 

**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 - to be completed by all applicants**

**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/MAEDF 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/MAEDF funding from WWETB?** | **Yes/No** |  |
| If yes, please ensure all documentation on previous funding is up to date and submitted to WWETB. If it is not up to date this application will be ineligible. |

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| **Guidelines and Application Form**Please answer all questions in this application form. If all documentation is not included, this will delay your application. Applications to be returned to your local ETB: Co. Waterford ***ainewhelan@wwetb.ie***Waterford City ***deborahbutler@wwetb.ie***South Wexford ***bridinlyngmoloney@wwetb.ie***North Wexford ***yvonneoconnor@wwetb.ie*****Closing date for receipt of applications: 5pm Friday 26th January 2024** |

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| **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 – 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. Please provide quotations. €501 - €5000 one written quote/€5001 - €15,000 three written quotes/€15,001 - €25,000 five written quotes** |
| **Learner Assistance Fund** | **Green Projects** | **Participation of priority/target groups** | **“ALL Strategy” Target Groups** |
| **€** | **€** | **€** | **€** |
| **Pre-dev phase community groups supporting marginalised groups** | **Support for refugee groups** | **Equality Awareness** |  |
| **€** | **€** | **€** |  |

| **Section 3 – Project details** |
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| **Project proposed** |
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| 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****(include quotations as required)** |
| **Learner Assistance Fund** |  |  |
| **Green Projects** |  |  |
| **Participation of priority/target groups** |  |  |
| **Equality Awareness** |  |  |
| **“ALL Strategy” target cohorts** |  |  |
| **Pre-dev phase community groups supporting marginalised groups** |  |  |
| **Support for refugee groups** |  |  |
| **Please provide information regarding project breakdown (and a detailed education and training plan where relevant) e.g. location, breakdown of costs, relevant quotes for materials/equipment, proposed dates for delivery, etc:** |
| **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:** |
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| **Please outline how the funding can complement and/or enhance the current provision of similar education in the area.** |
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| **Please clarify how this funding will support your learners to achieve positive outcomes as a result of this support:** |
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| **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 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. I understand this application is not a commitment of funding by WWETB.I understand and agree to CL13/14 and governance of this grant aid. |
| **Signature** |  | **Print name** |
|  |  |  |
| **Position in organisation** |  | **Date** |
|  |  |  |

**Applications to be submitted to your local ETB:** *Co. Waterford* *ainewhelan@wwetb.ie* *Waterford City* *deborahbutler@wwetb.ie* *Co. Wexford South* *bridinlyngmoloney@wwetb.ie* *Co. Wexford North* *yvonneoconnor@wwetb.ie*

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