



**Bord Oideachais agus Oiliúna Dhún na nGall
Adult Education Service
Community Education Support Programme**



COMMUNITY EDUCATION GRANTS SCHEME

Promoting low-cost, locally-based community education

Application Form

Section I - Details of Applicant Organisation

1. Name of Group: _____

2. Contact Name _____

3. Address: _____

4. Tel No: _____

5. Mobile Telephone No.:

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6. E-mail address:	

7. Date of commencement of course _____

8. Tax No. (see page 4 of guidelines) _____

9. Aims and Objectives of your **overall** Group

Section II - Project Details (Please use table on page 2.b if applying for more than 2 courses)

10.a Details of Proposed Project/Courses: (Please list all courses to include title and contents)

Target Group:

10.b Course Duration:(no. of hours)

11.

How have you identified the need for this course? Have you ensured that your group operates from a social inclusion ethos and aims to prevent discrimination against groups/ individuals named under the 9 grounds identified in the Equal Status Act 2000.

(Sexual Orientation, Gender, Disability, Marital Status, Religious Belief, Race, Family Status, Age, Membership of Travelling Community)

12.

Expected Outcomes & Benefits to Community of Project/Courses:

Yes

No

a) Enhanced education prospects for participants		
b) Strengthening communities		
c) Improved wellbeing/ personal development of participants		
d) Enhanced support to family		

13.

Name and Qualifications of Tutor(s): (if already identified)

14.

Certification to be offered to the learners?

Yes

No

If Yes, name Awarding body & Level

15.

Estimated Numbers to be catered for:

Male	Female

Section III Project Cost:

Breakdown of Cost per course		Cost
	Item	
16.	Tutor* (cost per hour x no. of Hours) e.g. €25 x16 hours= €400	
(a)		
(b)		
(c)		
	* If using more than one tutor please list the cost of each tutor separately	
	Venue (cost per hour x no. of Hours)	
	Materials (Please specify):	
	Administration (only where no paid administration costs exist; maximum amount €50)	
	Other (Please specify):	

		€ euro
17.	Total Estimated Cost:	
18.	Amount of Income towards Cost of project from other sources (Please specify source)	
19.	Participant Contribution (e.g. €20 x 8 = €160)	
20.	Amount of grant sought from Donegal ETB Community Education Programme	

21. Bank Account Details:

Please supply your Bank Account Details in order to ensure an electronic transfer of Grants:

1. Account Name _____
2. Name of Bank _____
3. Address of Bank _____

4. Sort Code (normally 6 digits)

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5. Account Number (normally 8 digits)

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If your group does not have a bank account, please contact me to discuss.

Declaration:

I have read and accept the conditions outlined above and as a member of the Committee/ Group, I undertake to comply in full with the requirements of the Community Education Grants Scheme

Signed: _____ Date: _____

Role in Organisation: (e.g. Chairperson, secretary) _____

Please return completed application form to:
Méabh Mhic Gairbheith
Community Education Facilitator
Donegal ETB Adult Education Services
Ard Scoil na gCeithre Máistir, Tír Chonaill St. Donegal Town
Tel: 074 9725520 Fax: 074 9725525
e-mail: maevemcgarvey@donegaletb.ie

For office use only:

Ref No:

Amounts approved:

A: _____

B: _____

C: _____

Date approved: _____

Signed: _____

Total: _____

Other Comments: