 

**MITIGATING AGAINST EDUCATIONAL DISADVANTAGE FUND (MAEDF)**

**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 ETB 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: | | | |
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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 – 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** | |
|  | |
| 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:** | |  | | **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 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 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**:** [**aedinotoole@ddletbaes.ie**](mailto:aedinotoole@ddletbaes.ie)

**Aedin O’Toole**

**Dublin & Dun Loaghaire ETB**

Closing date for receipt of applications**:**  **5 pm on Friday 27 November 2020**