

# **Community Services**

## **The Job Initiative**

## **Renewal Proposal**

### **1.0 Section A: Key Details**

Name of Managing Agent:

Address:

Legal Status:

Composition of Board of Managing Agent:

Contact Person:

Position:

Address:

Telephone Number:

Fax Number:

Objectives of Managing Agent:



## **2.2 Project Work Programme**

This section will be the largest section of your plan. It should detail the work that you will undertake in the current year, for which you are seeking funding. In this section you should attempt to establish critical milestones, or dates by which you will have achieved specific results in relation to your work programme.

It is important that the following questions/issues are addressed (Attach additional pages as required):

2.2a) Summarise the work you hope to achieve on the project.

2.2b) Outline what you plan to achieve at the end of the project timescale.

2.2c) Identify the critical milestones by which different parts of your work objectives will be achieved. This will involve breaking your project into sub-objectives or targets and setting dates by which you would hope to achieve those targets. You should state the targets in concrete and where possible quantifiable terms.



## 2.4 Summary of Training Delivered and Progression To Date:

Please provide a summary of the training courses completed, broken down by individual. Please supply details of any employees that have left to date and have secured employment or entered a recognised training course. Please attach this information on additional sheets.

## 2.5 Operational Costs:

To complete the work programme outlined above you will need adequate financial and material resources. This involves costing your project and identifying the resources you will need.

a) Please estimate the cost of running the project for the year.

	<u>Current Year</u>
Overheads & Administration	
Wages	
Training & Development	
Other (please specify)	

b) Name the sources of funding for meeting this overall cost and state the probable amounts you will receive.

<u>Funding</u>	<u>Amount</u>
Department of Social Protection	
Managing Agent	
Other (please specify)	

Signed by Managing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended by S/CDO: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Department of Social Protection  
Community Services Manager

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