

Donegal County Development Board

Audit of Community & Voluntary Infrastructure in County Donegal

Dear Community and Voluntary Group Member,

The Donegal Community Audit is a project that originates in An Straitéis (Donegal County Strategy, 2002-2012, Donegal CDB).

The aim of the Donegal Community Audit is to enhance access to Community Infrastructure in the county by identifying and assessing the needs of Community and Voluntary Groups and Community Facilities in County Donegal. As such, we have developed this questionnaire and **your** input, as a representative of a community and voluntary group in County Donegal, is vital!

We would be grateful, if you could take 20 minutes of your time to complete this questionnaire on behalf of your group. An important part of this exercise is to identify the exact location of where your group meets i.e. townland. Therefore, we have enclosed a comprehensive list of all townlands in your area and would be grateful if you would circle or indicate which townland your group falls into.

Once completed the data will be placed on a website and used as an information source for the general public, funding bodies and for policy makers.

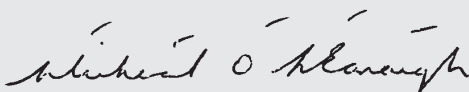
If you have any difficulty in completing this questionnaire, we have a number of Community Based Researchers in your area, just a telephone call away, to assist you. On completion, can you please return in the stamped addressed envelope to the Community Based Researcher for your area, (*listed below*).

For your convenience, this questionnaire is also available in both Irish and English on the Donegal County Council Website at <http://www.donegal.ie/dcc/audit.htm>, and on the Donegal EForum Website at <http://www.donegal.ie/eforum/efinfo.aspx>, so it can be downloaded, filled out and returned via email.

If you have any further queries please do not hesitate to contact the local Community Based Researcher, in the first instance, or the Research and Policy Unit of Donegal County Council – Tel 074 91 72470 or 72569.

Once again we would like to **thank you** for your time and assistance in the completion of this questionnaire.

Mise le meas,



Michéal Ó hÉanaigh

STUIRTHOIR RANNOG POBAIL, FIONTAIR AGUS SEIRBHISI CULTURTHA



Your Plan - Your Future



Project supported by the
**EU Programme
for Peace and Reconciliation**



Donegal County Development Board
Bord Forbartha Chontae Dhún na nGall

This project has been supported by the European Union under the EU Programme for Peace & Reconciliation 2000 - 2004 (Peace II) and part financed by the Irish Government under the National Development Plan 2000 - 2006 through the Special EU Programmes' Body.

(A) REGISTRATION FORM FOR COMMUNITY AND VOLUNTARY GROUPS

1.0 GROUP CONTACT DETAILS

1.1 NAME & ADDRESS OF GROUP:

1.2 TOWNLAND:

NOTE 1: IF YOUR GROUP DOES NOT HAVE A FIXED LOCATION WHERE MEETINGS ETC TAKE PLACE, PLEASE PROVIDE THE TOWNLAND ADDRESS OF THE MAIN CONTACT PERSON. (PLEASE SEE LIST OF TOWNLANDS ATTACHED)

1.3 TELEPHONE: 1.4 MOBILE:

1.5 FAX: 1.6 EMAIL:

1.7 WEB:

2.0 COMMITTEE DETAILS

2.1 CHAIRPERSON NAME:

2.2 SECRETARY NAME:

2.3 TREASURER:

2.4 DESCRIPTION OF COMMITTEE:

(i.e. AIM(S) OF GROUP)

2.5 SET UP DATE:

2.6 LEGAL STATUS OF GROUP:

NOTE 2: PLEASE STATE IF GROUP IS A CHARITY, A LIMITED COMPANY, BRANCH ETC

2.7 DOES YOUR GROUP HAVE? (PLEASE TICK APPROPRIATE BOXES)

1. A CONSTITUTION:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2. AIMS & OBJECTIVES:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3. MEMORANDUM & ARTICLES OF ASSOCIATION:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

2.8 HOW OFTEN DOES THE GROUP MEET?

(I.E. WEEKLY, MONTHLY, ANNUALLY)

2.9 CAN YOU PLEASE SPECIFY THE DATE OF THE LAST AGM?

2.10 ARE THERE ANY WORKING GROUPS OR SUBGROUPS? YES NO
IF YES, PLEASE SUPPLY DETAILS

2.11 (A) IS YOUR GROUP AWARE OF THE EXISTENCE OF THE FOLLOWING COMMUNITY STRUCTURES IN COUNTY DONEGAL ?

