**APPLICATION FORM:**

**Provision of a Young Parent Support Programme (YPSP) Service in**

**Sligo/Leitrim/West Cavan**

**Section 1: Organisation details**

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| **Organisation Details & Contacts** | | | | | | | | |
| **Name of Organisation**  *(This should be the official or Registered Legal Entity name)* | | |  | | | | | |
| **Trading Name (known as)**  *(If different from above)* | | |  | | | | | |
| **Address of Organisation**  *(This should not contain the*  *personal name or address of*  *an individual e.g., secretary)* | | | **Line 1** | |  | | | |
| **Line 2** | |  | | | |
| **Line 3** | |  | | | |
| **Town** | |  | | | |
| **County** | |  | | | |
| **Eircode** | |  | | | |
| **Telephone Number/s** | | | | **Contact e-mail/s** | | | | **Website if Applicable** |
| **Mobile:** | |  | |  | | | |  |
| **Landline:** | |  | |
| **Application Contact Details** | | | | | | | | |
| **Organisation Key / Main Contact Details** *(This should be the person who has overall responsibility for this application and potential funding arrangement and will act as key contact person with the Executive)* | | | | | | | | |
| **Title** |  | | | | | | | |
| **Name** |  | | | | | | | |
| **Address** |  | | | | | | | |
| **Email** |  | | | | | | | |
| **Phone** |  | | | | | **Mobile** |  | |
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| **Authorised Signatory Contact Details**  *(The person authorised by your organisation to sign the Funding Arrangement should this application be successful) – Chairperson or delegate* | | | | | | | | |
| **Title** |  | | | | | | | |
| **Name** |  | | | | | | | |
| **Address** |  | | | | | | | |
| **Email** |  | | | | | | | |
| **Phone** |  | | | | | **Mobile** |  | |

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| **Organisation Overview** | | | | |
| **Status /Structure of Organisation** | | | | |
|  | **Yes** | **No** | **Tick Yes / No as Appropriate** | |
| **Is your Organisation a registered Charity?** |  |  | **If yes, please provide Charity Regulatory Authority Number >** |  |
| **Is your Organisation registered with Revenue for Charity Tax Exemption?** |  |  | **Please provide Revenue CHY Number >** |  |
| **Is your Organisation a registered Company?** |  |  | **If yes, please provide Company Number (CRO Number) >** |  |
| **Is your Organisation a voluntary or community “*Not for Profit*” organisation?** |  |  | **If yes & you are neither a Registered Charity / Company or Statutory Body, please give details of your organisation’s structure/status >**  **If no, please describe your organisation >** |  |

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| **Organisation Aims & Objectives**  **(Please provide an overview of your Organisation’s aims & objectives)** |
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**Section 2: Criteria for selection**

* **Organisations Interest in providing a YPSP Service in Sligo/Leitrim/West Cavan (10%)**
* **Track record of working effectively to deliver programmes that improve outcomes for Young People, Parents and or Children (20%)**
* **Evidence of working in partnership with Statutory and Voluntary Service providers (20%)**
* **Evidence of organisational capacity to deliver the commissioned service (40%)**
* **Examples of the ability to provide timely and accurate data to facilitate monitoring and evaluation of projects or services (10%)**

Responses to the following questions will inform the assessment by the panel against the criteria listed above.

1. **Why is your organisation interested in providing the YPSP Service in Sligo/Leitrim/West Cavan? (10%)**

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| **(Max Word count 200 words)** |

1. **Track record of working effectively to deliver programmes that work with Young People, Parents and Children in a child centred way that promotes participation and improves their outcomes.** Provide 3 examples that clearly describe the situation, task, needs assessment, action, participative Methodology, and outcome for each example **(20%)**

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| **Example 1 (Max Word count 250 words)** |
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| **Example 2 (Max Word count 250 words)** |
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| **Example 3 (Max Word count 250 words)** |

1. **Evidence of working in partnership with Statutory and Voluntary Service providers.** Provide 2 examples of partnership working with services including liaising with key stakeholders. **(20%)**

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| **Example 1 (Max Word count 250 words)** |
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| **Example 2 (Max Word count 250 words)** |

1. **Evidence of organisational capacity to deliver the commissioned service (40%)**
2. **Please outline your proposed step-by-step approach to setting up this new service.**

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| **(Max Word count 250 words)** |

1. **Outline your organisational capacity to implement this new service in Sligo/Leitrim/West Cavan.**

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| **(Max Word count 250 words)** |

1. **Please provide a description of your organisation’s experience in recruitment, line management and supervision of staff and volunteers**

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| **(Max Word count 250 words)** |

1. **Please outline your organisational expertise, experience, and capacity to provide financial reporting and management of the YPSP.**

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| **(Max Word count 250 words)** |

1. **The budget allocation for the development of the YPSP site is €125,000**. **Please provide a breakdown of how you will allocate this project funding on an annual basis.**

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| **Detailed Breakdown of Projected Expenditure**   |  |  |  | | --- | --- | --- | | **Salaries & Wages** |  | **Projected Expenditure** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Total** |  |  | |  |  |  | | **Goods & Services** |  | **Projected Expenditure** | | Staff Expenses - Mileage |  |  | | Rent |  |  | | Heat & Light |  |  | | Telephone |  |  | | Office Costs |  |  | | Technology |  |  | | **Total** |  |  | |  |  |  | | **Capital Costs** |  | **Projected Expenditure** | | Furniture & Fittings |  |  | | IT Equipment |  |  | | Insurance |  |  | | Audit |  |  | | Postage |  |  | | **Total** |  |  | |  |  |  | | **Programme Costs** |  | **Projected Expenditure** | | Training, Capacity Building |  |  | | Conferences & Seminars |  |  | | Materials |  |  | | Group Work |  |  | | Other |  |  | | **Total** |  |  | |  |  |  |   **SUMMARY of BUDGET Expenditure** |
| |  |  |  | | --- | --- | --- | | **Summary of Budget Headings** |  | **Overall Budget for each heading** | | **Salaries & Wages** |  |  | | **Goods & Services** |  |  | | **Capital Costs** |  |  | | **Programme Costs** |  |  | | **Overall Total Cost** |  |  | |  |  |  | |  | | | |

1. **The successful organisation will be required to provide timely and accurate data to facilitate monitoring and evaluation of YPSP (10%)**

Please provide an example of the data capture, evaluation and reporting your organisation currently undertakes in relation to programmes your organisation delivers.

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| **(Max Word count 250 words)** |

1. **Where in Sligo/Leitrim/West Cavan do you envisage your organisation will base the Young Parent Support Programme team?**

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***Closing Date for receipt of applications: 12noon on April 26, 2024***

**Send applications by email to: Donna Butler, ESF+ Officer, E.** [**donna.butler1@tusla.ie**](mailto:donna.butler1@tusla.ie)

**CLEARLY label “YPSP EOI Application” in the e-mail title.**

**Please note, if your organisation is shortlisted, the Interview date is Friday the 10th of May**.