

**TARGETED YOUTH EMPLOYABILITY SUPPORT INITIATIVE**

**2024**

**APPLICATION FORM**

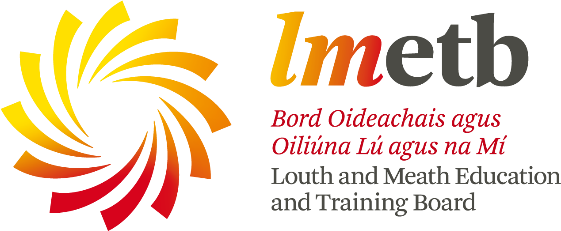
**APPLICATION DEADLINE: 5PM 6TH MARCH 2024**

### PLEASE NOTE

**Only eligible Applicant Organisations should apply to this initiative.**

**Please ensure you complete every section of the form, DO NOT leave any section blank.**

**Please state N/A or NOT APPLICABLE in sections not relevant to your application.**



**Introduction**

The Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and Louth and Meath Education and Training Board (LMETB) are requesting applications to provide supports to young people on a Targeted Youth Employability Support Initiative.

The Initiative is open to Youth Organisations that support young people to access education, training and/or employment. Applications may be made by individual organisations. Joint applications are permissible, where a joint initiative is proposed, a lead organisation must be nominated as the responsible party for the application and all aspects of the Initiative.

All applications will be made through your local ETB. Recommendations will be made to the Department and the final decisions will be made by the Minister for Children, Equality, Disability, Integration and Youth.

* Please read the guidance note carefully.
* All applicant organisations must give due attention to the needs and cohorts identified, many of whom will not be suitable for engagement in standard programmatic projects currently available.
* Where provided by the ETB, applicants must respond to the ETB NEETS Needs Profile.
* If you are unsure as to any aspect of the application process, please contact your local ETB Youth Officer.

**Please submit your application by the closing date set by your local ETB. The closing date for applications is: Date 5pm 6th March 2024**

# Please Submit Completed Applications to:

[**Email Youthservices@lmetb.ie**](mailto:EmailYouthservices@lmetb.ie)

## Applications received after the closing date will not be accepted.

### INCOMPLETE APPLICATIONS WILL CAUSE A DELAY AND MAY RESULT IN YOUR APPLICATION NOT BEING PROCESSED.

**Guidelines for Applicants**

Applicants are asked to note:

* Applications are to be provided to the ETB in electronic format and will be shared by the ETB with the Department (DCEDIY) when requested.
* It is the responsibility of the applicant to submit a completed application form. ETBs will not consider applications that are incomplete.

### IMPORTANT NOTES

* This cycle of the Targeted Youth Employability Support Initiative will be delivered until 2027.
* Grants awarded must be fully spent within the year of allocation.
* The applicant’s Tax Clearance Access Code must be submitted with the application.
* The maximum funding allocation per individual project will not exceed the allocation available

to the ETB or €75,000 whichever is the lesser amount.

* An additional allocation of up to €5,000 for non-capital, once-off set-up costs will be made available to TYESI services who are approved an annual funding allocation in excess of €25,000 in 2024.
* Any money unspent by a grantee by 31st December 2024 must be surrendered to the administering ETB. The Department and/or the ETB will recover money from any grantee found in breach of this requirement.
* Information provided is subject to the Freedom of Information Act 2014 and the Data Protection Act 2018.

**PLEASE CHECK**

**The application must be signed by the Chairperson or CEO of the organisation or the lead organisation if it is a joint application.**

