

Ref No:



# ADULT LEARNING FUND

## GRANTS TO ADULT EDUCATION ASSOCIATIONS

### QUICK REFERENCE DETAILS (FOR OFFICE USE ONLY)

Name of Applicant

Acknowledgement Sent

Grant Requested

Approved by Assessor

Approved by Adult Learning Manager

Grant to be Awarded

Date sent to HQ

Date Cheque Sent

## **GUIDANCE FOR APPLICANTS**

### **What will the “Adult Learning Fund - Grants to Adult Education Associations” support?**

The Adult Learning Fund (ALF) will support the maintenance and development of Adult Education Associations.

### **Who can apply?**

The fund is only open to Adult Education Associations based within Dundee which are specifically constituted to organise Adult Education classes and programmes. The Association must be a non-profit making voluntary organisation.

### **What can a grant pay for?**

Grants will be given to support Adult Education Association administrative and organisational costs. The following costs may be applied for:

- Letting charges (maximum £1,500)
- Organising Secretary (maximum £600)
- Administration (maximum £250)
- Development in priority areas eg unemployed, disadvantaged, older person (maximum £500)

Grants awarded will not exceed £5000. Only one award will be made from this fund to any association in any financial year (April-March). Associations must be able to demonstrate the need for grant aid as they will not be grant aided to increase an existing balance of funds.

### **Assessment Process**

When we receive your application form, a member of Leisure & Communities Department staff will contact you to discuss the following points:

- Details about the association including membership, programme, staffing and its organisation and management.
- The association’s financial situation including the statement of accounts, system of financial control and projected income and expenditure.
- Other sources of income.
- Grant aid that the association has received from Leisure & Communities within the last two years.
- The detail of this application for grant aid.

Once this information has been received, the member of staff will make a recommendation as to whether or not your application should be supported. This will then be considered by the Leisure & Communities Committee in early May.

Successful applicants will be required to complete learner registration forms in order that statistical information can be returned to Leisure & Communities Department.

You will be sent a letter informing you of the decision.

**How to apply**

Complete the attached form and send it to the address below.

Centre Administrator  
Mitchell Street Centre  
Mitchell Street  
Dundee  
DD2 2LJ

## APPLICATION FORM

### ABOUT YOUR ASSOCIATION

**Who is the Grant for?** (Name of Adult Education Association)

**What area do you serve?**

**Have you received a Council Grant before?**

YES

NO

(If YES) **What sort of Grant?**

**How much money was awarded?**

**When did you receive it?**

---

### BANK ACCOUNT DETAILS

**Bank Name**

**Branch**

**Account Name**

**Account Number**

**Sort Code**

---

### MAIN CONTACTS FOR THIS APPLICATION

**Contact Person (A)**

Name

Address

Email address

Tel. Day

Tel. Evening

**Contact Person (B)**

Name

Address

Email address

Tel. Day

Tel. Evening

## ABOUT YOUR PROJECT

### What do you want a grant for?

Please describe the activities for which the grant will be used.

### Who is the Association aiming to benefit?

Please also estimate how many will benefit.

### How will you evaluate the work of the Association?

Please tell us how you will judge whether the Association's work has been a success.

### What are the costs of your Project, and how much grant aid are you requesting?

| Item/Activity        | A. Total Cost £      | B. Amount requested from ALF £ |
|----------------------|----------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| <input type="text"/> | <input type="text"/> | <input type="text"/>           |
| <b>TOTAL £</b>       | <input type="text"/> | <input type="text"/>           |

If the total in column A is higher than the total in Column B, please detail where the rest of the funding will come from.

## REFERENCES

### Referee (A)

Name

Address

Email address

Tel. Day

Tel. Evening

### Referee (B)

Name

Address

Email address

Tel. Day

Tel. Evening

---

## SUPPORTING EVIDENCE

**Please tick all boxes to confirm that:**

You have attached a Statement of Annual Accounts

You have attached a projection of Income and Expenditure for the coming year

You have attached your most recent Bank Statement

You have attached your constitution

You agree to provide statistical information

---

**Signature of Applicant**

**Date**

**Name (please print)**

**Position in Organisation**

Please Return This Form To:

Centre Administrator  
Mitchell Street Centre  
Mitchell Street  
DUNDEE  
DD2 2LJ