# Section 1 – Applicant Details

Are you applying as an individual or organisation? *Please mark with an X*

|  |  |
| --- | --- |
| **Individual** |  |
| **Organisation** |  |

If you are applying as an organisation, please complete Section 1.A.   
If you are applying as an individual, please go to Section 1.B

## Section 1.A – Organisation Details

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Lead Contact Name** |  |
| **Lead Contact Email Address** |  |
| **Lead Contact Phone** |  |
| **CHY Number** *(if applicable)* |  |
| **Website** |  |
| **Annual income for past financial year** *(Please supply a certified copy of your last audited accounts)* |  |

Please do not exceed 300 words for each of the following sections.

|  |
| --- |
| **Please describe the overall aims and objectives or mission of your organisation** |
|  |
| **What are the regular activities or services that your organisation provides** |
|  |

## Section 1.B – Individual Details

|  |  |
| --- | --- |
| **Lead Contact Name** |  |
| **Lead Contact Email Address** |  |
| **Lead Contact Phone** |  |
| **Website** *(if applicable)* |  |

Please do not exceed 300 words for each of the following sections.

|  |
| --- |
| **Please describe your background that is relevant to this application** |
|  |
| **What experience do you bring that will deliver a successful set of results?** |
|  |

# Section 2 – Project Details

You must complete all of the following sections.

|  |  |
| --- | --- |
| **Project Name** |  |
| **Project Start Date** |  |
| **Project End Date** |  |
| **In which county will the activity primarily take place?** |  |

Please provide further information about the project. Please do not exceed 500 words in total across all of the sections below.

|  |  |
| --- | --- |
| **Project Overview** What kind of capital are you seeking funding for? |  |
| **Project description.**  Please include the problem you are trying to address |  |
| **What are the 2-3 key outcomes that will determine success for this project?** |  |
| **What activities are you going to put in place with the funding to roll out your solution and address the problem?** |  |
| **What quantitative and/or qualitative results are you expecting to see from this funding?** *(example - number of courses; people reached; etc)* |  |
| **How will you show progress on activities and outcomes over time?**  *(example - regular reports, completion of key milestones, updates on spend and achievements)* |  |

# Section 3 – Project Cost

You must complete a breakdown of costs using the Project Cost Template provided and give us additional information below.

|  |  |
| --- | --- |
| **What is the total cost of the project?** |  |
| **How much are you applying to us for?** |  |
| **How much, if any, has been raised so far?**  *Please provide details of funds raised, including any part-funding from other trusts or donors.* |  |

# Section 4 – Impact on Deaf Community

Please outline how your project and application impacts on the Deaf community as per the guidelines set out in the application process. Please do not exceed 300 words.

|  |
| --- |
|  |

Please send the following documentation via email to [grants@reachdeafservices.ie](mailto:grants@reachdeafservices.ie).

* Fully completed application form adhering to maximum word count.
  + For ISL submissions, please include links to four separate videos, clearly named as Section 1, 2, 3 and 4.
* Detailed project cost using template provided.
* Certified copy of your last audited accounts if you are an organisation.