Application Form for Laois Offaly Local Creative Youth Partnership (LO LCYP)

‘Creative Connections - Youth Summer Programme’

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| Introduction Funding is now available from Laois Offaly Local Creative Youth Partnership (LO LCYP) to all youth service providers across Laois and Offaly to facilitate a ***Creative Connections -Youth Summer Programme.*** The aim of the funding is to enable young people make, create and have fun in a creative programme of their choice over the summer period. The creative programmes identified must reflect the voice of the young people. These creative programmes are aimed at young people aged 12-15 and 16-18 years. As a result of current restrictions, these creative programmes can be delivered online, indoor or an outdoor space in keeping with current government guidelines. Eligibility The **Creative Connections - Youth Summer Programme2021** funding is open to all creative youth service providers that maximise participation and minimise barriers to creative engagement in Laois and Offaly, as identified through the consultation process with young people.   * **Target Group**   The ***Creative Connections - Youth Summer Programme*** is targeted at young people **aged 12 - 15 and 16 – 18 years.**   * **Guidelines for Applications**   **Complete the application form**  If you require any assistance in completing this application, please contact Laois Offaly LCYP Creative Youth Coordinator, Patricia Wallis. Mobile: 085 8750070  **IMPORTANT NOTES Application Deadline 5pm Friday 2nd July 2021**   * All applicants must have procedures in place to return to work and re-open services, in line with Government ‘*Guidance for Youth Organisations on Resuming Full Services after Covid-19’* * Applications should only be submitted for funding of projects, which can **be fully completed by Tuesday 31st August 2021.** * Monies will only be paid upon completion of ***Creative Connections - Youth Summer Programme.*** * Upon completion of ***Creative Connections - Youth Summer Programme***, copies of invoice(s) / receipt(s) must be returned by post to;   ***Youth Service Unit, LOETB Office, Ridge Road, Portlaoise, Co. Laois***  on or before **Tuesday 7th September 2021 for payment to be made.**   * Please note all ***Creative Connections - Youth Summer Programmes*** must be facilitated by a Creative Practitioner. A list of Creative Practitioners is available upon request from LO LCYP Creative Youth Coordinator, Patricia Wallis: [pwallis@loetb.ie](mailto:pwallis@loetb.ie) * **How to Submit Your Application and Closing Date Deadline?**   Applications welcome from all creative youth service providers across Laois and Offaly must be submittedby or before **5pm Friday 2nd July 2021**   * Email to [**pwallis@loetb.ie**](mailto:pwallis@loetb.ie) **or** * Postto **Youth Services Unit, LOETB Office, Ridge Road, Portlaoise, Co. Laois** * **Evaluation Report**   All successful applicants will be required to complete an evaluation report, accompanied by 5 images of the funded ***Creative Connections - Youth Summer Programme*** in line with GDPR guidelines. This evaluation report will act as a means to measure the impact the funding has had on creative engagement and participation of young people across Laois and Offaly. ***Evidence should be documented that supports consultation with young people on identifying the creative programme, delivery and evaluation of the programme. This is a core requirement of work funded by LO LCYP.***   * **Appraisal Process and Marking System**   The appraisal process and marking scheme of the funding application, will be scored on an individual basis under the following headings:   * Evidence of consultation with young people. * Capacity to deliver. * The impact that the programme may have on young people. * Value for Money   **Contact Details**   |  |  | | --- | --- | | **Contact Address** | *Youth Service Unit,*  *LOETB Office,*  *Ridge Road,*  *Portlaoise,*  *Co. Laois.* | | **Contact Name** | *Patricia Wallis,*  *LO LCYP Creative Youth Coordinator* | | **Mobile** | *085 8750070* | | **Email** | *pwallis@loetb.ie* | |

Section 1: Applicant Details

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| **1. Name of Organisation / Service / Group:** | | |
| **2. Premises address (i.e. meeting place of the club/group). Please include Eircode:** | | |
| **3. Contact details of person responsible for this application:**  **Name:**  **Position in club/group:**  **Postal address for correspondence (including Eircode):**  **Email (of person responsible for this application):**  **Social media profiles of youth club/group (e.g. Facebook, Twitter, etc.):**  **Telephone contact details of person responsible for this application:**  **Mobile:**  **Landline:** | | |
| **4. Your club/group’s Registered Charity Number (if relevant):** |  | |
| 1. **Is your club / group affiliated to any of the National Youth Organisations listed in Appendix 2? If yes, give the name of the National Youth Organisation:**   If your club/group is affiliated to a national organisation, please provide the name of that organisation. If you have no affiliation to either a National Youth Organisation or a national organisation, please write ‘N/A’. | **Yes** | **No** |
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| 1. **Is your club/group volunteer-led and based on the voluntary participation of young people?** |  |  |