COMMUNITY FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
SOUTH FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
INISHOWEN	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
GAELTACHT FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
NORTH FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
EAST FORUM	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
OTHER	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

(PLEASE SPECIFY)

(B) IF YOU ARE NOT A MEMBER OF ANY OF THE ABOVE, WOULD YOU LIKE TO JOIN YOUR NEAREST AREA FORUM ? YES NO

2.12 ARE YOU AWARE OF ANY OTHER COMMUNITY & VOLUNTARY GROUPS IN YOUR TOWNLAND? YES NO

IF YES, CAN YOU PLEASE PROVIDE THE NAME AND CONTACT DETAILS OF THESE GROUPS?

NAME:

ADDRESS

TEL:

NOTE 3: IF YOU REQUIRE ADDITIONAL SPACE PLEASE ATTACH PAGE TO QUESTIONNAIRE

(B) COMMUNITY AND VOLUNTARY GROUPS NEEDS ASSESSMENT

3.0 HUMAN RESOURCES

3.1 (A) DO YOU HAVE ANY PAID EMPLOYEES? YES NO

(B) PLEASE SPECIFY THE NUMBER OF EMPLOYEES (IN THE BOXES BELOW)

FULL TIME PART TIME

(C) PLEASE INDICATE THE SOURCE OF FUNDING FOR THESE EMPLOYEES?

- 3.2 (A) DO YOU HAVE ANY VOLUNTEERS? YES NO
- (B) IF YES, PLEASE SPECIFY THE NUMBER OF HOURS THEY WORK PER WEEK? _____
- (C) HOW, IN YOUR OPINION, CAN VOLUNTEERISM BE INCREASED / IMPROVED IN YOUR AREA?

4.0 GROUP ACTIVITIES / FOCUS

- 4.1 (A) WHAT AREA DOES YOUR GROUP MAINLY DRAW ITS MEMBERS FROM:
- OUTSIDE THE COUNTY? YES NO _____
(NAME OF COUNTY)
- COUNTY DONEGAL? YES NO _____
(ELECTORAL AREA, DED)
- TOWNLAND? YES NO _____
(SEE TOWNLAND LIST)

(B) WHAT GEOGRAPHICAL AREA DOES YOUR GROUP SERVE (*i.e. PROVIDE ITS SERVICES TO?*)

(C) IS YOUR GROUP ISSUE SPECIFIC *i.e. SET UP TO ADDRESS ISSUES LIKE UNEMPLOYMENT, OLDER PEOPLE, WOMEN, YOUTH, DISABILITY?* YES NO

IF YES, CAN YOU PLEASE INDICATE FROM THE LIST BELOW THE MAIN FOCUS OF YOUR GROUP?

- | | | | | | |
|-----------------------------------|--------------------------|--------------|--------------------------|-----------------|--------------------------|
| WOMENS | <input type="checkbox"/> | HERITAGE | <input type="checkbox"/> | ENVIRONMENT | <input type="checkbox"/> |
| MEN | <input type="checkbox"/> | YOUTH | <input type="checkbox"/> | DISABILITY | <input type="checkbox"/> |
| SPORTS & RECREATION | <input type="checkbox"/> | DEVELOPMENT | <input type="checkbox"/> | CULTURE | <input type="checkbox"/> |
| COMMUNITY DEVELOPMENT | <input type="checkbox"/> | TRAVELLERS | <input type="checkbox"/> | RELIGIOUS | <input type="checkbox"/> |
| EX PRISONERS | <input type="checkbox"/> | OLDER PEOPLE | <input type="checkbox"/> | ENTERPRISE | <input type="checkbox"/> |
| CHILDCARE / PLAY GROUP | <input type="checkbox"/> | TOURISM | <input type="checkbox"/> | RURAL TRANSPORT | <input type="checkbox"/> |
| HOUSING / RESIDENTIAL ASSOCIATION | <input type="checkbox"/> | FESTIVAL | <input type="checkbox"/> | PARISH COUNCIL | <input type="checkbox"/> |
| REFUGEES / ASYLUM SEEKERS | <input type="checkbox"/> | OTHER | <input type="checkbox"/> | _____ | |
- (PLEASE SPECIFY)

