 

**Northern Ireland European Social Fund Programme**

**2014-2020**

**SECOND CALL APPLICATION FORM**

**Priority Axis 2 - Thematic Objective 9 - Investment Priority i (b) Community Family Support Programme (CFSP)**

**Please do not attempt to complete this form without referring to the supporting application guidance notes**

**PART A– GENERAL INFORMATION AND EXECUTIVE SUMMARY**

**(Please note Part A is non-scoring)**

* 1. **Project Information**

|  |
| --- |
| **Priority Axis 2 - Thematic Objective 9 – Investment Priority i (b) Community Family Support Programme (CFSP)** |

|  |  |
| --- | --- |
| **Application No:****(Leave Blank)** |  |
| **Applicant Organisation Name:** |  |
| **Applicant legal status:** |  |
| **Applicant address:** |  |
| **Primary Contact Name:** |  |
| **Contact telephone number:** |  |
| **Contact e-mail address:** |  |
| **Project Title:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |

**1.2 Executive Summary- Clearly summarise your project’s overall aim(s); objectives; rationale; and the activities you plan to undertake.**

|  |
| --- |
|   |

**(No more than 500 words)**

**1.3 List your direct delivery partners (if any) and their involvement in the delivery of the project.**

|  |
| --- |
|  |

**(No more than 250 words)**

**1.4 List your organisation’s Board members and their positions.**

|  |
| --- |
|  |

**(No more than 250 words)**

**1.5 PEACE IV Children and Young People Priority 2.1**

**If you, or any of your direct delivery partners, are currently receiving, are due to receive or have an application currently under consideration for the PEACE IV Children and Young People Priority 2.1, please confirm that you will establish systems and procedures to prevent duplication between your ESF Call 2 funded activity and your PEACE IV funded activity (in terms of staffing, participants, and the activities delivered) by placing an ‘X’ in the ‘Yes’ or ‘No’ box below.**

**If Peace IV Children and Young People Funding Priority 2.1 funding is not relevant to you, please insert an ‘X’ in the ‘Not Applicable’ box below.**

**Yes No Not Applicable**

**1.6 Transnational Activity**

Please indicate by inserting an **‘X’ in the** **‘Yes’ box** below if you are interested in engaging in transnational activity in conjunction with your project.

If you are not interested please indicate by inserting an **‘X’ in the** **‘No’ box** below.

Yes No

**PART B**

**SECTION 1 – PERFORMANCE INDICATORS**

**1.1 Participant Output Indicators**

Provide details of the precise number of participants, withinInvestment Priority 2 **Thematic Objective 9 IP i (b)** Community Family Support Programme (CFSP) that you intend to enrol and support over the lifetime of the project.

|  |
| --- |
| **TO 9 IP i (b) Community Family Support Programme (CFSP)** |
| **Number of participants** | **Male** | **Female** | **Total** |
| **2018-19** |  |  |  |
| **2019-20** |  |  |  |
| **2020-21** |  |  |  |
| **2021-22** |  |  |  |
| **Total** |  |  |  |

**1.2** **Rationale**

Explain the rationale and evidence base for the participant output indicator targets you have outlined at **1.1 above** and any variance between the projected participant output indicator targets between years 1-4 (if applicable).

|  |
| --- |
|  |

**(No more than 500 words)**

**1.3 Result Indicators Upon Leaving**

Provide details of the project’s immediate result indicator targets for participants upon leaving the project including the totals as a percentage of participant output targets in **1.1**.

|  |
| --- |
| **TO 9 IP i (b) Community Family Support Programme (CFSP)** |
| **Number of participants in employment upon leaving** | **Male** | **Female** | **Total** | **Total as a percentage of participant output targets in Section 1.1 above** |
| **2018-19** |  |  |  |  |
| **2019-20** |  |  |  |  |
| **2020-21** |  |  |  |  |
| **2021-22** |  |  |  |  |
| **Total** |  |  |  |  |

|  |
| --- |
| **TO 9 IP i (b) Community Family Support Programme (CFSP)** |
| **Number of participants in education / training upon leaving** | **Male** | **Female** | **Total** | **Total as a percentage of participant output targets in Section 1.1 above** |
| **2018-19** |  |  |  |  |
| **2019-20** |  |  |  |  |
| **2020-21** |  |  |  |  |
| **2021-22** |  |  |  |  |
| **Total** |  |  |  |  |

**1.4** **Rationale**

Explain the rationale and evidence base for the result indicator targets you have outlined at **1.3 above** and any variance between the projected result indicator between years 1-4 (if applicable).

