Insert Service Name



**UBU Your Place Your Space**

**APPLICATION FOR FUNDING**

**JANUARY – DECEMBER 2024**



 **UID: Insert UID here**

|  |
| --- |
| **ELIGIBILITY CRITERIA** |

**Section A:** The following 12 questions will be used to assess the organisations 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** | **Yes** | **No** |
| 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? (Can you provide Child Safeguarding Statement if requested?) |[ ] [ ]
| 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 and have available the 2022 signed **audited accounts**? |[ ] [ ]
| 10 | Is your organisation fully compliant with all its relevant **governance code(s)**? (e.g. Charities Regulators Code, companies ltd. by guarantee with no share capital, public bodies, cooperatives) |[ ] [ ]
| 11 | Is your organisation willing to participate in the **trialling** 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? |[ ] [ ]

I Insert Name[[1]](#footnote-2)on behalf of Insert Organisation declare, that I will provide the ETB, within one week if requested, with evidence/proof for all items where I ticked “Yes” above.

**Role:** Insert role

**Date:** Select date

|  |
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| **SCHEME ASSESSMENT CRITERIA** |

**Section B:** The following questions will be used as a part of the assessment process for entry to the UBU Your Place Your Space scheme. In this section you are asked to declare if you are fully compliant with the assessment criteria, you will then be asked to demonstrate various elements of these throughout the application form attached. The ETB reserve the right to ask for evidence relating to each question.

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

Use the Action Plan template which is included in each corresponding section of the application form (see column 1) to address each outstanding issue as you move through the form, and provide a clear timeframe for completion. Full compliance must be achieved by June 2024.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No.** | **ASSESSMENT CRITERIA DECLARATION FORM[[2]](#footnote-3)** | **Yes** | **No** |
| **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 groups** 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 groups** 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 of the UBU Your Place Your Space, Policy and Operating Rules document) |[ ] [ ]

|  |
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| ACTION PLAN Assessment Criteria 8 |
| If you have indicated No in your scheme assessment self-declaration on page 3 for criteria eight 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 |  |

SECTION 1. APPLICANT DETAILS

**1.1** Lead Applicant

|  |  |
| --- | --- |
| **Applicant Organisation: (Legal Entity)** |  |
| **Organisation Known As:** |  |
| **Business Address:** |  |
|  | **Eircode:** |  |
| **Contact Name:**  |  |
| **Contact Position:** |  |
| **Telephone No:** |  | **Mobile No:** |  |
| **Email Address:** |  |
| **Website:** |  |
| **Social Media:** |  |

**1.2** Partner Applicant (if applicable)

|  |  |
| --- | --- |
| **Organisation Name:**  |  |
| **Organisation Legal Status:** |  |

**1.3** Does an MOU exist between the lead applicant and the partner applicant?

Yes [ ]  No [ ]

**Partner Applicants (If Applicable)**

**1.4** Briefly outline the role of the partner applicant relative to the role of the lead applicant (maximum of 1600 characters, including spaces)

**1.5** Briefly outline the experience of the partner applicant to assist in delivering services to the young people in the target group(s) you have indicated (maximum of 1600 characters, including spaces)

**1.6** Contact information for display on DCEDIY websites/maps

|  |  |
| --- | --- |
| **Youth Service Name**  |  |
| **Location/s or address of service including Eircode/s:****(include all buildings the service will operate from)** |  |
| **Contact Person/s for the UBU Youth Service:**  |  |
|  |
| **Telephone No:** |  |
| **Email Address:** |  |
| **Website:** |  |
| **Social Media:** |  |
| **In 800 characters or less please describe your UBU Your Place Your Space youth service. This is for use on the UBU Your Place Your Space scheme website.**  |  |

SECTION 2. RESPONSE TO SERVICE REQUIREMENT[[3]](#footnote-4)

**2.1 In line with the ETB service requirement which of the UBU Your Place Your Space Scheme funding strand(s) is the applicant organisation applying for under?**

A [ ]  B [ ]  C [ ]

**2.2 Services for young people - Strand A -** Use the table below to demonstrate how your organisation proposes to respond to the Service.

