

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.:	
6.	E-mail address:	
6.	E-mail address:	
6. 7.	E-mail address: Date of commencement of course	
7.	Date of commencement of course	 Group
7. 8.	Date of commencement of course Tax No. (see page 4 of guidelines)	 Group
7. 8.	Date of commencement of course Tax No. (see page 4 of guidelines)	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 h	Course Duration (as of hours)
10.b	Course Duration:(no. of hours)

	Course Title	No. wks	No. hrs	Target Group	Accrd/Non- Accrd (if applicable)	Male	Female	Materials	Other	Venue	Start Date
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

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

11.

Section III Project Cost:

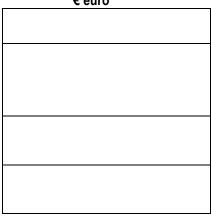
17.

18.

19.

Breakdown of Cost per course Item	Cost
Tutor* (cost per hour x no. of Hours) e.g. €25 x16 hours= €400	
* 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 Total Estimated Cost: Amount of Income towards Cost of project from other sources (Please specify source) Participant Contribution (e.g. €20 x 8 = €160)
- Amount of grant sought from Donegal ETB Community Education 20. 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)	
5.	Account Number (normally 8 digits)	
lf y	our group does not have a bank account, please co	entact me to discuss.
-		
	ive read and accept the conditions outlined above a lertake to comply in full with the requirements of th	•
Sig	ned: Date: _	
Rol	e in Organisation: (e.g. Chairperson, secretary)	
	Please return completed ap Méabh Mhic Ga	•
	Community Education	
	Donegal ETB Adult E	ducation Services
	Ard Scoil na gCeithre Máistir, Tí Tel: 074 9725520 Fa	
	e-mail: maevemcgarve	
or office us	e only:	Amounts approved:
f No:		A:
- 4	1	B:
ate appr	oved:	C:
igned: _		Total:

Other Comments: