Insert Service Name



**UBU Your Place Your Space**

**Annual Renewal of Funding**

**APPLICATION**



 **Insert Date here**

 **UID: Insert UID here**

 **ETB: Choose an ETB**

**Eligibility for Renewal of Funding**

**Funded Organisations should complete all sections of the Renewal of Funding Template and ensure that relevant sections are signed and dated.**

|  |
| --- |
| **1.1 SCHEME ELIGIBILITY CRITERIA** |

I confirm that the organisation continues to meet the Eligibility Criteria (Appendix 1 for reference only) for the scheme.

I Insert Nameon behalf of Insert Organisation declare, that I will provide the ETB, within one week if requested, with evidence/proof of all items.

**Role:** Insert role

**Date:** Select date

**Where the organisation does not meet one or more of the Eligibility Criteria it is not eligible to apply for funding renewal** (See Appendix 1 for reference only)

|  |
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| **1.2 SCHEME ASSESSMENT CRITERIA** |

I confirm that the organisation continues to meet the Assessment Criteria (Appendix 2 for reference only) for the scheme.

I Insert Nameon behalf of Insert Organisation declare, that I will

provide the ETB, within one week if requested, with evidence/proof for all items.

**Role:** Insert role

**Date:** Select date

Where the Funded Organisation cannot meet any aspect of the Assessment Criteria, then an Action Plan must be completed and agreed with the ETB, and must be included as part of the Annual Renewal of Funding submission.

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| **1.3 Confirmation of Request for Funding in 2023** |

I confirm that the organisation will participate fully in the UBU Your Place Your Space scheme, and commit to in the trialling of sample services and tools as directed and to support the development of best practice and evaluation initiatives of the scheme.

I Insert Nameon behalf of Insert Organisation confirm the above and that I am authorised to prepare this renewal form for an allocation to be made available to this organisation for the full year of 2023. I confirm that the funding requested is required for the continued delivery of the service in 2023.

**Role:** Insert role

**Date:** Select date

|  |
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| **2. Changes agreed in the Annual Renewal of Funding** |

The table below is provided for the Funded Organisation to indicate changes that have been made and agreed with the ETB over the course of the funding year and noted in the Planning and Progress Review Meetings (PPRM). Each section in the table below corresponds to a section of the original UBU cyclical application form which the Funded Organisation should review as part of this process. This section only needs to be completed where changes have occurred.

|  |  |  |
| --- | --- | --- |
| **Application section**  | **List Changes made**  | **Agreed by ETB** **Yes/No** |
| **Organisation and Partner details**  |  | **Please Select** |
| **Response to Service Requirement**  |  | **Please Select** |
| **Service Offer Approach**  |  | **Please Select** |
| **Financial Information**  |  | **Please Select** |
| **Governance Arrangements**  |  | **Please Select** |

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| **3. Budget** |

**The budget section should be fully completed and the Rationale for Costs column should be completed for all rows. The 2022 budget column should reflect the Funded Organisation’s 2022 allocation. It is included to act as a guide to help the Funded Organisation complete the 2023 budget column, and will also allow for comparison and ease of reference to assist the ETB and Department in assessing the Renewal of Funding. Funded Organisations that received additional base funding through the Resilience and Effectiveness Initiative should add the annual increase to the 2023 budget total, and then distribute in line with reasons stipulated in the Resilience and Effectiveness application.**

**2.1 In the table below insert the approved allocation for the previous year**

|  |  |
| --- | --- |
| State the amount of UBU funding received in 2022 | **€** |
| State the amount of Resilience and Effectiveness awarded 2022 | **€** |
| State the total amount | **€** |

**2.2 Which of the UBU Your Place Your Space scheme funding strand(s) are you applying under?**

**Funding allocation under each strand:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year / Strand** | **A** | **B** | **C** |
| **Jan – Dec 2022**  | € | € | € |
| **Jan – Dec 2023** | € | € | € |