Requirement with specific reference to the 7 social and personal development outcomes, and the various service types your project will employ,

to support young people to develop their social and personal development outcomes and to co-produce improvements in their circumstances.

over the 12 month of this application process. This is a high level proposed work plan for January 2024 – December 2024. **Indicative seasonal**

**timetables will need to be submitted to the ETB throughout the funding cycle.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Location** |  |  |  |  |  |  |  |
| **Which Target group(s) as per your service requirement [[4]](#footnote-5)** | Select Target Group | Select Target Group | Select Target Group | Select Target Group | Select Target Group | Select Target Group | Select Target Group |
| **Ages** | Choose Age | Choose Age | Choose Age | Choose Age | Choose Age | Choose Age | Choose Age |
| **Time of Day** | Time of Day | Time of Day | Time of Day | Time of Day | Time of Day | Time of Day | Time of Day |
| **Issue/needs addressed** |  |  |  |  |  |  |  |
| **Proposed no. of young people to be engaged over period of application**  |  |  |  |  |  |  |  |
| **Proposed average no. of young people per week**  |  |  |  |  |  |  |  |
| **Proposed average no. of hours per week** |  |  |  |  |  |  |  |
| **What provision type[[5]](#footnote-6) will you use to address these issues/needs?** | Choose provision | Choose provision | Choose provision | Choose provision | Choose provision | Choose provision | Choose provision |
| **If ‘multiple’ selected above, please state provision types to be used (Use descriptor from drop down list)** |  |  |  |  |  |  |  |
| **Outcome areas[[6]](#footnote-7)** | Choose Outcome | Choose Outcome | Choose Outcome | Choose Outcome | Choose Outcome | Choose Outcome | Choose Outcome |
| **If ‘more than 1’ selected above, please state outcome areas (Use descriptor from drop down list)** |  |  |  |  |  |  |  |
| **Identify the post and number of UBU Your Place, Your Space funded staff that will be delivering these programmes (e.g. 2 youth workers)** |  |  |  |  |  |  |  |
| **Identify the type and number of additional human resources that will be supporting the delivery of these programmes****(e.g. 2 adult volunteers, 1 CE worker, 3 students)** |  |  |  |  |  |  |  |

**Please outline**

a) How do you intend to engage the target young people for this service?

b) How will you ensure that young people in need of additional support are prioritised within the service? (maximum of 1600 characters, including spaces)

**2.3 Access to Facilities – Strand B**

Location of the facility

Eircode

Use the table below to demonstrate how your organisation proposes to respond to the Service Requirement over the **12 month** of this application process with funding from the UBU Your Place Your Space scheme. This is a high level proposed plan for **January 2024 – December 2024**. This will be developed in greater detail if your organisation is approved for entry into the UBU Your Place Your Space scheme.

Is this facility solely for use by the target group for the UBU Your Place Your Space scheme? Yes [ ]  No [ ]

Do you have an apportionment policy in place Yes [ ]  No [ ]

Please outline below the type and amount of access to facilities you provide for the target group/youth organisation? **This is to be completed by organisations applying for Strand B funding only (**not for organisations applying for Strand A **and** B**)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of organisation****accessing facilities for youth purposes** | **Is this org in receipt of UBU****Your Place Your Space funding?** | **Target group****per your****service****requirement** | **Is office****space****provided?** | **Is activity****space****provided?** | **Is there a****charge to the youth organisation****for this space?[[7]](#footnote-8)** | **List activity space provided (eg hall, kitchen, football pitch, computer room)** | **Average hours****per week of****activity space****provided** |
|  | Yes [ ]  No [ ]  | Select Target Group | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |  |

**2.4 Capacity Building – Strand C**

Use the table below to demonstrate how your organisation proposes to respond to the Service Requirement with specific reference to organisations you propose to provide capacity building support to, the nature of that support and the key target groups they/you will engage over the **12 months** of this application process with funding from the UBU Your Place Your Space scheme. This is a high level proposed plan for **January 2024 – December 2024**. This will be developed in greater detail if your application is approved for entry into the UBU Your Place Your Space scheme.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the youth****organisation or the section of your own organisation****supported** | **Is this org in****receipt of UBU****scheme****funding?** | **Target group****per your service****requirement** | **Type of support** | **Short description of how the support will be delivered and the****frequency of delivery** |
|  | Yes [ ]  No [ ]  | Select Target Group | Choose Type of Support |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Choose Type of Support |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Choose Type of Support |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Choose Type of Support |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Choose Type of Support |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Choose Type of Support |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Choose Type of Support |  |
|  | Yes [ ]  No [ ]  | Select Target Group | Choose Type of Support |  |

