



## External Application Form for Funding

**Note: Projects to be completed by 2026 year-end. Funding applications must be submitted through your local ETB.**

### Section 1. Community Group/Project Information

Section 1 – Part 1 – Community group/project			
Name of Community Group:			
Title of project proposed:			
Contact details			
Contact Person		Role within organisation	
Community Group Address			
email		Phone number	
Funding			
Have you received Reach Funding from another source?			Yes/No
If yes, please answer the following questions			
Source(s) of this funding		Intended purpose of this funding	

Section 1 – Part 2 – Complete if applicable	
Tax Clearance (Please attach details of your current Tax Clearance Access with this application)	
Tax registration number:	
CHY number (if applicable)	
Bank details	
Have you previously received funding from LMETB? (tick <b>one</b> of the three boxes below)	
Yes and our bank account has not changed	<input type="checkbox"/> IBAN Used:
Yes but our bank account has changed	<input type="checkbox"/> Please complete in full the “Change of Bank Details Form” on the next page
No and we require a new creditor account to be set up with LMETB	<input type="checkbox"/>

**NOTE: you are NOT required to fill out the “Change of Bank Details Form” on the next page if your bank details are the same or you are a new creditor.**



**NOTE:**

**Part 1 & 2: To be completed by the Company.**

**ORIGINAL FORM TO BE RETURNED DIRECTLY TO THE ETB**

**PART 1**

**COMPANY DETAILS - CHANGE OF BANK DETAILS**

Vendor No. \_\_\_\_\_ (Head Office Use Only)

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address \_\_\_\_\_

Tax Registration number \_\_\_\_\_ Nature of Business \_\_\_\_\_  
(VAT number, PPS number or Charity number)

I/We authorise and request you to confirm directly to LMETB, Chapel Street, Dundalk, Co. Louth, the information requested as a Part 2 below.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**BLOCK LETTERS**

\_\_\_\_\_  
**POSITION IN COMPANY**

\_\_\_\_\_  
**DATE**

**PART 2**

**BANK DETAILS**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_

Bank Account Name \_\_\_\_\_

Bank Sort Code 

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 Account Number 

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IBAN: 

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BIC / SWIFT Code 

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### Section 2 – project costs/funding

<b>Cost of project</b>	€				
<b>Grant request</b> (the grant amount sought in this application)	€				
If the total cost of the project is greater than the amount of the grant sought, please outline where and how the balance of funding will be secured:					
<b>Project costs for each of the following, where applicable</b> ( <i>grant amount sought for each</i> )					
<b>Innovative Green Projects</b>	<b>Participation of Priority Target Cohorts</b>	<b>Equality Awareness</b>	<b>All Strategy Target Cohorts</b>	<b>Pre-dev phase supporting marginalised groups</b>	<b>Support for refugee groups</b>
€	€	€	€	€	€

### Section 3 – Project details

<b>Please indicate the overall number of Learners/Beneficiaries in the proposed project</b>		
<b>Project proposed</b>		

### Section 3 – Project details

Please provide a synopsis of the project proposed under the specific funding criteria that the grant is sought for:

<b>Funding Criteria</b>	<b>Target Group(s)</b>	<b>Funding Purpose</b>
<b>Innovative Green Projects</b>		
<b>Participation of Priority Target Cohorts</b>		
<b>Equality Awareness</b>		
<b>All Strategy Target Cohorts</b>		

### Section 3 – Project details

<p><b>Pre-development phase supporting marginalised groups</b></p>		
<p><b>Support for refugee groups</b></p>		

**Please provide information demonstrating how this funding intends to mitigate against educational disadvantage for the cohort you are working with:**

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**Please outline how the funding can complement and/or enhance the current provision of similar education in the area.**

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### Section 3 – Project details

Priority/specific target cohorts for funding. Please tick below if the Learner/Beneficiaries profile can be best described in one or more of the target categories (You may tick more than one box):

Category:		Brief Explanation:
Long-term Unemployed	<input type="checkbox"/>	
Young People	<input type="checkbox"/>	
People with Disabilities	<input type="checkbox"/>	
Members of the Traveller or Roma communities	<input type="checkbox"/>	
Migrants or Refugees	<input type="checkbox"/>	
Women wishing to return to the Labour Market	<input type="checkbox"/>	
Lone Parents	<input type="checkbox"/>	

All Strategy target cohorts for funding. Please tick below if the Learner/Beneficiaries profile can be best described in one or more of the target categories (You may tick more than one box):

Category:		Brief Explanation:
Older Adults	<input type="checkbox"/>	
Members of the Traveller Community	<input type="checkbox"/>	
People with Disabilities	<input type="checkbox"/>	
One-Parent Households	<input type="checkbox"/>	
Low Paid Workers	<input type="checkbox"/>	
Carers	<input type="checkbox"/>	
Long-term Unemployed	<input type="checkbox"/>	
Migrants	<input type="checkbox"/>	
International protected applicants	<input type="checkbox"/>	
People with language needs	<input type="checkbox"/>	
Incarcerated persons and ex-offenders	<input type="checkbox"/>	
Persons recovering from addiction	<input type="checkbox"/>	

Please include any additional information regarding the target cohort(s) you wish to add to support this application:

Please clarify how this funding will support your learners to achieve positive outcomes as a result of this support:

### Section 3 – Project details

How will the benefits of this funding be measured?

Please provide information on how this project represents value for money and indicate what steps the project has taken to ensure avoiding duplication with existing services in the area:

### Section 4 – Submission Details

**I declare on behalf of** *insert organisation name*

That I have the appropriate authority to make this submission for funding. This application for funding form is fully completed and the information provided is a full and accurate account of how the funding (if allocated) will be used in 2026.

Signature

Print name

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Position in organisation

Date

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Applications to be submitted by email to [reach@lmetb.ie](mailto:reach@lmetb.ie)

Closing date for receipt of applications: No later than

**5.00 p.m. Friday 20<sup>th</sup> March 2026**