



COMMUNITY EMPLOYMENT PROGRAMME APPLICATION

(3 year application - Contract on an Annual basis)

Application No.: _____
(to be entered by the Department's Officer)

SECTION A

A1. Sponsoring Organisation Company Name:

A2. Project Application Name:

A3. Project Address:

Eircode:

A4. Locality:

A5. Project Phone Number:

A6. Name of Primary Contact for the Project:

A7. Project e-mail address for Primary Contact:

A8. Phone Number for Primary Contact:

A9. Is the CE Sponsor set up as a Company Limited by Guarantee? (If yes, attach Certificate of Incorporation?)

Yes

No

A10. Company Registration Number:

A11. Employer Registration Number:

A12. Date of Incorporation:

A13. Tax Clearance Access Number:

A14. Please attach a copy of the most recent accounts that you have lodged with the CRO for the company listed in A1 & A11.

A15. Is the CE Project managed by a Public Body?

Yes

No

(A Public body is an organisation whose work is part of the process of Government, but is not a Government Department)

A16. If Yes, please give the name of the Public Body.

A17. Board of Directors of Sponsoring Organisation

Name	Position on Board	Phone/Mobile No.	e-mail address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

A18. Project Management Committee Composition (minimum 5 required)

Name	Position on Committee	Phone/Mobile No.	Project Domain e-mail address
1.	Chairperson		
2.	Secretary		
3.	Treasurer		
4.	Participant Development Officer		
5.			
6.			
7.			

A19. If the Board of Directors delegates management responsibility to designated person(s) please complete this section.

Name	Position Held	Phone/Mobile No.	Project Domain e-mail address

SECTION B: YOUR PROPOSED PROJECT

B1. OBJECTIVES OF THE PROJECT

PROPOSED START DATE: _____

B2. YOUR SUB-SPONSORS, SUPERVISORS AND PARTICIPANTS

Name of Sub-sponsors:	
Number of Supervisors requested:	
Number of Assistant Supervisors requested:	
Number of Participants requested:	

B3. PROJECT POSITIONS:**POSITION 1**

Job Description Title:			
Work experience that will be gained:			
Is this post with the Sponsor or Sub-Sponsor?	Location of Post:		
Number of places required for this post:	Is Garda Vetting Required? Yes/No		
Will this post require direct supervision by the Supervisor? Yes/No	<i>For Completion by DEASP Officer (please tick as appropriate)</i>		
	Activation		Social Inclusion

POSITION 2

Job Description Title:			
Work experience that will be gained:			
Is this post with the Sponsor or Sub-Sponsor?	Location of Post:		
Number of places required for this post:	Is Garda Vetting Required? Yes/No		
Will this post require direct supervision by the Supervisor? Yes/No	<i>For Completion by DEASP Officer (please tick as appropriate)</i>		
	Activation		Social Inclusion

POSITION 3

Job Description Title:			
Work experience that will be gained:			
Is this post with the Sponsor or Sub-Sponsor?	Location of Post:		
Number of places required for this post:	Is Garda Vetting Required? Yes/No		
Will this post require direct supervision by the Supervisor? Yes/No	<i>For Completion by DEASP Officer (please tick as appropriate)</i>		
	Activation		Social Inclusion

POSITION 4

Job Description Title:			
Work experience that will be gained:			
Is this post with the Sponsor or Sub-Sponsor?	Location of Post:		
Number of places required for this post:	Is Garda Vetting Required? Yes/No		
Will this post require direct supervision by the Supervisor? Yes/No	<i>For Completion by DEASP Officer (please tick as appropriate)</i>		
	Activation		Social Inclusion

POSITION 5

Job Description Title:			
Work experience that will be gained:			
Is this post with the Sponsor or Sub-Sponsor?	Location of Post:		
Number of places required for this post:	Is Garda Vetting Required? Yes/No		
Will this post require direct supervision by the Supervisor? Yes/No	<i>For Completion by DEASP Officer (please tick as appropriate)</i>		
	Activation		Social Inclusion

POSITION 6

Job Description Title:			
Work experience that will be gained:			
Is this post with the Sponsor or Sub-Sponsor?	Location of Post:		
Number of places required for this post:	Is Garda Vetting Required? Yes/No		
Will this post require direct supervision by the Supervisor? Yes/No	<i>For Completion by DEASP Officer (please tick as appropriate)</i>		
	Activation		Social Inclusion

POSITION 7

Job Description Title:			
Work experience that will be gained:			
Is this post with the Sponsor or Sub-Sponsor?	Location of Post:		
Number of places required for this post:	Is Garda Vetting Required? Yes/No		
Will this post require direct supervision by the Supervisor? Yes/No	<i>For Completion by DEASP Officer (please tick as appropriate)</i>		
	Activation		Social Inclusion

POSITION 8

Job Description Title:			
Work experience that will be gained:			
Is this post with the Sponsor or Sub-Sponsor?	Location of Post:		
Number of places required for this post:	Is Garda Vetting Required? Yes/No		
Will this post require direct supervision by the Supervisor? Yes/No	<i>For Completion by DEASP Officer (please tick as appropriate)</i>		
	Activation		Social Inclusion

SECTION C: PROPOSED PARTICIPANT DEVELOPMENT

C1. INDIVIDUAL TRAINING TARGETS IN RESPECT OF PARTICIPANTS

Industry Standards	
QQI Major Awards	
QQI Minor/Component Awards	

C2. What plans are in place to assist participants to secure employment on completion of the project? e.g. contact with employers, Intreo Offices, External Work Placement, JobsIreland.ie?