|  |
| --- |
|  |

**(No more than 500 words)**

**1.5** **Tracking of Participants**

Please describe how you will track participants after leaving your project to determine the immediate result indicators (up to 4 weeks after leaving date) and longer term result indicators (6 months after leaving date).

|  |
| --- |
|  |

**(No more than 250 words)**

**PART B**

**SECTION 2 – FINANCE**

**2.1.A Breakdown of Direct Staff Time Cost**

Please complete the **Annex A Direct Staff Time Cost** excel worksheet (**ALL 4 Tabs** - Year 1 – 2018/19, Year 2 – 2019/20, Year 3 – 2020/21 to Year 4 -2022/23) and provide details of each direct staff member working on the project.

Please refer to the guidance notes to support you completing this excel worksheet.

**2.1.B Total Project Cost Summary**

Please complete the financial table at **Annex B** with details of total project costs per year.

This should be the same as that calculated in the **Annex** **A Direct Staff Time Cost** excel worksheet, see totals in Tabs -Year 1 – 2018/19, Year 2 – 2019/20, Year 3 – 2020/21 to Year 4 -2022/23.

Insert any revenue (if applicable).

Total **eligible project costs** will be calculated by a formula on the **Annex B** excel worksheet by subtracting any applicable revenue from the total cost of the project.

Revenue raising activities (if applicable) should then be defined in the lower table of **Annex B** excel worksheet, by item and amount.

Please refer to the guidance notes to support you completing this excel worksheet.

* 1. **Value for Money**

Please state how your project represents value for money in terms of the total amount of eligible project costs when compared to the participant outputs indicators it will achieve. It is important that you consider the calculations highlighted in the guidance notes and explain any variance between the projected eligible project costs between years 1-4.

|  |
| --- |
|  |

**(No more than 500 words)**

**2.3 Cashflow**

As ESF project financial claims are reimbursed in arrears, please outline how you will manage the financial cash flow of delivering the project and any short term cash deficits.

|  |
| --- |
|  |

**(No more than 250 words)**

Applicants **must also submit evidence** to support their answer, for example by providing a copy of:-

* applicant’s most recent annual audited accounts; or
* a letter of confirmation from a qualified accountant or bank manager confirming the applicant’s capacity to manage the cash flow and any short term deficits of the project and ability to settle its financial obligations in Year 1.

**2.4 Other Match Funding (35%)**

Applicants in this question are required to provide details of the sources of other match funding (35%) for each year of their project. This includes the other match funder/s contact details, amount, type of other match funding and present status on securing other match funding.

**2018/2019**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Match Funder Contact Details** | **Value of 35% Other MF Amount using Simplified Cost Rates** | **Type of Other Match Funding**  | **Present Status on Securing Other Match Funding**  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

**2019/2020**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Match Funder Contact Details** | **Value of 35% Other MF Amount using Simplified Cost Rates** | **Type of Other Match Funding**  | **Present Status on Securing Other Match Funding**  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

**2020/2021**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Match Funder Contact Details** | **Value of 35% Other MF Amount using Simplified Cost Rates** | **Type of Other Match Funding**  | **Present Status on Securing Other Match Funding**  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

**2021/2022**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Match Funder Contact Details** | **Value of 35% Other MF Amount using Simplified Cost Rates** | **Type of Other Match Funding**  | **Present Status on Securing Other Match Funding**  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

**PART C**

**SECTION 1 – STRATEGIC CONTEXT, NEED AND DEMAND**

**1.1 Strategic Context**

**How, and to what extent, will your project contribute towards the defined performance indicator targets and strategic objectives of Thematic Objective 9 - Investment Priority i (b)** Community Family Support Programme (CFSP)?

|  |
| --- |
|  |

**(No more than 300 words)**

**1.2.A Project Delivery**

Where will your project be delivered?

Tick the Northern Ireland Assembly Constituency area and Local Council Area where your project will take place. If more than one location please insert an ‘**X**’ in all relevant boxes.

|  |  |
| --- | --- |
| **Assembly Constituency Area** | **Local Council Area** |
| Antrim East |  | Antrim and Newtownabbey Borough Council |  |
| Antrim North |  | Ards and North Down Borough Council |  |
| Antrim South |  | Armagh City, Banbridge and Craigavon Borough Council |  |
| Belfast East |  | Belfast City Council |  |
| Belfast North |  | Causeway Coast and Glens Borough Council |  |
| Belfast South |  | Derry City and Strabane District Council |  |
| Belfast West |  | Fermanagh and Omagh District Council |  |
| East Londonderry |  | Lisburn and Castlereagh City Council |  |
| Fermanagh/South Tyrone |  | Mid and East Antrim Borough Council |  |
| Foyle |  | Mid Ulster District Council |  |
| Lagan Valley |  | Newry, Mourne and Down District Council |  |
| Mid Ulster |  |  |  |
| Newry and Armagh |  |  |  |
| North Down |  |  |  |
| South Down |  |  |  |
| Strangford |  |  |  |
| Upper Bann |  |  |  |
| West Tyrone |  |  |  |

