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## FUNDING APPLICATION FORM 2023

## Strengthening Families Programme

For use by Programmes accessing funds through Le Chéile Mentoring

**Completed Application Forms and Supporting Documents should be returned by email only to:**

**Southern Region: Eastern Region:**

Ailbe Coleman Lyndsey McCabe

Email: [ailbecoleman@lecheile.ie](mailto:ailbecoleman@lecheile.ie) Email: [lyndsey@lecheile.ie](mailto:lyndsey@lecheile.ie)

Mobile: 086 3864576 Mobile: 087 2916145

**Le Chéile Office Use Only:**

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| **Name of Programme:** |  |
| **Start Date:** |  |
| **YPP Region:** |  |
| **Date Received:** |  |
| **Additional Comments:** |  |

This application form should be completed by the **Steering Committee** of the proposed Strengthening Families Programme.

*Note: A Steering Committee is a group of interested professionals that have come together and decided to plan, deliver and evaluate a Strengthening Families Programme in their area. The Memorandum of Association or a document supporting the equivalent should be submitted with this application.*

Before completing this form it is essential that you have already liaised with the relevant Strengthening Families Programme contact person in your area (as named on the first page of this application form), regarding your funding request and that the Senior Probation Officer for the area concerned has signed off on your application.

**All steering committees that are allocated funding must begin the Strengthening Families Programme within the calendar year. Funding allocations cannot be carried forward to the next year. Any unspent allocations must be returned to Le Chéile.**

**The maximum amount available per Strengthening Families Programme is €8000. A weighted criteria is used for the assessment of application forms.**

All steering committees that are successful in their application must ensure that Le Chéile & the Probation Services are identified as the funder on all publicity, launches and reports associated with the programme. The logos will be provided to all successful steering committees.

**Application forms should be returned to the Strengthening Families Programme Contact Person in your area as named on the first page of this funding application.**

**Criteria**

The criteria used by Le Chéile when reviewing grant applications is as follows:

* Le Chéile Strengthening Families Programme Contact Person in your region has been contacted by the Steering Committee regarding your intention to submit a funding application.
* Applications will only be considered from areas where Le Chéile has a presence.
* Probation Services and any other Youth Justice agencies in the area have been approached and informed of your intention to submit a funding application and run a Strengthening Families Programme.
* There are sufficient numbers of Probation referrals identified for a programme (that is the number of families with one or more young person/adult on probation).
* There are sufficient numbers of other Youth Justice referrals identified for a programme.
* The funding application has been signed off by the Senior Probation Officer in the region.
* The proposed programme has the necessary arrangements in place to run a Strengthening Families Programme. These are noted on the Checklist on page 6 of the application form.

**Unfortunately, applications always out-strip the funds available and this means that many good applications, whilst meeting the criteria, will still be unsuccessful and successful ones may not be awarded the full amount requested. The committee reserve the right to apply enhanced criteria when the demand exceeds the funds available.**

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| **Section 1: Contact details of the Lead Steering Committee Member to whom**  **all correspondence will be addressed to:** | |
| Name: |  |
| Job title: |  |
| Work landline and mobile number: |  |
| Work E-mail address: |  |
| Work address: |  |
| Geographical area of Proposed Programme: |  |

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| **Section 2: Please give details of the number of referrals expected from Youth Justice Services.** | |
| **Agency** | **Number of Expected Referrals** |
| Young Persons Probation |  |
| An Garda Síochana |  |
| Adult Probation |  |
| Garda Youth Diversion Project |  |
| Other (please specify) |  |

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| **Section 3: Please explain the need for the Strengthening Families Programme in your region**  **and how this need was identified?** |