Section 2: Safety and Well-Being

**Programmes, practices and people ensure and promote the safety, support and well-being of young people.**

**To be eligible for this funding, the following must be in place in your club / group and evidence to support this available if required.**

***Please tick below* to confirm  Yes**

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| 1. **Are there procedures in place to return to work and re-open services, in line with Government ‘*Guidance for Youth Organisations on Resuming Full Services after Covid-19*’?** |  |
| 1. **Fully compliant with all requirements set out in theChildren First Act (2015).** |  |
| 1. **All adult volunteers working with young people are Garda vetted.** |  |
| 1. **Appropriate insurance cover in place.** |  |
| 1. **Access by volunteers to a first aid kit and they must be able to use it correctly.** |  |
| 1. **If the club/group owns premises**, confirm that a Health and Safety Statement, Policy or Procedures are  in place.   **OR**  **If the club/group does not own premises**, confirm it has seen and operates to the building’s Health and Safety Policy. |  |
| 1. **Registration process for club/group members** |  |
| 1. **Parent/guardian consent form  (for under 18s)** |  |
| **I. Medical consent form** |  |

Section 3: Grant Details

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| **Amount of grant sought (min €1,000 per project, max €1,500 per project):** | | | | **€** |
| Please outline how this grant will be used for ***Creative Connections - Youth Summer Programme.***  (Include a breakdown of costs e.g. Creative Practitioner / Materials. Please note all Creative Youth Summer Programmes must be facilitated by a Creative Practitioner | | | | |
| Proposed number of young people who will participate |  | | | |
| Breakdown of proposed number of young people by age range | 12 – 15 years | | 16 – 18 years | |
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| How were young people consulted for this funded ***Creative Connections - Youth Summer Programme***? (*Evidence to support this must be available if required.)* | | | | |
| Where will it be delivered? *(Online space, indoor or outdoor space. How will it be delivered in line with Government led Covid 19 Guidelines re returning to work and re-opening of services current guidelines.)* | | | | |
| Planned timeframe for delivery of funded ***Creative Connections - Youth Summer Programme*** *(n.b. All funded programmes must be delivered by 31st August 2021)* | | | | |
| Who will deliver the ***Creative Connections - Youth Summer Programme?***  Creative Practitioner/s Name/s:  Contact Details (Website / Email / Mobile) | | | | |
| Estimated programme duration? (Hours / Days) | |  | | |
| How will this ***Creative Connections - Youth Summer Programme*** impact on young people taking part? | | | | |
| Will this ***Creative Youth Summer Programme*** provide a new opportunity or enhance an existing programme? Please provide details. | | | | |
| Added value to young people – Please demonstrate how the grant will have a direct added value to the existing service of your youth club/group | | | | |

Section 4: Applicant Financial Details

**Please provide details of the bank account to which grant aid should be lodged, in the event that your grant application is successful. This must be the youth service providers bank account and not a personal account.**

**Note:**

* Grant awarded will only be paid upon completion of the ***Creative Connections - Youth Summer Programme*** and receipt of copy of invoice(s) / receipt(s).
* Any grants under the LO LCYP ***Creative Connections - Youth Summer Programme*** can only be paid by electronic funds transfer (EFT) to a bank account.
* EFT payments cannot be made to Post Office accounts or to Credit Union accounts directly. Some Credit Unions **may** provide a facility to clubs/groups, so that payments can be made to the Credit Union’s bank account. In such cases, the bank account details as supplied by the Credit Union must be given below.

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| **Bank account name:** |  |
| **Bank name:** |  |
| **Branch address:** |  |
| **IBAN:** |  |
| **BIC:** |  |

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| **If registered for tax purposes, please insert Tax Registration Number (TRN)** |  |
| **and Tax Clearance Access Number (TCAN)** |  |

Section 5: Declaration

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| The undersigned hereby certify that all information contained in this Application Form is current, available and accurate. We understand and agree that any grant that may be allocated to the youth service provider is awarded based on the grant agreement with the administering LOETB. It is understood that, if applicable, the information provided on this form may be checked by the organisation to which the youth service provider is affiliated for the purposes of verification and comment, and consent is hereby given for the information provided on this form to be shared for such purposes.  **By signing this Declaration, consent is given to the administering LOETB to check the information provided in this Application Form, which can include making contact with the National Youth Organisation identified in Section 1.6 of this form.** | |
| **Signed:** |  |
| **Print in block capital letters:** |  |
| **Role:** |  |

*COMPLETED FORMS MUST BE RETURNED DIRECTLY TO THE LOETB LO LCYP Co-ordinator Patricia Wallis by email to pwallis@loetb.ie*

*or by post to*

*LOETB Office, Ridge Rd, Portlaoise, Co. Laois*

CLOSING DATE: 5pm Friday 2nd July 2021