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# Disability Access Costs Report Form

This form is designed to gather information about the supports that are being provided with Arts Council Personal Disability Access Costs. We use this information to improve the quality of our services and supports. Thank you for taking the time to complete it.

We run the disability access cost process separately from primary awards. You will see a separate funding line in your Online Services account, with an ID that relates to these costs only. Use this Application ID number on this form. Do not use the Application ID from your main funding application.

For Personal Disability Access Costs that are greater than €1,500, we can only pay the final instalment when we receive your completed Disability Access Costs Report.

**Note:** the lead applicant on your application must sign the Declaration of Assurance section at the end of this form.

If you need help with this form, contact the Disability Access team.

* Email: [disabilityaccess@artscouncil.ie](mailto:disabilityaccess@artscouncil.ie)
* Phone: 01-6180200.

## Part 1: General information

|  |  |
| --- | --- |
| Applicant Name |  |
| Applicant ARN |  |
| Funding Scheme |  |
| Personal Disability Access Costs ID |  |

## Part 2: What personal disability access costs did you use or provide?

Add more rows if you need to

|  |  |  |
| --- | --- | --- |
| **Support**  (e.g. Access support worker) | **Cost**  (e.g. €300 per day for 10 days) | **Total**  (e.g. €3,000) |
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|  |  |  |
| **Total Personal/Participant Disability Access Costs** | |  |

## Part 3: Additional information

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| --- |
| Did your actual spending differ from what you applied for?  For example, you can tell us about:   * Additional costs that you did not expect * Budgeted costs for that you did not need |
| Is there anything you would like us to know about how we provide personal disability access costs?  For example, you can tell us about:   * Parts that worked well for you * Parts that did not work well for you * Parts that were difficult for you * Things that we can improve |

## Part 4

# Declaration of Assurance

|  |  |
| --- | --- |
| This Declaration of Assurance certifies that the Personal/Participant Disability Access Costs were used for the purpose for which they were awarded. It should be signed by the applicant. If the costs granted were greater than €25,000, it should also be signed by an accountant. Typed names are acceptable.  I certify that the Arts Council funding was used for the purposes for which it was awarded and that any conditions attached to the funding were met.  Name:                                  Date: | |
| **For costs greater than €25,000:**  **Note:** The signature of the auditor or qualified accountant must be accompanied by the appropriate stamp. The accountant or auditor’s professional qualification letters (e.g. ACA, ACCA, ACMA, ACPA) should be clearly shown. You will need to print off the form so that it can be stamped, and then you should scan it and save it. We cannot accept hard copies.  Accountant’s name:                                  Date: | |
| **Note:** if you do not have an Accountant's stamp enter your **professional qualification** and **professional body registration number**. | **Accountant's Stamp & Date** |