**2.3 In the table below insert:**

**Jan – Dec 2022: actual allocation received and budget approved for 2022**

**Jan – Dec 2023: the projected budget for 2023 (based on 2022 allocation plus resilience and effectiveness award)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staffing Costs** | **JAN - DEC 2022** **(actual)** | **JAN - DEC 2023 (proposed)** | **Rationale for Costs** |
| Total costs for salaries of staff engaging directly with young people including Employers PRSI |  € |  € |  |
| Staff Recruitment Costs  |  € |  € |  |
| Staff travel and subsistence costs connected with programme delivery  |  € |  € |  |
| Other – please specify |  € |  € |  |
|   |  € |  € |  |
|   |  € |  € |  |
|   |  € |  € |  |
| **Programme costs:** | **JAN - DEC 2022** **(actual)** | **JAN - DEC 2023 (proposed)** | **Rationale for Costs** |
|  Venue hire | €  | €  |  |
| Programme equipment | € | € |  |
| Tutor/facilitator/ sessional worker costs | €  | €  |  |
| Programme materials  |  € |  € |  |
| Other – please specify |  € |  € |  |
|   |  € |  € |  |
|   |  € |  € |  |
|   |  € |  € |   |
| **TOTAL DIRECT COSTS** | **€** | **€** |   |   |
|  |  |
|  | JAN – DEC 2022(actual) | JAN-DEC 2023 (proposed) | **Rationale for Costs (Including apportionment rationale)** |
| Indirect staff costs including employers PRSI  | € | € |  |
| Staff Recruitment Costs  | € | € |   |
| Staff travel and subsistence costs connected with programme delivery  | € | € |   |
| Other – please specify | € | € |   |
|   | € | € |   |
|   | € | € |   |
| Advertising and publicity costs | € | € |  |
| Rent/ rates  | € | € |  |
| Light/heat  | € | € |  |
| Non programme based equipment (computers etc.)  | € | € |  |
| Maintenance – (buildings, equipment, transport etc.)  | € | € |  |
| Insurance | € | € |  |
| IT costs | € | € |  |
| Legal costs | € | € |  |
| Audit fees | € | € |  |
| Bank charges | € | € |  |
| Administration (phone, post, photocopying, stationary) | € | € |  |
| Management cost (please outline what is included in this cost, use additional paper if needed) | € | € |  |
| Once off set up costs (please list below)  | € | € |  |
| Other (please list below ) | € | € |  |
|   | € | € |  |
|   | € | € |  |
|   | € | € |   |
| **Total Strand A/C Indirect costs**  | **€** | **€** |  |
| **TOTAL strand A/C costs**  | **€** | **€** |   |   |

**2.4** Enter the breakdown by percentage of total and amount in Euro of projected Direct and Indirect Costs

|  |  |  |
| --- | --- | --- |
|  | **JAN – DEC 2022** | **JAN – DEC 2023** |
| **%** | **€** | **%** | **€** |
| **Strand A/C Direct Costs**  |  **%** | **€** |  **%** | **€** |
| **Strand A/ C Indirect Costs**  |  **%** | **€** |  **%** | **€** |
| **TOTAL strand A /C Costs** |  | **€** |  | **€** |

**Access to facilities – Strand B**

In the template below estimate the level of income you expect to generate in the calendar year

|  |  |  |
| --- | --- | --- |
| **Year / Space** | **Office space** | **Activity space**  |
| **JAN– DEC 2023** | **€** | **€** |

|  |
| --- |
| **Strand B Funding**  |
|  | **JAN – DEC 2022** |  **JAN– DEC 2023** | **Rationale for Costs** |
| Salary/pay costs of staff  | € | € |  |
| Staff recruitment costs | € | € |  |
| Other – please specify | € | € |  |
|  | € | € |  |
|  | € | € |  |
|  **Overhead costs associated with operating the facility for the target group: Rationale for Costs (including apportionment rationale)** |
| Management cost (please outline what is included in this cost, use additional paper if needed) | € | € |  |
| Advertising and publicity costs | € | € |  |
| Rent/ rates  | € | € |  |
| Light/heat  | € | € |  |
| Non programme based equipment (computers etc.)  | € | € |  |
| Maintenance – (buildings, equipment, transport etc.)  | € | € |  |
| Insurance | € | € |  |
| IT costs | € | € |  |
| Legal costs | € | € |   |
| Audit fees | € | € |  |
| Bank charges | € | € |  |
| Administration (phone, post, photocopying, stationary) | € | € |  |
| Other (please list below) | € | € |  |
|  | € | € |  |
|  | € | € |  |
| **Total Strand B Costs:** | **€** | **€** |  |

APPLICANT DECLARATION OF ASSURANCE

INSERT NAME OF ORGANISATION

We, the undersigned, on behalf of certify that all of the information contained in the Renewal for Funding is current and accurate. We also certify that the resources applied for as part of this submission are not funded from any other sources.

