|  |  |
| --- | --- |
|  |  |

 ****

**Project Application for**

**Assisted voluntary returns.**

**Call for Proposals for Voluntary Returns 2023**

***(To cover the period 01st January 2023 to 31st December 2023)***

**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 15 December 2022**
* Applications will not be accepted by email
* Two copies of this application form should be submitted to:

**Voluntary Returns Unit**

**Repatriation (Arrangements) Unit**

**Immigration Service Delivery**

**Department of Justice**

**13/14 Burgh Quay**

**Dublin 2**

**D02 XK70**

**Data protection statement**

1. The data you provide in this form is collected by the Immigration Service Delivery, a part of the Department of Justice. The data controller for the information you provide is the Department of Justice. The data controller’s contact details are: Repatriation (Arrangements) Unit, Immigration Service Delivery, the Department of Justice, 13/14 Burgh Quay, Dublin 2, D02 XK70

2. You can contact the Data Protection Officer for the Department of Justice by writing to:

The Data Protection Officer, the Department of Justice, 51 St. Stephen’s Green, Dublin 2, D02 HK52. Or by email – [dataprotectioncompliance@justice.ie](mailto:dataprotectioncompliance@justice.ie)

3. We will use the personal data you provide in this form for the following purposes:

* **To assist in the assessment of eligibility of applications submitted for funding from the Department of Justice and possibly under the Asylum Migration and Integration Fund for the Return of Third Country Nationals as in previous years.**

4. If the Department of Justice receives funding from the AMIF, we collect and process this data in order to comply with our legal obligations or to perform tasks in the public interest. The specific basis for collecting and processing this data is as follows:

* **Regulations (EU) No 514/2014 and 516/2014 – Asylum Migration and Integration Fund**

5. The personal data provided here will be stored securely in ISD’s databases. It may be shared, if necessary, with the following Public Sector bodies:

* EU Funds Unit, Department of Children, Equality, Disability, Integration and Youth.
* Internal Audit Unit, Department of Justice,
* Relevant audit authorities from the European Commission.

6. You have the right to request access to, and a copy of, your personal data that we process. You can do this by filling in a Subject Access Request form, available at [www.justice.ie](http://www.justice.ie), and sending it to [dataprotectioncompliance@justice.ie](mailto:dataprotectioncompliance@justice.ie). You may be required to verify your identity before we send the information to you.

7. You have the right to request us to rectify any errors in your data or to erase your data, as well as to seek a restriction of the processing of your data or to object to the processing of your data in certain circumstances. To do this you should write to Repatriation (Arrangements) Unit, Immigration Service Delivery, the Department of Justice, 13/14 Burgh Quay, Dublin 2, D02 XK70 explaining what errors need to be rectified or erased or your reasons for seeking the restriction of, or objecting to the processing of your data.

8. You have a right to lodge a complaint with the Data Protection Commission if you believe your personal data is being processed by us unlawfully. Information about how to make a complaint can be found on [www.dataprotection.ie](http://www.dataprotection.ie).

**The full text of DJE’s Data Protection Policy can be found at** [**http://www.justice.ie/**](http://www.justice.ie/)**dataprotection.**

I acknowledge that I have read and understood the information outlined above, which relates to my data protection rights.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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;   |  |  | | --- | --- | |  | (i) Public Body | |  | (ii) Private Company | |  | (iii) Voluntary Organisation | |

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 2019/2020/2021 (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 if the Department of Justice receives funding in the future from the Asylum Migration and Integration Fund as in previous years, 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: |

**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 Immigration Service Delivery and the Department of Justice 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:** |  |
| **E-mail Address:** |  |