***What Works***

**Network Support Small Grants Scheme**

**GRANT APPLICATION FORM**

The What Works Network Support Grants Scheme is open to applications for funding support on a rolling basis, meaning that you can apply at any-time during the year and decisions are made several times per year.

**The 2019 Network Support Grants Scheme is open for applications until 5 November 2019.**

The closing date for applications during 2019 may be revised, subject to funding availability.

Grant allocations will be awarded on an annual basis, minimum of €1,000 and maximum of €20,000 per year per applicant.

**Please make sure that your application:**

* is completed in full and dated;
* is signed by the person authorised to enter into legally binding commitments on behalf of the applicant;
* and meets the core criteria set out in the Guidance document.

All grants must be expended by 31 December of the year funding was awarded. Grants that have not been fully spent by this date will be de-committed i.e. returned to the Department of Children and Youth Affairs.

For queries please contact Mary Walsh or Laura Cosmescu tel 01 6473000

Email: Network\_Funding@dcya.gov.ie

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| **NAME OF ORGANISATION:**  |
|  |
| **PURPOSE/ACTIVITIES FOR WHICH GRANT, IF APPROVED, WILL BE USED (max 500 words):Stakeholders, purpose, activities, expected outcomes** |
|  |
| **Demonstrate use of data, evidence and intra- and inter-disciplinary sharing of innovative practice & emerging thinking from research (max 200 words)** |
|  |
| **Demonstrate focus on prevention and early intervention through network events, or collaborative professional development opportunities (max 200 words)** |
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| **Demonstrate existing or the potential for a strong self-sustaining network, learning community or forum (max 200 words)** |
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| **AMOUNT APPLIED FOR:** |
| **€**  |
| **BUDGET/EXPENDITURE BREAKDOWN: Please list items and estimated cost for which grant assistance is sought, including breakdown off all costs:** |
| **Proposed Activities:** | **Cost Rationale:** | **Estimated Cost:** |
| Training workshops and seminars |  |  |
| Venue hire and catering |  | **€** |
| Administration costs |  | **€** |
| Facilitator fees |  | **€** |
| Training material |  | **€** |
| Other eligible costs (insert rows as necessary)  |  | **€** |
|  |  | **Total costs:****€** |

# I. INFORMATION ON THE APPLICANT

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| **1 REFERENCES OF THE APPLICANT** |
| **1.1 IDENTITY OF THE APPLICANT** |
| Official name in full:  |
| Official legal form:  |
| Place of establishment or registration: (Address) |
| Entity registration number: (or Charity Number)  |
| VAT number (if applicable):  |

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| **1.2 CONTACT DETAILS** |
| Address 1:  |
| Address 2:  |
| Address 3:  |
| CYPSC Area:  |
| Telephone: Mobile:  |
| E-mail address:  |
| Website:  |

Any change in the addresses, phone numbers or e-mail, must be notified in writing to the Department. The Authorising Officer will not be held responsible in the event that it cannot contact an applicant.

**II. PAYMENT DETAILS**

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| **2 PAYMENT DETAILS** |
| **2.1 BANK DETAILS** |
| Name of Bank:  |
| Account name:  |
| Address of Bank:  |
| BIC:  |
| IBAN:  |
| Email address of Applicant’s Finance Unit:  |
| 2.2 TAX DETAILS |
| VAT Number:  |
| Charity Number:  |
| Tax Reference Number:  |
| Tax Clearance Access Code:  |

**III. DECLARATION OF ACCEPTANCE**

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| **3 DECLARATION OF ACCEPTANCE** |
| On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_insert name of the service/organisation), we apply for a once-off 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 DCYA 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. We also understand that making application is no guarantee of funding. We also accept, as a condition for the award of a grant, that it involves no commitment to any other grants from the Department of Children and Youth Affairs or from any Government Department. 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 our 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 the grant. We understand that the Department of Children and Youth Affairs 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 and Youth Affairs and that they must be used for the purpose stated and not to replace existing funding and we will acknowledge the support we have received from the Department of Children and Youth Affairs and Dormant Accounts in all Publicity related to this Network Funding. |
| **[ ]  We hereby apply for grant funding and accept the above Terms and Conditions:** |
| **NAME (CEO, Director or Chairperson):**  |
| **Position:**  |
| **Date:** |
| **Signed by DCYA officer upon receipt:** |
| **Name:**  |
| **Section:** |
| **Date:** |

**IV DATA PROTECTION STATEMENT**

Department of Children and Youth Affairs’ Data Privacy Statement is set out in <https://www.dcya.gov.ie/docs/EN/DCYA-Data-Privacy-Statement/4883.htm>

I consent to requested information being added and /or kept on the Department of Children and Youth Affairs Database for the purpose of informing me of future grants and other opportunities that might be of interest to the organisation I represent [ ]

SUBMIT