Furthermore, we agree to use the funding provided in accordance with the terms and conditions outlined by the Department of Children, Equality, Disability, Integration and Youth in the UBU Your Place Your Space Policy and Operating Rules document and all relevant governance policies issued by government departments including GDPR. We commit to inform the ETB of any changes that might impact on the ability of the organisation to deliver these services, and to otherwise seek agreement before changes to service delivery are implemented.

I, the undersigned[[1]](#footnote-1) assure that all information contained in this application is current and accurate:

|  |  |
| --- | --- |
| Please Select | Enter signature |
| Chairperson or equivalent | Enter signature |
| Date | Choose a date |

**APPENDIX 1 – Eligibility Criteria**

**The list of criteria are provided for reference only. Please go to and complete section 1.1 above.**

|  |
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| **ELIGIBILITY CRITERIA** |

**Section A: The following 12 questions will be used to assess the organisation’s eligibility to access funding under the UBU Your Place Your Space scheme. All applicant organisations must be in a position to answer Yes to all of the Eligibility Criteria questions prior to submitting an application for funding. The ETB reserves the right to ask for evidence relating to each question.**

|  |  |
| --- | --- |
| **No.** | **Eligibility Criteria** |
| **1** | **Do you have a Memorandum and Articles of Association or a Constitution, which outlines the projects governance structure, and a list of the Board of Directors?** |
| **2** | **Are you willing to provide the financial records and related materials in respect of the Grant provided for auditing and inspection purposes by DCEDIY, ETB and/or its designated bodies, or the Comptroller and Auditor General?** |
| **3** | **Are you willing to fulfil the UBU Your Place Your Space scheme rules?** |
| **4** | **Are you willing to comply with the DPER circular 13/2014 and have you the appropriate systems in place to ensure compliance?** |
| **5** | **Are you compliant with the Children First Act 2015?** |
| **6** | **Do you have appropriate levels of insurance in place on all the project’s assets, public liability and employer’s liability? (The levels of insurance required cover: €12.7 million for employer’s liability insurance; and €6.5 million for public liability insurance.)****AND****Have you specifically indemnified the ETB and DCEDIY in all insurance policies?** |
| **7** | **Have you a recruitment and selection process in place that is compliant with the relevant legislation inclusive of Garda Vetting of adults working with young people in a paid and voluntary capacity in line with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016.** |
| **8** | **Have you an Organisational Health and Safety Statement and Policy in place and have you a listed person as Health & Safety Officer?** |
| **9** | **Have you accounts that are audited on a calendar year by external auditors, both signed and available?** |
| **10** | **Is your organisation fully compliant with all its relevant governance code/s? (e.g. companies ltd by guarantee with no share capital , public bodies, charitable bodies[[2]](#footnote-2), cooperatives)** |
| **11** | **Is your organisation willing to participate in the trialling of sample services and tools as directed by ETBs and DCEDIY to support development of best practice and evaluation initiatives?** |
| **12** | **Is your organisation willing to report directly to the ETB on work with young people, targets achieved and financial matters?** |

**APPENDIX 2**

**The list of criteria are provided for reference only. Please go to and complete section 1.2 above.**

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| **SCHEME ASSESSMENT CRITERIA** |

**Where your organisation answers \*NO to any of the criteria below an action plan must be prepared and agreed with the ETB**.

