |
| Expenditure must not be used for any pay costs or costs of a recurring nature. Capital items cannot be funded through this grant. Capital threshold is based on the cost of any item more than €1,000 excluding VAT (€1,230 including VAT). Items/services must be sourced according to government procurement policies and procedures.  **Quotations and Procurement Requirements:**  In order to process your application in full please ensure to submit quotes with the completed application form. The following procurement requirements will apply:   • under €5000 - one written quote,  • €5,001 - €15,000 - three written quotes  • €15,001 - €25,000 - five written quotes | | | |

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| **Section 3 - Proposal Details** |
| **Statement of proposal** |
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| Please provide a synopsis of the **target group** and the **category** under which you are applying for this funding: (Please refer to Reach Fund 2022 Guidelines) |
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| |  | | --- | | **Section 3 - Proposal Details - continued** | | **Please include any additional information regarding the funding categories and the target group(s) you wish to include in this application:** | |  | | **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?** | |  | | **Please provide information on how this project represents value for money?** | |  | | **Will this project duplicate work of an existing community development organisation? Yes/No**  **Please indicate what steps the project has taken to ensure avoiding duplication with existing community development activities and other 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 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 2022. | |

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| **Signature (1)** |  | **Print name** |
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|  |  |  |
| **Position in organisation** |  | **Date** |
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| --- | --- | --- |
| **Signature (2)** |  | **Print name** |
|  |  |  |
|  |  |  |
| **Position in organisation** |  | **Date** |
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**Applications to be submitted to:**

**Mayo Sligo Leitrim**

**Mairtin O’Morain Anna-Marie Kinsella Paul Hamilton**

**MSLETB MSLETB MSLETB**

**Lucan Street Quay Street St. George’s Terrace**

**Castlebar Sligo Carrick-on-Shannon**

**F23 FW70 F91 XH96 N41 W2X7**

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| **Closing date for receipt of applications:** 5pm on 6th September, 2022 |