



DEPARTMENT OF JUSTICE AND EQUALITY
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Project Application for the European Return Fund 2008 – 2013

Call for proposals Annual Programme 2011

Please note:

- Applicants should refer to the guidance notes when completing this form;
- This application form is applicable to all measures under the European Return Fund 2008 – 2013;
- Five copies (one original and four copies) of this application form should be submitted;
- Reference is made in the guidance notes to the Council Decision regulating this fund, 575/2007/EC, however applicants should be aware of the requirements of this regulation and the rules of its implementation;
- Please address any enquiries about the completion of this form by email to returnfund@justice.ie
- **Applications will not be accepted by fax or email**
- **The final date for receipt of Applications is 5.00 p.m. on Friday 31st October, 2011.**

Completed application forms together with supporting documentation should be forwarded to:

**The European Return Fund
Repatriation (Arrangements) Unit
Irish naturalisation and Immigration Service
Department of Justice and Equality
13-14 Burgh Quay
Dublin 2**

1. Basic Information

1.1. Name of Project: (max 20 words)

1.2. Entity applying for funding and contact details:

NAME

ADDRESS

TELEPHONE

FAX

E-MAIL

LEGAL STATUS

2. Priorities of the Fund

Please indicate (√) which of the Priorities of the Fund you are targeting (refer to guidelines for details).

Priority 1

Priority 2

Priority 3

3. Target Group

4. Objectives and Actions

Overall Project Objectives

Project Description

Describe the project (not more than 200 words)

Actions

Refer to guidelines for details on actions eligible under the Fund. Please indicate which actions will be covered by this Project.

Project purpose

5. Budget Breakdown

Budget Breakdown

Item Code	Items of Expenditure	2012			2013 (up to 30 June)		
		Net VAT	VAT (if applicable)	Total	Net VAT	VAT (if applicable)	Total
A	Staff Cost						
B	Travel and Subsistence Cost						
C	Purchase/Renting/Leasing of Equipment						
D	Purchase/Construction/Renovation of Real Estate						
E	Consumables and Supplies						
F	Subcontracting (up to 40%)						
G	Expert Fees						
H	Costs deriving directly from the requirements linked to EU co-financing						
I	Indirect Costs (20% of the total amount eligible)						
J	Costs covered by assigned income*						
	Total						

* A maximum of 50% of the amount contributed by the Beneficiary is allowed to be in the form of work carried out by permanent officials

Please provide details of the match funding your organisation will have available from other (non-EU) sources towards the proposed project

Details of match funding:	
.....	
.....	
.....	
Grant aid requested from this Fund	€
Grant aid requested from other sources	€
Total cost of project*	€

*The total cost identified here should correspond with the breakdown of costs at paragraph 5.1

6. Disbursement Table

Indicate disbursement of expenditure per quarter

Disbursement in €	2012				2013 (up to 30 June)	
	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Qrt 1	Qrt 2
Net of VAT						
VAT						
TOTAL						

7. Project Administration

Officials:

PROJECT LEADER (attach CV of Project Leader)

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POSITION

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LIST OF PERSONS DIRECTLY INVOLVED IN THE MANAGEMENT OF THE PROJECT

Name	Current Position	Role

Organisation

7.2.1. Organisational structure of persons involved in the management of the project

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7.2.2. Explain how this will fit within the present structure of the organisation

8. Involvement of any other organisation

Will any organisation, other than the applicant, be involved in the implementation of the project?

Yes

No

If YES, please fill in the details below:

	Organisation 1	Organisation 2	Organisation 3
Name of Organisation			
Contact Person			
Role in Project			
E-Mail Address			
Telephone Number			
Fax Number			

Please attach a Partnership Declaration signed by each partner organisation

How will the partner organisation(s) be involved? *(please specify in bullet form – maximum 200 words)*

9. Procurement

State the expected number of tenders/calls for proposals and total value of each tender/call for proposal. VAT should be quoted separately. (The total value will be the sum of the European Return Fund and funds submitted by the final beneficiary).

Name of Tender/Call	Type of Tender/Call	Beneficiary Funds (excl. VAT) €	Sub-Total (excl. VAT) €	VAT €	Grand Total (incl. VAT) €
Total					

10. Time Scale

Please specify the activities required to complete the project and the timescale over which these activities will take place

List of Activities	2012				2013 (up to 30 June)	
	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Qrt 1	Qrt 2

11. Results (Performance Indicators)

Output Indicators	2012	2013 (up to 30 June)

Result Indicators	2012	2013 (up to 30 June)

Impact Indicators <i>(if applicable)</i>	2012	2013 (up to 30 June)

12. Sustainability of the Project

Describe (maximum 200 words) how the benefits of the project will continue to be delivered after grant support comes to an end.

13. Readiness

Outline the stage of preparation for the project

14. Conditionality

Any conditionality that hinders the progress of the project must be clearly stated here

15. Checklist of Attachments

Audited accounts for past 2 years (if applicable)

Statute/Articles of Association (if applicable)

CV of Project Leader

16. 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 1997 and 2003.

I also accept as a condition for the award of a grant, that it involves no commitment to any other grants from the European Return Fund. The project sponsors are agreeable to have the project monitored by the Department of Justice and Equality and to allow access to its premises and records, 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 No.	
Fax	
E-mail Address	