**CMETB Community Education Service**

**Application for Grant Assistance 2017**

**(Community and Voluntary Groups)**

APPLICATION FORM

**GROUP INFORMATION**

|  |
| --- |
| Group/Organisation name: |
| Where does the group meet? |
| Name of Contact Person/s: |
| Position in group/organisation: |
| Address of Contact Person: |
| Contact’s Telephone number: |
| Contact’s E-mail Address: |
| Main activities of the group: |
| Links with other agencies (if relevant): |
| Group tax or charity number (if relevant): |
| Number of employees/volunteers in group (if any): |

**FUNDING INFORMATION:**

|  |
| --- |
| Have you ever received grant-aid from CMETB?  YES NO |
| If yes, please supply the following details:  **Year Amount Course/Project:** |
| Please detail how this money was spent? |
| For what programme are you currently seeking a grant? |
| Name Of Course/ Project: |
| Location of Course / Project: |
| When will the course / Project be delivered (Start Date): |
| Duration of Course / Project in weeks: |
| Duration of Course / Project in Hours: |
| Is the course accredited?  YES NO |
| Why is this Course / Project needed and how did the group identify this course need? |
| What target Group(s) will be involved?  **Early School Leavers**  **Long Term Unemployed**  **Under employed / Sessional / Seasonal Workers**  **Low Skilled / Outside the workforce**  **Dependents of those unemployed**  **One Parent Families**  **Substance Misusers**  **People with a Disability**  **Ex-offenders**  **Travellers**  **Homeless**  **Older People**  **Migrants / Asylum Seekers/ Refugees**  **Disadvantaged Men/Women, particularly in rural isolation or RAPID area** |
| Estimated number of learners to be involved in the course:  Male Female |
| How will you evaluate the success of the programme? Will questionnaires be used? If so please attach a copy. |
| Have you received additional funding from elsewhere for this programme? If so, from who and for what amount? |

**Course/Programme Costing**

|  |  |
| --- | --- |
| **Please give a breakdown of the programme costs:** | |
| **ITEM** | **COST (€)** |
| Tutor/Facilitator Fee |  |
| Materials |  |
| Rent |  |
| Other (please specify) |  |
|  |  |
| **Total Cost** |  |

**Please note:** due to new departmental regulations grants will only be paid to groups once receipts and participant detail forms have been returned to the Community Education Facilitator. Essentially this means that grants will be paid on completion of course.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(on behalf of Group)

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach group accounts (where applicable) and return form to:**

Gemma Brady,

Community Education Service,

Cavan and Monaghan ETB,

Unit 12 Church View Sq. Cavan

***By*** ***Friday 02nd June 2017***

***NO LATE APPLICATIONS WILL BE ACCEPTED***