**2.5** Outline how you will address the issues affecting, and the factors to consider for the target group as outlined in the service requirement. (maximum 1000 characters)

|  |
| --- |
| ACTION PLAN Assessment criteria 1 – 7  |
| If you have indicated No in your scheme assessment self-declaration on page 4 for criteria one to seven 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 |
| 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 |  |

SECTION 3. SERVICE OFFER APPROACH

Mission, vision, goals and objectives of the UBU Your Place Your Space scheme

**3.1** Provide a Statement of Practice which outlines how your organisation will operate in line with the mission, vision, goals and objectives of UBU Your Place Your Space. (Maximum of 500 words)

**What** do you intend to do, **who** will you do it with, **how** will you do it, **where** will you do it, **what** do you expect to achieve?

**3.2** What quality systems and practices will you use to ensure quality work under the UBU Your Place Your Space Scheme? (Maximum 1900 characters)

**3.3** Please outline the agencies you work with and select the type of engagement you have with these

|  |  |
| --- | --- |
| **List Agency Name**  | **How does your organisation work****with this agency? (what best****describes)** |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |

**3.4** Are you in receipt of funding from other sources for working with similar cohorts of young people?

Yes [ ]  No [ ]

If yes, please outline how your service offer is distinct from these, and the added value this approach brings to young people (maximum 1900 characters)

**3.5** Please describe how young people:

a) Will be involved in the design, delivery and evaluation of services

b) Will have a voice and influence decisions throughout the organisation. (maximum 1900 characters)

**3.6** What systems and practices are in place to ensure equality and inclusiveness? (maximum 1900 characters)

**3.7** Do you have any local advisory structures in place? Yes [ ]  No [ ]

If yes, please indicate how many times a year the local advisory will meet

**3.8** Are young people (under 25) represented on either your board or local advisory structure? Yes [ ]  No [ ]

SECTION 4. FINANCIAL INFORMATION

**4.1** Organisation details

|  |  |
| --- | --- |
| **CRO Number** |  |
| **Tax Reference No.** |  |
| **Is your organisation a registered charity?** | Yes [ ]  No [ ]  | **If yes, enter your Charity Registration Number:** |  |

**4.2** Roles funded by UBU Your Place Your Space

|  |
| --- |
| **STAFFING – UBU Your Place Your Space** |
| **Title of Post** | **(hours per week)** | **Please record the title of the highest most appropriate qualification for the post** | **Is a pay scale used (if yes include pay scale)** |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |
| **Total number of whole time equivalent posts in the youth service (funded by all funders)** |  |
| **Total number of whole time equivalent posts funded under UBU scheme in the youth service** |  |
| **Total number of Adult Volunteers Expected (if applicable)** |  | **Expected Average Weekly Number of Hours Available from Adult Volunteers** |  |
| **Total number of CE Staff expected (if applicable)** |  | **Expected Average Weekly Number of Hours Available from CE Staff** |  |
| **Total number of Students Expected (if applicable)** |  | **Expected Average Weekly Number of Hours Available from Students** |  |

**4.3 Budget**

|  |  |
| --- | --- |
| State the amount of UBU funding received in 2023  | **€** |

Which of the UBU Your Place Your Space scheme funding strand(s) are you applying under? Strand A [ ]  Strand B [ ]  Strand C [ ]

Quantity of Funding applied for under each strand

|  |  |  |  |
| --- | --- | --- | --- |
| **Year / Strand** | **A** | **B** | **C** |
| **Jan – Dec 2024** | € | € | € |