Use the Action Plan template which is included in Appendix 3

|  |  |  |
| --- | --- | --- |
|  | **No.** | **ASSESSMENT CRITERIA DECLARATION FORM** |
| **Section 2** | 1 | Is proposed service offer fully in line with the **geographical location / theme** outlined in the ETB **Service Requirement?** |
| 2 | Is your proposed service offer focused on addressing the **issues affecting** the target group outlined in the ETB **Service Requirement?** |
| 3 | Is your proposed service offer focused on the **target group** outlined in the ETB **Service Requirement(s)?** |
| 4 | Is your proposed service offer in line with the **type and amount** outlined in the ETB **Service Requirement(s)?** |
| 5 | Is your proposed service offer operating in an **out of school** setting (see appendix 1 for the definition) |
| 6 | Is a minimum of **80%** of your available delivery hours spent **with the target group** of young people for the UBU Your Place Your Space scheme? (Strand A only. Do not answer if you are only applying for strand B or C.) |
| 7 | Is your proposed service offer using the **nine areas of provision** (appendix 2) or providing facilities/capacity building for groups who are offering a service for young people using the nine areas of provision? |
| **Section 3** | 8 | Is your proposed service offer in line with the **mission, vision, values and goals** of the UBU Your Place Your Space scheme? |
| **Section 4-5** | 9 | Do you have efficient and transparent **governance, management and administration** systems in place to support quality work? |
| 10 | Does the **proposed expenditure** meet the rules of the scheme (as set out in chapter 7 ofthe UBU Your Place Your Space, Policy and Operating Rules document) |

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| APPENDIX 3 ACTION PLAN  |
| ACTION PLAN Assessment criteria 1 – 7  |
| If you not meet one or more of the Assessment Criteria 1-7 please complete this section of the action plan. When you have completed all sections of the action plan please sign at the end of section 5 for agreement with ETB.  |
| Criteria to be addressed | Specific area for improvement | Action(what will be done) | Person responsible(by whom) | Timeline | Completion dateSign-off-for **ETB use only** as part of Performance & Oversight ENGAGEMENT FRAMEWORK (poef) |
| 1. Is the proposed service offer fully in line with the geographical location / theme outlined in the ETB Service Requirement? |  |  |  | Choose Date |  |
| 2. Is your proposed service offer focused on addressing the issues affecting the target group outlined in the ETB Service Requirement? |  |  |  | Choose Date |  |
| 3. Is your proposed service offer focused on the target group outlined in the ETB Service Requirement(s)? |  |  |  | Choose Date |  |
| 4. Is your proposed service offer in line with the type and amount outlined in the ETB Service Requirement(s)? |  |  |  | Choose Date |  |
| 5. Is your proposed service offer operating in an out of school setting (see appendix 1 for the definition) |  |  |  | Choose Date |  |
| 6. Is a minimum of 80% of your available delivery service hours spent with the target group of young people for the UBU Your Place Your Space scheme? (Strand A only) |  |  |  | Choose Date |  |
| 7. Is your proposed service offer using the nine areas of provision (appendix 2) or providing facilities/capacity building for groups who are offering a service for young people using the nine areas of provision?  |  |  |  | Choose Date |  |

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| If you not meet one or more of the Assessment Criteria 8 please complete this section of the action plan. When you have completed all sections of the action plan please sign at the end of section 5 for agreement with ETB.  |
| Criteria to be addressed | Specific area for improvement  | Action (what will be done)  | Person responsible (by whom) | Timeline  | Completion dateSign-off-for **ETB use only** as part of Performance & Oversight process |
| 8. Is your proposed service offer in line with the mission, vision, values and goals of the UBU Your Place Your Space scheme? |  |  |  | Choose Date |  |

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| If you not meet one or more of the Assessment Criteria 9-10 please complete this section of the action plan. When you have completed all sections of the action plan please sign below for agreement with ETB.  |
| Criteria to be addressed | Specific area for improvement  | Action (what will be done)  | Person responsible (by whom) | Timeline  | Completion dateSign-off-for **ETB use only** as part of Performance & Oversight process |
| 9. Do you have efficient and transparent governance, management and administration systems in place to support quality work? |  |  |  | Choose Date |  |
| 10. Does the proposed expenditure meet the rules of the scheme (as set out in chapter 7-financial rules) |  |  |  | Choose Date |  |
| Action Plan agreed by  | **ETB**  | **Signature****Date** |
| **Applicant Organisation** | **[[3]](#footnote-3)Signature****Date** |

1. By digitally inserting or printing your name here you are signing the declaration on behalf of your organisation. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. By digitally inserting or printing your name in this section you are signing the action plan agreement on behalf of your organisation [↑](#footnote-ref-3)