**Please do not leave sections blank.**

**Please state NOT APPLICABLE in sections not relevant to your application.**

**INCOMPLETE APPLICATIONS WILL CAUSE A DELAY AND MAY RESULT IN YOUR APPLICATION NOT BEING PROCESSED**

# Application Form Section 1 – Applicant Organisation Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Applicant Organisation Details** | | | | |
| **1.1** Name of Organisation:  Please provide U.I.D. if the applicant is funded under UBU Your Place Your Space or the name of the service if the applicant is funded under Y.I.C.: | | | | |
| **1.2** Address: | | | | |
| **1.3** Affiliation to National Youth Organisation?  If so, please name: | | Yes ☐ | | No ☐ |
| **1.4** ETB Area: | | Choose an item. | |  |
| **2. Details of Contact Person** | | | | |
| **2.1** Contact Person: | | | | |
| **2.2** Role: | | | | |
| **2.3** Address: | | | | |
| **2.4** Email Address |  | | | |
| **2.5** Telephone |  | | | |
| **3. DCEDIY Funding Allocated to Applicant Organisation in 2024** | | | | |
| * 1. DCEDIY Funding:      1. UBU Your Place Your Space      2. Youth Information Centres | | | 1. € 2. € | |
| **4. Tax Clearance**  **(Please attach details of your current Tax Clearance Access with this application)** | | | | |
| **4.1** Tax Reference Number: | | |  | |
| **4.2** Tax Clearance Access Number: | | |  | |

|  |  |
| --- | --- |
| **4.3** CHY Number (if applicable): |  |
| **5. Bank Details** | |
| **5.1** Are your current and up to date bank details held by the ETB? Yes ☐ No ☐  If Yes, please indicate N/A for the rest of the bank details section. If No, please complete the sections below. | |
| **5.2** Name of Bank: | |
| **5.3** Address of Bank: | |
| **5.4** IBAN: | |
| **Section 2 – Financial Details** | |
| **6. Financial Details** | |
| **6.1** Cost of Overall Proposed Project: | € |
| **6.2** Grant Request: (the grant amount sought) | € |
| **6.3** Have you received funding for the proposed service, i.e. the subject of this application, from another source? | Yes ☐ No ☐ |
| **6.4** If yes, please indicate the source(s) of this funding: | |
| **6.5** If the total cost of the application is greater than the amount of the grant sought, please outline where and how the balance of funding will be secured and how this will avoid duplication or displacement of Exchequer funding: | |

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| --- |
| **Section 3 – Proposal**  A minimum score of 75 marks (min. 15/30 per category) will be required for further consideration and prioritisation by the ETB. In completing this section, please consider the following headings that will be used to evaluate your complete application:   * Identified need (Mandatory: Pass/Fail); * Soft Skills (Approach) (30); * Progression through Partnership (30); * Additionality and Sustainability (30); * Mentoring and Coaching (30); * Value for Money (30).   The format of the proposal below is to be followed. Please do not amend or delete questions. |
| **7. Proposal Details** |
| **7.1** Summary statement of proposal to address identified needs, including any identified by the ETB, and the aims/objectives of this Initiative (max 200 words): |
| **7.2** Please provide a synopsis of the target group and geographic area to be addressed in this application (include number of young people, age profile, estimated weekly hours, and estimated contact hours with young people) (max 200 words): |
| **7.3** Please provide information demonstrating how the applicant organisation intends to meet the needs of the target group(s) referred to in the guidance document and/or as specified by the ETB, and how it is intended to engage with hard-to-reach young people (max 200 words): |

|  |
| --- |
| **7.4** Outline the soft skills the applicant organisation intends to focus on developing with the young people in the target groups (max 200 words): |
| **7.5a** Please clarify what pathways through partnership have been identified for young people and how this progression will be implemented (max 200 words):  **7.5b** Please provide information on the input/involvement of young people during the lifetime of the project (max 100 words): |
| **7.6** Please describe how the proposed interventions and activities are additional to those already provided by the organisation, and also indicate the Service/Organisation’s capacity to deliver the service outlined (max 200 words): |
| **7.7** Please outline how a mentoring and coaching approach has been incorporated into the delivery of the service, demonstrating how it will work (max 200 words): |
| **7.8** Please provide information on how this application represents value for money and indicate what steps the applicant has taken/is taking to ensure avoiding duplication with existing services in the area (max 200 words): |