SECTION D: ORGANISATION DETAILS

D1. Does your organisation have Participants funded by other Employment Programmes such as Tús, RSS etc.?

Yes No

If Yes, how many places and scheme type?

D2. Does your organisation have Participants funded from sources other than Tús, RSS, that have undertaken some of the projects proposed duties (in last 12 months?)

Yes No

If Yes, please provide details:

If Yes, are they still undertaking duties on the project?

Yes No

SECTION D: ORGANISATION DETAILS (continued)

D3. Does your organisation have Sub-sponsors that have received placement support from other employment programmes including Tús or RSS, in the last 12 months?

Yes No

If Yes, please specify which programme(s) and the number of places in each:

D4. Does your organisation manage/administer any other Government programme?

Yes No

If Yes, please specify which programme(s):

D5. Does your organisation host participants on behalf of others sponsors?

Yes No

If Yes, please specify the number of places, the project name(s), project reference(s) and end date(s):

D6. Will your organisation pay any additional monies to the Supervisor/Assistant Supervisor

Yes No

Please note that no additional payment should be made for the contracted hours for Community Employment supervision.

If Yes, please provide details:

D7. Does your organisation receive contributions/funding from other sources?

Yes No

If Yes, please enter source and estimated amount for Year 1, Year 2 and Year 3:

If Yes, will this additional funding be used towards Materials?

Yes No

If No, please provide details on how it will be used?

SECTION D: ORGANISATION DETAILS (continued)

D8. Has your organisation sponsored other employment programmes (in the last 3 years)?

Yes No

If Yes, please provide details (programme details and dates):

D9. Has your organisation hosted Participants on behalf of other sponsors (in the last 3 years)?

Yes No

If Yes, please provide project name, project reference and end date:

D10. Will the work of the Participants generate income for the sponsor or sub-sponsors?

Yes No

If Yes, please enter details (sponsor/sub sponsor) of estimated amount and how it is to be used)

D11. In the last 12 months, have there been any redundancies or staff placed on reduced or part-time hours in your organisation?

Yes No

If Yes, please provide details:

SECTION E: ACCOUNTS AND PAYROLL MANAGEMENT

What type of accounting system will be/currently is used to manage the finances of your project?

Computerised Manual

What type of payroll system will be/currently is used to manage the project payroll?

Computerised Manual

SECTION F: UNION APPROVAL & SIGN OFF

List the Trade Unions and their Officers who have approved the application: (letters of approval to be attached)

Date of Approval	Union	Officer

Having read the Community Employment Procedures Manual and notes attached to this Application Form, I am satisfied that I on behalf of the sponsoring committee understand the responsibilities in undertaking this project. I declare that the details given in this application together with any supplementary information supplied are true and accurate.

I confirm that the company will comply with DPER Circular 13/2014 (Management of and Accountability for Grants from Exchequer Fund - <http://circulars.gov.ie/pdf/circular/per/2014/13.pdf>), the Code of Practice for Good Governance of Community, Voluntary and Charitable Organisations in Ireland (www.governancecode.ie) and the Charities Regulator’s Governance Code (www.charitiesregulator.ie).

I understand that funding may be provided to this company in respect of training and materials and that this funding shall only be used in accordance with Department Guidelines.

I will notify the Department of any change to the project Employer Number or Tax Clearance Access Number.

Welfare Partners is the external website available to Community Employment sponsor organisations. If this CE project is approved, I understand that this organisation must register for DEASP sub-certs on ROS.ie for all sponsors and supervisors and use WelfarePartners.ie for managing and administrating this Community Employment project.

I confirm that this company will comply with all relevant employment legislation, Health & Safety requirements and General Data Protection Rules (GDPR).

Signed by Chairperson: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY AN OFFICER OF THE DEPARTMENT

SECTION G: FINANCIAL**G1. EXPECTED ANNUAL COSTS OF THE PROJECT**

Item	Year 1	Year 2	Year 3	Total
Wages (Participants)				
Wages (Supervisor)				
Employer PRSI (Supervisor)				
Participant Training				
Materials				
Total				

N.B. The expected costs are based on the approved number of participants. However, during the course of the project wages, training and materials funding will only be provided on the basis of actual participants.

G2. JUSTIFICATION FOR MATERIALS RATE:

Recommended by Officer: _____ Decision by AP/PO: _____

DATA PROTECTION STATEMENT

Personal data is required to determine eligibility for payments and services, administered for Ireland’s social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.