**2024 Collaboration and Innovation Fund**

**Application form questions**

Here is a summary of all the questions that you will be asked in the online application form. Please read the **Collaboration and Innovation Fund Guidelines** carefully before completing and submitting your application.

**Section 1**

**Important documents and information (question 1 to 9)**

In this section, you are asked to confirm that you have completed and emailed five documents to allinnovation@solas.ie, and discussed the project with your Regional Literacy Coordinator. You are also asked for the lead organisation’s Tax Registration Number, Tax Clearance Certificate Number and Charity Number (if applicable).

|  |  |
| --- | --- |
|  | I have emailed a signed ‘Designated Signatory of Lead Organisation’ |
|  | I have emailed a signed ‘Declaration by Lead Organisation’ |
|  | I have emailed a signed ‘Declaration by Partner Organisation’ |
|  | I have emailed a ‘Project Budget’ |
|  | I have emailed a ‘SOLAS Bank Authorisation Form’ |
|  | I have discussed the project with my Local Regional Literacy Coordinator or Adult Literacy for Life National Programme Office. |
|  | Tax Registration Number of the lead organisation |
|  | Tax Clearance Certificate Number of the lead organisation |
|  | Charity (CHY) Number of the lead organisation. If you do not have a CHY number, write 'None'. |

**Section 2**

**Lead and partner organisation details (question 10 to 38)**

In this section, you are asked for information about the lead and partner organisation applying for the Collaboration and Innovation Fund. You can include information on up to three partner organisations. If you want to include more than three partner organisations, please put this information in question 38.

|  |  |
| --- | --- |
|  | Name of the lead organisation |
|  | Confirmation that the lead organisation is a public, not-for-profit, community or voluntary sector organisation |
|  | Address of organisation (include Eircode) |
|  | Contact person |
|  | Role of contact person |
|  | Email of contact person |
|  | Telephone of contact person |

|  |  |
| --- | --- |
|  | Name of partner organisation |
|  | Confirmation that the partner organisation is a public, not-for-profit, community or voluntary sector organisation |
|  | Address of partner organisation (include Eircode) |
|  | Contact person |
|  | Role of contact person |
|  | Email of contact person |
|  | Telephone of contact person |
|  | Skip to next section if there are no more partner organisations. |
|  | Name of partner organisation (2). Skip to next section if there are no more partner organisations. |
|  | Confirmation that the partner organisation is a public, not-for-profit, community or voluntary sector organisation |
|  | Address of partner organisation (include Eircode) |
|  | Contact person |
|  | Role of contact person |
|  | Email of contact person |
|  | Telephone of contact person |
|  | Skip to next section if there are no more partner organisations. |
|  | Name of partner organisation (3). Skip to next section if there are no more partner organisations. |
|  | Confirmation that the partner organisation is a public, not-for-profit, community or voluntary sector organisation |
|  | Address of partner organisation (include Eircode) |
|  | Contact person |
|  | Role of contact person |
|  | Email of contact person |
|  | Telephone of contact person |
|  | Name any other project partners here |

**Section 3**

**Your proposed project (question 39 to 50)**

In this section, you are asked to provide the following information about the project or activity you would like to use the Collaboration and Innovation Fund for.

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| --- | --- |
|  | The name of the project |
|  | The Education and Training Board (ETB) and or county area that the project will happen in (or select the option for a national project) |
|  | A summary of your project in 150 words. (What is the aim of your project, what will it do? Who will deliver the project? How will the project be delivered?Who and how many people will take part in the project?) |
|  | Where will the project take place? |
|  | When will the project take place? |
|  | Who are the target groups for the project for the project and how will you recruit them? |
|  | How will the project support the unmet literacy, numeracy and digital literacy needs of the target groups? |
|  | What will be the main outcomes of the project? What will the project achieve? How many people will benefit from the project? |
|  | How will you measure or prove these outcomes? For example, will you do a survey with the participants at the end of the project? |
|  | How does the project meet the aims of the Adult Literacy for Life Strategy? |
|  | What is innovative about the project? |
|  | Please describe the collaboration that will take place between the project partners. What is the role of each partner? |

**Section 4**

**Financial and additional details (question 51 to 57)**

In this section, you are asked to provide the following financial and other additional information about your proposed project.

|  |  |
| --- | --- |
|  | Total cost of the project.  |
|  | The amount of funding you are applying for. |
|  | If the total cost of the project is more that the amount of funding you are applying for, how and who will pay the balance of funding required. |
|  | Are you applying for REACH funding |
|  | If you are applying for Reach funding, the amount and what it will be used for. If you are not applying, write ‘none’. |
|  | Confirmation that you understand that information about your proposed project may be shared within the relevant ETB. . |
|  | If you have any additional information you would like to tell us about your application, please tell us here.  |

**Press ‘submit’ to send us your application.**

After you press submit, your application will be reviewed by a group of people with experience in adult literacy, numeracy and digital literacy, in April. Once that has been done, we will contact you to tell you if your application is successful or not.