**Section 4 – Profile of Proposed Expenditure/Project Budget**

* 1. **Proposed Expenditure**: Please complete the following template to outline a profile of proposed/estimated expenditure on the basis of a full year of the Initiative. (The maximum funding allocation per individual project will not exceed the allocation available to the ETB or **€75,000** whichever is the lesser amount). **Please note that once off set-up costs should be applied for separately (see template on following page below)**

|  |  |  |
| --- | --- | --- |
| **Targeted Youth Employability Support Initiative – Estimated Budget for One Year** | | |
| **Direct costs** | | **Please give a short rationale for all costs** |
| Staffing costs: | |  |
| Salaries including Employers  PRSI | € |  |
| Staff recruitment costs | € |  |
| Staff travel and subsistence  costs | € |  |
| Staff direct telephone costs | € |  |
| **Total:** | **€** |  |
| **Programme costs** | | |
| Venue hire | € |  |
| Course/training materials | € |  |
| Tutor/facilitator costs | € |  |
| \*Programme Transport |  |  |
| Adverting and publicity costs | € |  |
| Design and printing costs | € |  |
| Other: Please specify | € |  |
| Item 1: | € |  |
| Item 2: | € |  |
| Item 3: | € |  |
| **Total:** |  |  |
| **\*Indirect overhead costs:** | € |  |
| Item 1: | € |  |
| Item 2: | € |  |
| **Total:** | **€** |  |
| **Set-up Costs** |  | **Please note that once off set-up costs should**  **be applied for separately (see below)** |
| **Total annual cost of project:** | **€** |  |

**\* Indirect costs refer to rent, light, heat etc. – these can be no more than 15% of the application.**

* 1. **Once-off Set Up Costs in 2024**

Set-Up costs should not re-occur so should not form part of the annual budget costs of the

project. (Costs should not exceed €5,000)

|  |  |  |
| --- | --- | --- |
| **Targeted Youth Employability Support Initiative – Once-Off Set-up Costs** | | |
| **Set-Up costs** | | **Please give a short rationale for all costs** |
| Website set-up costs - specific  to the project | € |  |
| Equipment – small project  items | € |  |
| Item 1: | € |  |
| Item 2: | € |  |
| Item 3: | € |  |
| Other: Please specify | |  |
| Item 1: | € |  |
| **Total Set-up costs** | **€** |  |

# Section 5 – Declaration

On behalf of (**insert name of the service/organisation**), we apply for a grant for the purpose stated above and declare that the information given in this application is true and complete to the best of our knowledge and belief. We consent to DCEDIY or the relevant ETB making enquiries to a third party if necessary regarding details of the funding application.

We understand that information supplied in, or accompanying this application, may be made available on request under the Freedom of Information Acts 1997 and 2003 or under the 2018 EU General Date Protection Regulation.

We understand that making this application does not guarantee that funding will be granted.

We accept that, as a condition for the award of a grant, no commitment has been made by DCEDIY, the relevant ETB or any other statutory body, to the awarding of other grants. The project sponsors are agreeable to have the project monitored by ETB or its agents on behalf of the DCEDIY and to allow access to its premises and records, as necessary, for that purpose.

If funding is approved, we agree and confirm that we will manage the grant in accordance with the conditions. We agree to seek value for money and to abide by the Public Procurement guidelines. The funds will be applied for the purposes set out in the application and we undertake that funding from any other source will not be used for the same purpose. In the event that we are unable to spend the grant for the purposes set out in our application, we agree to return unspent monies to the ETB. We understand that the Department of Children, Equality, Disability, Integration and Youth or ETB may seek the refund of the grant if we fail to comply with these conditions.

We acknowledge that any funds awarded are subject to such funds being available to the Department of Children, Equality, Disability, Integration and Youth and that they must be used in 2024 and for the purpose stated and not to replace existing funding. We will acknowledge the support we have received from the Department of Children, Equality, Disability, Integration and Youth in all publicity relating to the project.

We hereby apply for grant funding and accept the above Terms and Conditions:

Signed: (CEO or Chairperson)

Position:

Date: / /