4.2 WHAT ARE THE GENERAL ACTIVITIES OF YOUR GROUP?
(*i.e. PROMOTIONAL ACTIVITIES, FUNDRAISING, ORGANISING EVENTS ETC.*)

4.3 CAN YOU PLEASE SUPPLY DETAILS OF ANY ACTIVITIES, PROGRAMMES AND PROJECTS PROVIDED TO THE FOLLOWING TARGET GROUPS

	LIST OF ACTIVITIES / PROGRAMMES / PROJECTS OF THE GROUP		
	1.	2.	3.
VICTIMS OF THE CONFLICT (i)			
PEOPLE WITH DISABILITIES			
EX PRISONERS & THEIR FAMILIES (ii)			
DISPLACED PERSONS (iii)			
ALL YOUNG PEOPLE (WHICH MAY INCLUDE DISADVANTAGED & YOUNG OFFENDERS)			
WOMEN			
MEN			
ETHNIC MINORITY COMMUNITIES (INCLUDING RACE & RELIGIOUS BELIEFS,)			
OLDER PEOPLE			
LONE PARENTS			
LOW INCOME FAMILIES			
SEXUAL ORIENTATION			

i The surviving injured and / or disabled whether physically or psychologically of violent, conflict-related incidents and those who care for or are related to them, alone with close relatives who mourn their dead.

ii Qualifying prisoners who were or would have been released under the terms of the Good Friday Agreement

iii Those who have involuntarily moved from areas of violence or from interface areas, and communities in which there is a concentration of such displaced persons

5.0 FUNDING

5.1. CAN YOU PLEASE SUPPLY DETAILS OF ANY FUNDING APPLICATIONS MADE SINCE SINCE 2000?

PROJECT NAME	1.	2.	3.
OBJECTIVES OF PROJECT			
TOTAL COST €			
FINANCING THE PROJECT			
FUNDING DID YOU MAKE A FUNDING APPLICATION. YES OR NO			
NAME OF FUNDER (TO WHICH APPLICATION WAS MADE)			
WAS YOUR APPLICATION SUCCESSFUL? YES OR NO			
FUNDRAISING (PLEASE SPECIFY TYPE & AMOUNT)			
OTHER (PLEASE SPECIFY TYPE & AMOUNT)			
DATE WHEN THE FUNDING EXPIRES			
PLANS TO MEET FUTURE FUNDING NEEDS			

5.2. CAN YOU PLEASE OUTLINE IN THE TABLE PROVIDED THE ESTIMATED RUNNING COSTS OF THE GROUP ?

DESCRIPTION OF COST	TOTAL ESTIMATED COST PER ANNUM
ADMINISTRATION COSTS <i>(INCLUDING STATIONARY, PHOTOCOPYING, PHONE, FAX ETC)</i>	
TRAVEL EXPENSES <i>(FOR COMMITTEE MEMBERS ETC)</i>	
TRAINING AND EDUCATION	
CHILDCARE COSTS <i>(FOR COMMITTEE)</i>	
MEETING EXPENSES <i>(INCLUDING REFRESHMENTS, ROOM HIRE ETC)</i>	
ADVERTISING COSTS	
ENERGY COSTS <i>(HEAT, LIGHT)</i>	
OFFICE SPACE <i>(RENTAL, LEASE)</i>	
EQUIPMENT <i>(COMPUTERS, FAX, PHOTOCOPYING ETC)</i>	
OTHER	
TOTAL ESTIMATED COSTS (€)	

5.3 DOES YOUR GROUP EXPERIENCE ANY DIFFICULTIES IN ACCESSING FUNDING? YES NO
 IN BOTH INSTANCES PLEASE SUPPLY DETAILS?

6.0 TRAINING

6.1 CAN YOU PLEASE DETAIL IN THE TABLE BELOW ANY TRAINING UNDERTAKEN BY COMMITTEE MEMBERS OR STAFF & VOLUNTEERS OVER THE LAST YEAR?

