

Ref No:



ADULT LEARNING FUND

GRANTS TO GROUPS

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 Groups” support?

The Adult Learning Fund (ALF) will support community based adult learning initiatives. We want to fund projects that meet one or more of the following outcomes:

- **participants become more confident e.g.**
 - more able to do things for themselves
 - more able to take responsibility for their actions
 - more able to understand and discuss their needs and goals
- **participants become more effective contributors e.g.**
 - more able to solve problems
 - more able to made decisions
 - more able to communicate with others
- **participants become more responsible citizens e.g.**
 - more able to make their views and opinions heard
 - feeling more able to get on with people who have different experiences, abilities, backgrounds and beliefs
- **participants become more successful learners e.g.**
 - more belief in their ability to learn
 - understand the different ways to learn
 - more able to identify methods of learning that suit them in different situations

Projects and programmes will only be grant aided when they can show that they create new/ additional learning opportunities for the grant applicants. Funding will be given to projects which encourage the development and growth of the applicants, especially in relation to his or her role within the community.

What can a grant pay for?

Grants will be given for educational projects and programmes rather than to support the ongoing costs of groups. The following costs may be applied for:

- fees for tutors or speakers
- educational materials
- administration including publicity
- childcare provision
- educational and course related travel or visits

Applications can be made more than once in a financial year (April-March). However, grants awarded will not exceed £500 within one application, or within the course of the financial year.

Please submit your application at least 8 weeks before your project starts. No retrospective payments will be made.

Who can apply?

This fund is open to any community based group within Dundee which is run on a voluntary basis with an income of less than £10,000 per annum.

Groups do not need a formal constitution or to have been organised for a long time for an application to be considered. They do, however, require a bank account and must be able to show that they have the capacity to organise, deliver and support the proposed learning programme.

Assessment Process

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

- details on how your project was costed
- the pattern of delivery for your project
- how your project will be evaluated
- confirmation of educational outcomes

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 passed to a senior officer for approval.

You will be sent a letter informing you of the decision within 8 weeks of submitting your application.

All successful applications will be required to complete a post course completion report and provide copies of accounts detailing the grant expenditure.

How to apply

Complete the attached form and send it to the address below. If you would like help to fill out this form, please contact your local Community Centre.

When you have filled in the form, please send it to:

Centre Administrator
Mitchell Street Centre
Mitchell Street
Dundee
DD2 2LJ

APPLICATION FORM

ABOUT YOUR ORGANISATION

Name of Group/Organisation

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

When will your project start and finish?

What do you want a grant for?

Please describe the project.

Who is the project aiming to benefit?

Please also estimate how many will benefit.

Which of our educational outcomes will the project meet?

Please tick at least one and describe how the project will meet each of the outcomes you have ticked.

• **People become more confident**

eg more able to do things for themselves, take responsibility for their actions or feel more able to understand and discuss their needs and goals.

• **People become more effective contributors**

eg more able to solve problems, make decisions and communicate with others.

• **People become more responsible citizens**

eg more able to make their views and opinions heard, feel more able to get on with people who have different experiences, abilities, backgrounds and beliefs.

• **People become more successful learners**

eg more belief in their ability to learn, understand the different ways to learn, or more able to identify the methods of learning that suits them in different situations.

Adult Learning Fund - Grants to Groups

How will you evaluate the project?

Please tell us how you will judge whether the project has been a success and whether the educational outcomes have been achieved.

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"/>
TOTAL	<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.

SUPPORTING EVIDENCE

Please tick all boxes to confirm that:

- You have attached a Statement of Annual Accounts (if appropriate)
- You have attached your most recent Bank Statement
- You have attached your Constitution (if appropriate)
- You agree to provide statistical and outcome information as part of a post completion report

REFERENCES

Please provide the names of two referees. Referees should be completely independent of your organisation and must be able to confirm what you tell us in your application.

Referee (A)

Name

Address

Email address

Tel. Day

Tel. Evening

Referee (B)

Name

Address

Email address

Tel. Day

Tel. Evening

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