**4.4 In the table below enter the total amounts for each area projected for January 2024 – December 2024.**

|  |
| --- |
|  **Service for young people and / or capacity building Strand A and / or C - DIRECT COSTS** |

|  |  |
| --- | --- |
|  |  **Rationale for Costs (Including apportionment rationale)** |
| **Staffing Costs** | **JAN – DEC 2023** | **JAN – DEC 2024** |   |
| Total costs for salaries of staff engaging directly with young people including Employers PRSI (please list the no. of staff employed and a breakdown of salary costs included) |  € |  € |  |
| Staff Recruitment Costs  |  € |  € |  |
| Staff travel and subsistence costs connected with programme delivery  |  € |  € |  |
| Other – please list and specify in detail |  € |  € |  |
|   |  € |  € |  |
|   |  € |  € |  |
|   |  € |  € |  |
| **Programme costs:** | **JAN – DEC 2023** | **JAN – DEC 2024** |   |
|  Venue hire |  € |  € |  |
| Programme equipment |  € |  € |  |
| Tutor/facilitator/ sessional worker costs |  € |  € |  |
| Programme materials  |  € |  € |  |
| Other – please list and specify in detail |  € |  € |  |
|   |  € |  € |  |
|   |  € |  € |  |
|   | €  | €  |   |
| **TOTAL DIRECT COSTS** | **€** | **€** |   |   |
|  |  |
| **Strand A/C INDIRECT COSTS** |  |  | **Rationale for Costs (Including apportionment rationale), please be specific.**  |
| **Indirect Staffing Costs** | **Jan – Dec 2023** | **Jan – Dec 2024** |  |
| Indirect staff costs including employers PRSI  | € | € |  |
| Staff Recruitment Costs  | € | € |   |
| Staff travel and subsistence costs connected with programme delivery  | € | € |   |
| Other – please list and specify in detail | € | € |   |
|   | € | € |   |
|   | €  | €  |   |
| **OVERHEAD COSTS:** |  |  |  |
| 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, add additional line if needed) | € | € |  |
| Once off set up costs (if any, please list below)  | € | € |  |
| Other (please list and specify in detail below ) | € | € |  |
|   | € | € |  |
|   | € | € |  |
|   | € | € |   |
| **Total Strand A/C Indirect costs**  | **€** | **€** |  |
| **TOTAL strand A/C costs**  | **€** | **€** |   |   |

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

|  |  |  |
| --- | --- | --- |
|  | **January – December 2023** | **January – December 2024** |
| **%** | **€** | **%**  | **€** |
| **Strand A/C Direct Costs**  | **%** | **€** |  **%** | **€** |
| **Strand A/ C Indirect Costs**  | **%** | **€** |  **%** | **€****234** |
| **TOTAL strand A /C Costs** |  | **€** |  | **€** |

**Access to facilities – Strand B**

In the template below estimate how much income do you expect to generate from organisations listed in the template in section 2.3

|  |  |  |
| --- | --- | --- |
| **Year / Space** | **Office space** | **Activity space**  |
| **Jan – Dec 2024** | **€** | **€** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Strand B Funding** |  |  |  |
|  |  **JAN – DEC 2023** | **JAN – DEC 2024** |  |
| Salary/pay costs of staff  | € | € |  |
| Staff recruitment costs | € | € |  |
| Other – please list and specify in detail | € | € |  |
|  | € | € |  |
|  | € | € |  |
| Overheard costs associated with operating the facility for the target group |  |  |  |
| Management cost (please outline what is included in this cost, add additional line 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 and specify in detail below) | € | € |  |
|  | € | € |  |
|  | € | € |  |
| **TOTAL in 2023 & 2024** | **€** | **€** |  |

SECTION 5. GOVERNANCE ARRANGEMENTS

**5.1** If you are you a company limited by guarantee please indicate the date of your last company return*s*: Select Date

**5.2** Do you have a board in place? Yes [ ]  No [ ]

If yes, please indicate how many times a year the board meets:

Please state how many members are on the board:

**5.3** Please include an organigram of your full organisation demonstrating highlighting any posts or shared services that are fully or partly funded applied for under this UBU Your

Place Your Space application. Please submit a separate copy if unable to attach on this page. *(list posts/roles not people)*



**5.4** Does your board have strategies to deal with financial and operational risks? Yes [ ]  No [ ]

**5.5** Has your organisation clearly defined structures in relation to the respective roles of the board and senior management? Yes [ ]  No [ ]

|  |
| --- |
| ACTION PLAN |
| If you have indicated No in your scheme assessment self-declaration on page 3 for criteria nine or ten 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 |  |
| [[8]](#footnote-9)Action Plan agreed by  | **ETB**  | **Signature****Date** |
| **Applicant Organisation** | **[[9]](#footnote-10)Signature****Date** |

APPLICANT DECLARATION OF ASSURANCE

INSERT NAME OF ORGANISATION

We, the undersigned, on behalf of certify that all the

information contained in this form is current and accurate.