**1.2.B Target Groups**

**Outline the target group (s) your project will support; the specific need and demand for your project in the area (s) indicated in 1.2A (including the strategic context and any deficiencies in current provision); and detailed evidence of how you assessed this need.**

|  |
| --- |
|  |

**(No more than 750 words)**

**1.2.C CFSP Delivery Areas**

**Indicate the CFSP Delivery Area or Areas your organisation is bidding for with an “X” in the table below**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area 1** | **Area 2** | **Area 3** | **Area 4** | **Area 5** | **Area 6** |
|  |  |  |  |  |  |

**1.3 Additionality**

**Outline how your project will not duplicate but will provide additionality to and complement existing Department for the Economy’s Programmes; other Government funded Programmes and initiatives and NI-wide programmes (e.g. Training for Success, Steps 2 Success and PEACE IV); and other local provision in the area (s) you have outlined in Section 1.2.A above.**

|  |
| --- |
|  |

**(No more than 500 words)**

**PART C**

**SECTION 2 – EQUAL OPPORTUNITIES, NON-DISCRIMINATION AND SUSTAINABLE DEVELOPMENT**

**2.1 Section 75 NI Act 1998**

**How will you ensure your project complies with Section 75 legislation?**

|  |
| --- |
|  |

**(No more than 300 words)**

**2.2 Equal Opportunities**

Detail how Equal Opportunities will be incorporated into the design, development, implementation, monitoring and evaluation of project activity.

|  |
| --- |
|  |

**(No more than 300 words)**

**PLEASE ALSO COMPLETE THE EQUALITY OF OPPORTUNITY STATEMENT at Annex C**

**2.3 Sustainable Development**

**How will your project support regional approaches to sustainable development under one or more of the six guiding principles listed below?**

* Living within environmental limits;
* Ensuring a strong, healthy and just society;
* Achieving a sustainable economy;
* Promoting good governance;
* Using sound science responsibly;
* Promoting opportunity and innovation.

|  |
| --- |
|  |

**(No more than 500 words)**

**PART C**

**SECTION 3 – PROJECT DESIGN AND DELIVERY**

**3.1 Support and Rationale**

**Detail the specific support and development activities (including qualifications and soft skills outputs) you propose to deliver t**o enhance the employability outcomes of individual participants, the rationale for this and the frequency of these activities during the project period.

|  |
| --- |
|  |

**(No more than 500 words)**

**3.2 Partnerships and Engagement with Employers and Education and Training Providers**

**Detail the nature and frequency of** engagement you will undertake with employers and education and training providers to support your participants’ employment prospects **and progression pathways and the partnerships you will foster to deliver your project result indicators.**

|  |
| --- |
|  |

**(No more than 300 words)**

**3.3 Assessment of Risks and Constraints**

Detail any risks and constraints you have identified through the planning of your project, along with the countermeasures which will be put in place to minimise their impact on the project (Risks and constraints can be economic, financial, legal, managerial, staffing, technical or timing e.g. risk of a cost overrun or lack of engagement/interest).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk/ Constraint Description** | **Category (funding, operating etc)** | **Risk (High/ medium/ low)** | **Proximity****(short, medium, long term)** | **Counter-measures** | **Owner** | **Author** | **Date****Identified** | **Date****Last Updated** | **Current****Status** |
|  |  |  |  |  |  |  |  |  |  |

**Risk score: High, Medium, Low**

**PART C**

**SECTION 4 – PROJECT MANAGEMENT EXPERIENCE AND CAPACITY**

**4.1 Project Management Experience**

Provide details of your project management experience, financial control procedures and other controls (including compliance with participant eligibility rules, governance arrangements and the processing and storage of participant data) for your project.

|  |
| --- |
|  |

**(No more than 500 words)**

**4.2 Quality Framework**

**How will your project comply with the Department for the Economy’s Quality Framework?**

|  |
| --- |
|  |

**(No more than 300 words)**

**4.3. Communication and Marketing Strategy**

Provide details of the proposed communication/marketing strategy for your project.