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| **Section 4: Please give a brief breakdown of the timescale and dates for the delivery of the Strengthening Families Programme including the planning, delivery and the evaluation component. When is the anticipated start date and end date of the Strengthening Families Programme, including any evaluations or reunion events?**  **Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Finish date:\_\_\_\_\_\_\_\_\_\_\_ Evaluation Date: \_\_\_\_\_\_\_**  **Is a reunion planned? □ Yes □ No**  **If yes, please indicate the proposed reunion date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Section 5: Funding Sought**  **Please note that the maximum amount of funding available per application is €8000 in 2023.**  Please indicate the estimated total expenditure to run this Strengthening Families Programme  (Please see attached Budgeted Expenditure Sheet)   |  | | --- | | € |   Estimated total Expenditure Amount:   |  | | --- | | € |   Amount requested from Le Chéile:  Has funding from another source also been applied for/secured for this Strengthening Families Programme? Yes □ No □  If yes, please set out details: |

**Section 6: Summary of Projected Expenditure for Strengthening Families Programme**

**The financial projections are realistic and take into account regional, rural, and urban considerations.**

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|  | **Projected**  **Total**  **Expenditure** |
| **Handbooks/Workbooks and Worksheets: printing, photocopying, binding etc.** |  |
| **Materials needed for the Groups:** |  |
| **Facilitators/Site Co-ordinator:** | **Zero cost** |
| **Childcare Cost:** |  |
| **Transport Costs:** |  |
| **Catering Costs:** |  |
| **Attendance Incentives;** |  |
| **Caretaker/Security:** |  |
| **Rent for the Site:** |  |
| **Graduation costs:** |  |
| **Other (Please specify):** |  |
| **Estimated**  **Total Expenditure** |  |

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| **Section 7: Steering Committee**  Please indicate the length of time that this steering committee has been in existence: | | |
| Names of the Steering Committee members and their Agencies. | | |
| Agency Name: | Name of Steering Committee Members | Signature of Committee Members |
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| Agency Name: | Name of Steering Committee Members | Signature of Committee Members |
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| On behalf of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state the Region) Steering Committee we, the undersigned, wish to apply for funding towards the Strengthening Families Programme. We declare that all the information given is correct to the best of our knowledge. We acknowledge that any funds awarded are for a once off Strengthening Families Programme and should be used for the purposes stated. | | |

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| **Section 8:**  **Senior Probation Officer Agreement Form**  **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Senior Probation Officer for the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ region have read and approved this application and I am confident that there are sufficient referrals within my region to justify the running of this Strengthening Families Programme.**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Senior Probation Officer Le Chéile Staff Member**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Section 9:**  **Checklist**  **The Steering Committee should ensure that the following is in place prior to submitting an application to ensure eligibility.** | | |
|  | **Yes** | **No** |
| **An active steering committee is in place prior to the completion of this application form and they and the Senior Probation Officer have signed this funding form.** |  |  |
| **The Steering Committee has read the Le Chéile Information Pack ahead of submitting this application.** |  |  |
| **The financial projections are realistic and take into account regional, rural, and urban considerations. These details should be noted on this form.** |  |  |
| **The Steering Committee understands that a value for money approach must be used, and The Steering Committee must be in a position to provide evidence on effective use of funds if requested.** |  |  |
| **A physical site has been identified in which to run the programme** |  |  |
| **A Site Coordinator has been identified and The steering committee is committed to supporting the site coordinator throughout the programme.** |  |  |
| **The required numbers of facilitators have been identified and are trained** |  |  |
| **The steering committee has ensured health & safety and public liability insurance is in place for the identified site and a copy is provided with this application.** |  |  |
| **The steering committee has the necessary structures in place to run a Strengthening Families Programme. This includes**   * **Facilitators** * **Adequate number of referrals** * **Catering** * **Transport** * **Childcare** * **Materials** * **Incentives**   **Please note that the list above is the minimum required to run a Strengthening Families Programme and is not an exhaustive list. The structures required to run a Strengthening Families Programme may vary across regions. It is the responsibility of each Steering Committee to assess the structures required in their area.** |  |  |

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| **Section 10: Accompanying Documentation**  **The following documentation accompanies and supports the information contained in this application form.** | |
| **Document** | **Attached (Please tick Box)** |
| **Memorandum & Articles of Association of the Host Organisation/ Steering Committee** |  |
| **Terms of Reference** |  |
| **Public Liability Insurance** |  |
| **Other : E.g Quotes** |  |
| **SPO Signature and approval** |  |