We also certify that the resources applied for in this application 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 DCEDIY 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[[10]](#footnote-11), assure that all information contained in this application is current and accurate:

|  |  |
| --- | --- |
| CEO/Director/Lead Worker (digital signature) |  |
| Printed Name  |  |
| Chairperson or equivalent (digital signature) |  |
| Printed Name |  |
| Date | Choose a date |

**Appendix 1: Rules for Service Delivery Types**

**Describe how you will work with the group(s)/individual(s) including overall approach to activities.**

• Structured small group work (groups of between two and eight young people): issue-based interventions and training, interest-based interventions, task-based groups such as preparing for events, small-group coaching/mentoring, youth forums/leadership roles, and activity-based interventions, e.g. sport, art, drama and music clubs.

• Unscheduled interventions (young people that are deemed a priority – unexpected drop-ins): crisis intervention/support, structured conversations with young people in response to an emerging issue in their lives, and structured conversations with young people to establish or maintain a positive relationship.

• Structured large group working with groups of nine or more young people: youth clubs and groups, drop-ins, youth forums, activity-based interventions, and issues-based interventions and training.

• Outreach: detached work that takes place in the young person’s own space, street work – work with young people on the streets with a view to bringing them in to services, outreach – home visits, prison visits, visits to parents, and visits to schools, etc. to promote the services.

• Residentials: trips away (involving at least one night away from home) with groups including, but not limited to, activity-based and issue-based trips or exchanges.

• Large group events: festivals focused on young people, e.g. Halloween, summer youth service day for young people, and community events.

• Advocacy work: advocacy work with or on behalf of a young person/group of young people, including access to referral pathways.

• Support of youth volunteers: direct support of young volunteers aged up to and including 24 years old as they work with the target group, and structured supervision/training of a young volunteer as they progress into leadership roles within the service.

• One-to-ones with young people: coaching and mentoring, advocacy, and crisis intervention/support.

**Appendix 2: For the purpose of this programme we are focusing on the 7 social and personal development outcomes (identify the primary outcome/s which will be addressed)**

7 Social and Personal Development Outcomes

1. Communication Skills.
2. Confidence & Agency.
3. Planning & Problem Solving.
4. Relationships.
5. Creativity & Imagination.
6. Resilience & Determination.
7. Emotional Intelligence.
1. You must be authorised to sign on behalf of the organisation and by digitally inserting or printing your name here

you are signing the declaration on behalf of your organisation [↑](#footnote-ref-2)
2. This section should be revisited by the applicant organisation after fully completing the rest of the application form [↑](#footnote-ref-3)
3. See section 6.7 of the UBU Your Place Your Space Policy and Operating Rules for service delivery rules relevant to this section [↑](#footnote-ref-4)
4. Identify the group you will deliver services to as per the Service Requirement. [↑](#footnote-ref-5)
5. Describe how you will work with the group(s)/individual(s) including overall approach to activities. (appendix 1) [↑](#footnote-ref-6)
6. For the purpose of this programme we are focusing on the 7 social and personal development outcomes appendix 2 (identify the primary outcome/s which will be addressed) [↑](#footnote-ref-7)
7. Outline in the finance section how much income you expect to generate over the period of this application process from the organisations included in this template. [↑](#footnote-ref-8)
8. See policy and operating rules section 5.1 [↑](#footnote-ref-9)
9. By digitally inserting or printing your name in this section you are signing the action plan agreement on behalf of your organisation [↑](#footnote-ref-10)
10. By digitally inserting or printing your name here you are signing the declaration on behalf of your organisation [↑](#footnote-ref-11)