



CEIST Primary School's
Ministry Fund

APPLICATION FORM

NAME OF SCHOOL: _____

ROLL NUMBER: _____

PRINCIPAL CONTACT: _____

PROJECT TITLE: _____

SHORT DESCRIPTION OF PROJECT – PLEASE HIGHLIGHT THE SPECIFIC NEED/S BEING ADDRESSED:

PROPOSED BENEFICIARIES OF PROJECT – TARGET GROUP:

NUMBER: _____ **AGE GROUP:** _____ **LOCATION:** _____

PARTNERS IN PROJECT IF ANY: _____

FINANCIAL INFORMATION

TOTAL PROPOSED COST: € _____

OTHER FUNDING SOURCE/S: € _____

MINISTRY FUND AMOUNT REQUESTED: € _____

PROJECT TIMESPAN

PROPOSED START DATE: _____ **& FINISH DATE:** _____

SIGNED

PRINCIPAL: _____

CHAIRPERSON (BOARD OF MANAGEMENT): _____

DATE: _____



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BUDGET FOR MINISTRY PROJECT

Please complete as much information as possible. If any aspect is not applicable to your project please use n/a where necessary.

MINISTRY FUND CONTRIBUTION € _____

PARTNER CONTRIBUTION € _____

STATUTORY BODY CONTRIBUTION € _____

OTHER FUNDING (SPECIFY) € _____

TOTAL

EXPENDITURE

ACCOMMODATION/PREMISES: € _____

INSURANCE: € _____

TRAINING: € _____

SALARIES / WAGES / FEES: € _____

EQUIPMENT: € _____

RESOURCE MATERIAL: € _____

SPECIALIST RESOURCES: € _____

TRAVEL: € _____

PARTICIPANT EXPENSES: € _____

OTHER SPECIFY: € _____

TOTAL € _____

Please complete the attached application form, scan and return on or before Monday, 15 June to info@ceist.ie Applications received after 15 June cannot be considered for funding.