**Creative Youth Grant Scheme Application Form: Please fill out**

**Background:**

**Please state**

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| --- |
| Name of Service: |
| Name of Project(s): |
| **Links to national organisations:**  If you are linked/funded or affiliated to a national organisation please list it below: |

**Contact Address (Please note all communications in relation to the Service/Project will go to the details supplied here):**

|  |
| --- |
| Name: Role: |
| Address 1: Address 2: |
| City/Town: |
| Email: Mobile: Telephone: |
|  |
| **Venue for Project:**   |  | | --- | | Name: | | Location: | | Venue hire cost per hour (if relevant): | |
| **In relation to the project relevant to this application, please state below if you have been approved for funding from any other source for this project:** |

**Tax Clearance (Please attach a copy of your current Tax Clearance Certificate with this application):**

|  |
| --- |
| Tax Registration Number: |
| Tax Clearance Certificate Number: |
| Tax District: CHY Number (if appropriate): |
|  |

**Financial Details:**

**What is the Total Cost of the proposed project?**

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| --- |
| €\_\_\_\_\_\_\_\_\_\_\_\_ |

**What is the amount for which you require financial support?**

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| --- |
| €\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Summary of proposed project: (500 words is sufficient)**

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**What is the target group; the estimated numbers of young people involved, proposed duration of programme and estimated artist/creative practitioner/tutor contact hours with the target group?**

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**Please provide information to demonstrate:**

* a clear case for the need for the project, and supporting evidence - you may include demographics of area, numbers of children and/or young people, evidence gathered from youth voice consultation/needs assessments or other relevant sources.

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**Please provide information to demonstrate:**

* the capacity of the service to deliver the proposed project in 2020.
* how the project/service will be additional to the current work of the service/organisation.

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**Please provide information to demonstrate:**

* the difference the proposed project will have on the lives of children/ young people
* how your group/service/organisation will monitor the impact of the project, (please state clear outcomes, targets, monitoring and evaluation systems etc.)

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**Project Budget**

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| **Budget Costs 2020** | | |
| **Direct costs:** | | **Please give rationale for costs** |
| Staffing costs: € | |  |
| Salaries including Employers PRSI | € |  |
| Staff recruitment costs |  |  |
| Staff travel and subsistence costs |  |  |
| Total: |  |  |
| **Programme costs:** |  |  |
| Venue hire |  |  |
| Participant transport cost |  |  |
| Estimated Artist/Creative Practitioner/Costs |  |  |
| Advertising and publicity costs |  |  |
| Design and printing costs |  |  |
| Materials/Supplies: |  |  |
| Other: Please specify |  |  |
| Item 1: |  |  |
| Total: |  |  |
| \*Indirect overhead costs: |  |  |
| Item 1: |  |  |
| Total: |  |  |
| Total cost of project: |  |  |

**\*indirect costs refer to rent, light heat etc. – these can be no more than 10% of the application.**

**Declaration Of Acceptance**

On behalf of our Organisation Service/Project, voluntary youth club/group 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 Kerry Local Creative Youth Partnership (Kerry LCYP) and Kerry Education and Training Board (Kerry ETB) to make 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 Kerry ETB, the Creative Ireland Programme or from any Government Department. The project sponsors are agreeable to have the project monitored by Kerry ETB or its agents 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 our application and we undertake that funding from any other source will not be used for the same purpose.

We acknowledge that any funds awarded are subject to such funds being available to the Creative Ireland Programme and Department of Education and Skills (DES) and must be used in the year(s) the grant is awarded and for the purpose stated and not to replace existing funding. We will acknowledge the supportwe have received from the Kerry LCYP and Kerry ETB and Creative Ireland /DES/DCYA all publicity in relation to your project.

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

Name:

Position:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Final Checklist:

☐ **Application Form Fully Completed**

Application form fully completed, signed and dated. No blanks and non-applicable used sparingly, but where necessary.

☐ **Project Undertaking and Validity**

Project monies can be drawn down in two stages, mid-way and on completion. They must be vouched and accounted for by year-end 2020.

Expenditure of funding will conform to the Department of Public Expenditure and Reform’s Circular 13/2014

Compliance practices have been adhered to, quotes have been obtained (where costs exceed €2,000 three quotes are required), and funding can be fully spent by year-end 2020.

In the event this is not possible for reasons beyond your control Kerry Local Creative Youth Partnership at Kerry Education and Training Board will be informed of and recoup any unspent funding.

☐ **Submission and Deadline**

By email only to Deirdre Enright, Creative Youth Co-Ordinator, Kerry ETB: [denright@kerryetb.ie](mailto:denright@kerryetb.ie)

I have attached the Application Form and any additional Supporting Documentation relevant to my application. The closing date for applications is **5pm Friday 25th September 2020.**

We hereby wish to express our interest in applying to Kerry ETB and accept the above Terms and Conditions:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CEO, Director or Chairperson)

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_