LÉIRIÚ SPÉISE Gníomhaíocht Gaeilge

EXPRESSION OF INTEREST Irish Language Activity Funding



N.B. Is é **4pm, Dé hAoine 27ú Márta 2020** an spriocam do léirithe spéise comhlánaithe.

1. **Ainm na hEagraíochta / Name of Group:**

Cé an dhéanfaidh an ghníomhaíocht? Who will be responsible for the activity?

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1. **R-phost/E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guthán/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seoladh/Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Ainm an tionscadail/Title of Project:**
2. **Dáta an tionscadail/Project date:**

Tabhair dátaí tosaithe agus deiridh l.d.t. Please give the start and end date.

# **Achoimre/Summary:**

Luaigh príomhaidhm an tionscadail agus abair cé acu tionscadal úr nó síneadh ar thionscadal reatha atá ann.

Provide the overall project aim together with a brief summary of the proposal**.** Is this a new project or the continuation of an existing project?

1. **Comhpháirtíocht/Key Partners:**

Luaigh comhpháirtíocht ar bith a bheidh i gceist (m.sh. scoileanna, grúpaí pobail)**:**

List any partners who will be involved in your project (schools, community groups etc.)

**7.a. Costais/Costs**

Má éiríonn leat, cad é mar a chaithfidh tú an maoiniú? Tabhair gach costas.

If successful, how will you spend the money? List all costs.

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| **Mír/Item** | **Costas/Cost** |
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| **Móriomlán/Total:** |  |

**7.b.** An bhfuil aon fhoinse eile maoinithe agat? Please give any other sources of funding.

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# **Léirigh go bhfuil gá leis an tionscadal/Show the need for the project.**

Cad é mar a chuirfidh an ghníomhaíocht seo le cosaint/forbairt na Gaeilge i Lár Uladh?

How will your project help protect/develop the Irish language in Mid Ulster

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1. **Torthaí/Results**

Cad iad na torthaí a bhainfidh an ghníomhaíocht seo amach? (Cur le líon rannpháirtithe, ardú feasachta, deis foghlamtha a chruthú, an Ghaelscolaíocht, cultúr srl.)

Identify the results the project aims to achieve (increased number of participants, raise awareness of the language, opportunity to learn Irish, Irish medium education, culture etc.)

1. **Síniú/Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D’ainm i gCeannlitreacha/Your name in block capitals:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ról sa ghrúpa/Role in the group:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dáta / Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do Chuid Eolais/ Your information**

Cruinníonn Comhairle Ceantair Lár Uladh eolas pearsanta nuair a lorgaíonn tú seirbhísí uainn. Ní bhainfimid feidhm as an t-eolas seo ach leis na seirbhísí sin a sholáthar.

Mid Ulster District Council collects personal information when you apply to us for services. We will only use this information to provide the services requested.

**Do Dhearbhú/ Your declaration**

Tuigim an méid seo a leanann/ I understand the following:

Bainfidh tú feidhm as an eolas atá tugtha agam le m’iarratas ar Dheontas do Ghníomhaíocht Ghaeilge a phróiseáil.

You will use the information I have provided to process my application for an Irish Language Activity Grant.

Tugaim cead an t-eolas a iniúchadh le hoifigigh eile sa Chomhairle, comhairlí agus rannógaí stáit eile, An Roinn Pobail mar shampla.

You may check some of the information with other sources within the council, or other councils and government departments, eg The Department for Communities.

Tugaim cead fosta eolas fúm a fháil ó eagraíochtaí áirithe eile, agus eolas fúm a thabhairt dóibh le cinntiú go bhfuil an t-eolas beacht agus le airgead poiblí a chosaint. Tá ranna stáit agus rialtas áitiúil san áireamh seo.

You may also get information about me from certain other organisations, or give information about me to them to make sure the information is accurate and protect public funds. These other organisations include government departments and other local authorities.

Dearbhaím go bhfuil an t-eolas atá tugtha agam anseo beacht agus iomlán.

I declare that the information I have given on this form is correct and complete.

Síniú an Iarratasóra/ Signature of the person applying:

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Dáta/ Date:

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**SUPPLIER BACS DETAILS FORM**

**SUPPLIER MUST COMPLETE SECTIONS 1, 2, 3 & 4 AND RETURN AS DIRECTED**

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| **SECTION 1** | | **SUPPLIER CONTACT SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier Name (in full)** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s legal status**  **(select one or more as appropriate)** | Sole  Trader | | | | | | Partnership | | | | | | | | Limited  Company | | | | | | | Charity | | | | | | | | Other | | | | | | |
| **Contact Name** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position Held** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Postcode** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone/Mobile Number** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address for**  **BACS Remittance** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2** | **BANK DETAIL SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s Bank/Building Society** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Branch Name**  **Address**  **Post Code** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Account Name** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Account Number** |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |
| **Sort Code** |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |
| **IBAN Code** |  | |  |  | |  | |  | |  |  | |  |  | | |  |  |  | |  | |  | |  |  | |  |  | | |  |  | |  |  |
| **SWIFT-BIC Code** |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  | |
| **SECTION 3** | **VAT, CIS, etc. DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s VAT Number (if applicable)** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s UTR Number (or other tax reference)** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s N.I. No. or Company Reg. No. (if applicable)** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 4** | **SUPPLIER AUTHORISATION SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position held** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**NEXT SECTION IS FOR OFFICE USE ONLY**

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| **INPUT BY** |  | **DATE** |  |
| **CHECKED BY** |  | **DATE** |  |
| **SUPPLIER REFERENCE ALLOCATED** | | |  |