|  |
| --- |
|  |

**(No more than 250 words)**

**4.4 Stakeholder Engagement Strategy**

Provide details of the proposed stakeholder engagement strategy for your project.

|  |
| --- |
|  |

**(No more than 250 words)**

**4.5 Exit Strategy**

Provide details of the proposed exit strategy for your project.

|  |
| --- |
|  |

**(No more than 250 words)**

|  |
| --- |
| **CERTIFICATION** |
| We hereby certify that we have read and understood the supporting guidance to this application together with the ESF Operational Programme. We further certify that the information contained in this application is correct and confirm that this project will be delivered as described in the application. We understand that providing wrong or misleading information is an offence and such information may be used against us in any subsequent criminal investigation. We understand the information contained in this application may be subject to pre-Letter of Offer verification checks by the ESF Managing Authority. Wrong or misleading information contained in the application may result in the refusal or withdrawal of a letter of offer of grant funding by the ESF Managing Authority.We acknowledge that this application and subsequent project performance will be subject to regular monitoring/auditing by the ESF Managing Authority and ESF Project Delivery Branch and undertake to keep adequate records for this purpose. We also acknowledge that the European Commission, the European Court of Auditors, the Northern Ireland Audit Office, Audit Authority, ESF Project Delivery Branch and the ESF Managing Authority, or their representatives may carry out on-the-spot checks. We understand and acknowledge that should our application for grant funding be successful, a letter of offer issued by the ESF Managing Authority will be based upon the information contained in this application. We understand the subsequent performance of our project will be measured against the information submitted in this application and the terms and conditions of the letter of offer issued by the ESF Managing Authority. We acknowledge the ESF Managing Authority reserves the right to withhold or demand repayment of monies and/or withdraw a letter of offer at any time as a result of underperformance by our project against the information contained in this application and the terms of the letter of offer.We undertake to inform the ESF Managing Authority of any intended significant changes and/or revisions to the project for their approval. We also undertake to inform the ESF Managing Authority if we receive EU PEACE IV funding under Priority 2.1 (Children and Young People 14-24 years).We undertake to repay on demand any money which has been paid, if the ESF Managing Authority, their representatives, the European Commission, the European Court of Auditors decide, after investigation, that the project has not been carried out in accordance with the application, the European Social Fund regulations or any other applicable regulations. |
|  |
|  |
| **Application Checklist**We acknowledge once submitted, we are unable to amend or add to the information contained within this application form, annexes and supporting documentation. All questions in this application form have completed and the following have been attached:-1. Completed Annexes A and B of Application Form.
2. Signed Equality of Opportunity Statement (Annex C).
3. Evidence of managing cash flow any short term deficits of the project and ability to settle its financial obligations in Year 1.
 |
| (1) Signed \* |  |
|  |  |  |  |
| Date |  |
|  |  |  |  |
| Name(IN CAPITALS) |  |
|  |  |  |  |
| Position in Organisation |  |
|  |  |  |  |
| (2) Signed \* |  |
|  |  |  |  |
| Date |  |
|  |  |  |  |
| Name(IN CAPITALS) |  |
|  |  |  |  |
| Position in Organisation |  |

\* **Application forms must be signed by two signatories on behalf of the applicant organisation and submitted electronically from an official applicant organisation email account.  A signature can be either an electronically generated signature or the typed name of the signatory and their role within the applicant organisation.**

**ANNEX A**

**Breakdown of Direct Staff Time Cost Worksheet**

****

**ANNEX B**

**Total Project Cost Summary Worksheet**

****

**ANNEX C**

**EQUALITY OF OPPORTUNITY STATEMENT**

The applicant agrees to comply with all applicable fair employment, equality of treatment and anti-discrimination legislation and shall use his/her best endeavours to ensure that in all policies, practices and delivery of services he/she has due regard to the need to promote equality of treatment and opportunity between persons of:

1. different religious belief;
2. political opinion;
3. racial group;
4. age;
5. marital status;
6. sexual orientation;
7. men and women generally;
8. persons with disability and persons without; and
9. persons with dependants and persons without.

|  |  |  |
| --- | --- | --- |
| **Signed\*** |  |   |
|  |  |  |  |  |  |   |   |  |
| **Date** |  |  |
|  |  |  |  |  |  |   |   |  |
| **Name** |  |  |
|  |  |  |  |  |  |   |   |  |
| **Position in Organisation** |  |

\* **Equality of opportunity statement must be signed by a signatories on behalf of the applicant organisation and submitted electronically with the application form. A signature can be either an electronically generated signature or the typed name of the signatory and their role within the applicant organisation.**