



# Application Form for the Sligo-Leitrim Arts Education Grant Scheme Directed at Adults

**CLOSING DATE FOR RECEIPT OF APPLICATIONS IS THURSDAY 22<sup>ND</sup> APRIL 2021**

<b>1.</b>	<p><b>Name of Organisation/Group/Individual</b></p> <hr/> <p><b>Type of Organisation/Group</b></p> <p>Community _____ Voluntary _____ Other (please specify) _____</p>															
<b>2.</b>	<p><b>Address</b></p> <hr/> <hr/>															
<b>3.</b>	<p><b>Tax Ref. No. or Charitable Status No. (where applicable)</b></p> <hr/>															
<b>4.</b>	<p><b>President/Chairperson/Other (please state)</b> _____</p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <hr/>															
<b>5.</b>	<p><b>Secretary or Treasurer</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <hr/> <p><b>Tel No.:</b> _____ <b>Email:</b> _____</p>															
<b>6.</b>	<p><b>When was the group/organisation formed?</b> _____</p> <p><b>Total annual expenditure:</b> _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"><b>What is your main source of revenue?</b></td> <td style="width: 20%;">Subscriptions/Fees</td> <td style="width: 10%; text-align: center;">%</td> <td style="width: 20%;">Donations</td> <td style="width: 10%; text-align: center;">%</td> </tr> <tr> <td>Grants</td> <td>Other</td> <td style="text-align: center;">%</td> <td></td> <td style="text-align: center;">%</td> </tr> <tr> <td style="text-align: center;">%</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><b>PLEASE ATTACH WITH THE APPLICATION FORM, AN EXPENDITURE STATEMENT SHOWING RECEIPTS AND EXPENDITURE FOR LAST ACCOUNTING PERIOD</b></p>	<b>What is your main source of revenue?</b>	Subscriptions/Fees	%	Donations	%	Grants	Other	%		%	%				
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Grants	Other	%		%												
%																



11. **Please complete Sections 11,12,13 if proposing to deliver a course**  
 Please provide us with information on the proposed course(s) using the following headings:

Course Title: \_\_\_\_\_

Outline of Course Content: \_\_\_\_\_

\_\_\_\_\_

Delivery Style/ Teaching Method: \_\_\_\_\_

Number of Course Tuition Hours: \_\_\_\_\_

Accreditation (if any): \_\_\_\_\_

Course Evaluation Procedures: \_\_\_\_\_

Planned Progression of participants after the course: \_\_\_\_\_

Proposed Start Date of Course: \_\_\_\_\_ End Date: \_\_\_\_\_

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12. **How many participants are expected to attend the proposed course?**

Male \_\_\_\_\_ Female \_\_\_\_\_ Total \_\_\_\_\_

Age Ranges:

18-20 \_\_\_\_ 21-24 \_\_\_\_ 25-34 \_\_\_\_ 35-44 \_\_\_\_ 45-54 \_\_\_\_ 55-64 \_\_\_\_ 65+ \_\_\_\_ Total \_\_\_\_\_

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13. **How many participants in the following categories will benefit from this course?**

Category of Participants	Number
Unemployed	
Disability	
Youth Guarantee (i.e. 18 – 23 yrs of age)	

**DECLARATION**

On behalf of \_\_\_\_\_, I \_\_\_\_\_ apply for this grant and I declare that the information given in this form is true and complete to the best of my knowledge.

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

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Role in Organisation: \_\_\_\_\_

**RETURN COMPLETED APPLICATION FORM BY THURSDAY 22<sup>ND</sup> APRIL 2021**

By Email: [annamariekinsella@msletb.ie](mailto:annamariekinsella@msletb.ie) **OR**

By Post: Community Education Dept., Mayo, Sligo & Leitrim ETB, Quay St, Sligo