



EUROPEAN UNION

Asylum, Migration
and Integration Fund



AN ROINN DLÍ AGUS CIRT AGUS COMHIONANNAIS
DEPARTMENT OF JUSTICE AND EQUALITY

Project Application for the Asylum Migration and Integration Fund

Call for Proposals for Voluntary Returns 2018
(To cover the period 1 January 2018 to 31 December 2018)

Please note:

- Applicants should refer to the guidance notes when completing this form
- **The final date for receipt of Applications is 5.00 p.m. on Wednesday 20/12/2017**
- Applications will not be accepted by fax or email
- Five copies (one original and four copies) of this application form should be submitted to:

**The Asylum Migration and Integration Fund
Repatriation (Arrangements) Unit
Irish Naturalisation and Immigration Service
13-14 Burgh Quay
Dublin 2**

1. Basic Information

Details of Organisation:

Name

Address

Telephone Number

E-MAIL

Legal name (If different from above)

Date of establishment of organisation --/--/----

Organisation category

(1) Organisation Category	Which of the following best describes your organisation; <input type="checkbox"/> (i) Public Body <input type="checkbox"/> (ii) Private Company <input type="checkbox"/> (iii) Voluntary Organisation
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Are your accounts audited annually? Yes No

2. Project Objectives

2.1 What is the name of your project? (Word limit is 10)

2.2 Provide a short summary of your project including objectives. (Word limit is 200)

2.3 Provide a summary of the proposed projected expenditure and the reason for this expenditure

2.4 How do you consider that your proposal represents good value for money and is cost effective?

2.5 What is the geographical scope of your project? (Word limit is 50)

2.6 Organisational structure of persons involved in the management of the project

2.7 Please list persons directly involved in the Project either on a full time or part time basis (provide name, current position, role and salary).

2.8 Please outline details of previous experience delivering a similar project (if any)

2.9 Please provide details of previous funding (EU or non-EU) in 2016/2017 (if any)

2.10 Please describe the project management governance and operational control arrangements that exist or that you plan to put in place for your project.

2.11 Please outline in brief, the form of financial controls your organisation operates to ensure good financial management eg. Accounts system, segregation or duties, finance committee in place, accounts audited annually etc.

3: Budget Breakdown – please provide a detailed breakdown of expenditure

When drawing up your project budget you should seek to allocate cost to the most appropriate category as set out below:

Direct staff costs	
Indirect staff costs	
Direct project costs	
Overheads	
Administration	
Travel and subsistence	
Equipment	
Consumables	
Accommodation	

Total Cost of project

Please note that the project will receive 75% funding from the EU and the remaining 25% may be payable from the Exchequer.

Please provide bank account details

Name of Bank: Address: Account Name: Sort Code: Account Number: BIC: IBAN:
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4: Declaration

This should be completed by the person to whom all correspondence will be addressed.

On behalf of _____ (Name of Organisation) I, the undersigned, apply for a grant of € _____ towards the full development of the project and declare that all the information given is true and complete to the best of my knowledge and belief. I acknowledge that any funds awarded must be used for the purpose stated and not used to replace existing funding. I also understand that information supplied or in accompanying this application may be made available on request under the Freedom of Information Acts 2014

The project sponsors are agreeable to have the project monitored by the Irish Naturalisation and Immigration Service and the Department of Justice and Equality and will submit vouched expenses supplemented by an implementation report setting out how the project achieved its' targets, as necessary for that purpose.

Contact name for all correspondence in connection with this application:	
Name of Group:	
Signatory: (BLOCK CAPITALS)	
Signed:	
Date:	
Position in Group:	
Address:	
Phone Number:	
Fax:	
E-mail Address:	