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**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 and Part 2 - to be completed by all applicants**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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** | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | |
| Have you received REACH/Mitigating against Educational Disadvantage funding in any of the following years? | | | | | | | | | | | **2020 Yes No**  **2021 Yes No**  **2022 Yes No**  **2023 Yes No** | | | | | | | | | |
| **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 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: | | | |
|  | | | |
| **Please NOTE:**  Capital threshold is based on the cost of any item more than €3,000 including VAT. Capital items cannot be funded through this grant. Items/services must be sourced according to government procurement policies and procedures and quotations supplied where applicable**.**  **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  \*note; if purchasing 12 identical items and each item costs €500 then three written quotes are required. | | | |
| **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** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Project outline and aims** | | | | | | |
|  | | | | | | |
| 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:** | | | | | | |
|  | | | | | | |
| **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 2024. | | | | | | | |
| **Signature** | |  | | **Print name** | |
|  | |  | |  | |
| **Position in the organisation:** | |  | | **Date** | |
|  | |  |  | | |

**Applications are to be submitted by email to MSLETB at reach2024@msletb.ie**

**Closing date for receipt of applications: 5:00 pm on Friday 5th April, 2024.**

|  |  |
| --- | --- |
| **Checklist** |  |
| **I have included/noted the following** | **Please tick** |
| Bank Account details including the header from a bank statement |  |
| Quotations for goods and services we wish to purchase in the event that we are successful in the application. |  |
| TAX Clearance Details |  |
| Any one item costing more than €3000 is considered a capital item and cannot be included in this application |  |
| The application adheres to the procurement requirements as set out in the application form. |  |
| Some or all of the following categoies are catered for in the proposed project in 2024.   * Support the Adult Literacy for Life Strategy * Equality Awareness Raising * Refugee Support * Innovative Green Projects * Support Disadvantaged Groups * Support New Community Groups |  |
| All successful projects will be completed by 22nd November, 2024 and used for specific purpose intended. |  |

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