POSITION <i>(IE. SECRETARY, CHAIR PERSON, TREASURER, COMMITTEE MEMBER, STAFF, VOLUNTEERS)</i>	COURSE TITLE <i>(INCLUDING CERTIFICATION OF FUNDING BODY)</i>	WAS THIS COURSE FUNDED? <i>(PLEASE SUPPLY THE NAME OF FUNDING BODY)</i>	PLEASE OUTLINE THE BENEFITS TO THE GROUP?

6.2 IN YOUR OPINION, WHAT ARE THE TRAINING NEEDS FOR COMMITTEE MEMBERS, STAFF AND VOLUNTEERS?

TRAINING NEEDS (0-1 YEAR)

TRAINING NEEDS (1-3 YEARS)

TRAINING NEEDS (3 YEARS +)

7.0 GROUP DEVELOPMENT

7.1 (A) DOES YOUR GROUP HAVE A STRATEGIC DEVELOPMENT PLAN? YES NO
(PLEASE SUPPLY DETAILS INCLUDING NAME OF THE PLAN, PERIOD OF PLAN ETC)

(B) IF NOT, WOULD THE GROUP BE INTERESTED IN HAVING ACCESS TO MATERIALS TO ASSIST THE DEVELOPMENT OF SUCH A PLAN *(E.G. TEMPLATE OF CONSTITUTION, ROLES OF COMMITTEE ETC)*
YES NO

7.2 PLEASE LIST, IN THE TABLE PROVIDED THE MAIN ACTIVITIES OR ACTIONS PLANNED BY THE GROUP AND THE TIME FRAME FOR THEIR IMPLEMENTATION?

PLANNED ACTIONS / ACTIVITIES	TIME FRAME			REQUIREMENTS FOR IMPLEMENTATIONS
	SHORT TERM (1 YEAR)	MEDIUM TERM (1-3 YEARS)	LONG TERM (3 YEARS +)	
1.				
2.				
3.				
4.				
5.				

7.3 WHAT IN YOUR OPINION DOES YOUR GROUP NEED TO ENSURE THE IMPLEMENTATION OF THESE ACTIONS?

8.0 LINKING / BUILDING / BRIDGING

IN ORDER TO LINK YOUR GROUP TO OTHER GROUPS IN THE AREA, FOR THE PURPOSES OF MATCHING / SHARING RESOURCES ETC, CAN YOU PLEASE FILL OUT THE ATTACHED TABLE ON BEHALF OF YOUR COMMUNITY GROUP?

	RESOURCES					
	PROGRAMMES / ACTIVITIES / PROJECTS	VOLUNTEERS	PAID STAFF	BUILDING (NAME)	EQUIPMENT	OTHER
WE HAVE THE RESOURCE AND WE ARE SHARING IT <i>name of resource & who you are sharing it with</i>						
WE HAVE THE RESOURCE AND WE ARE WILLING TO SHARE IT. <i>name of resource</i>						
WE HAVE THE RESOURCE BUT WE ARE NOT WILLING TO SHARE IT! <i>name of resource & specify why</i>						
WE DO NOT HAVE THE RESOURCE BUT ANOTHER ORGANISATION IS SHARING IT WITH US <i>name & address</i>						
WE DO NOT HAVE THE RESOURCE BUT WOULD LIKE ANOTHER ORGANISATION TO SHARE IT WITH US <i>name of resource & address of organisation</i>						

Thank you for your time and cooperation



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