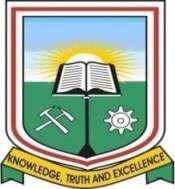
****UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

*……………………………………………………...* DEPARTMENT

**APPLICATION FOR GHANA CHAMBER OF MINES (GCM) - TERTIARY EDUCATION FUND (TEF) PROVISION OF EDUCATIONAL RESOURCES FORM**

**(2020/2021 ACADEMIC YEAR)**

**Relevant Information/Instruction for the GCM-TEF Application Form for the Provision of Educational Resources**

**1. Introduction**

The objective of the Fund is to assist the University of Mines and Technology with educational resources including ICT, software, hardware, library books, smart boards, projectors, reagents, simple/low cost equipment, etc. The procedure for the allocation shall commence in September, 2020 with a call for application from the Pro Vice Chancellor’s Office, which will indicate a cap to the amount a department can apply for. The average yearly budget for the Educational Resource shall be the cedi equivalent of $22,000.

***1.1 Eligibility Criteria***

1. Must be a Departments or Unit in the University,
2. Must fall under the priority list of departments/units earmarked for the year under consideration, and
3. Must submit the application before the deadline.

***1.2 Accessing the Educational Resource***

1. UMaT Management will make allocations every year to the various Departments/Units in the University based on priority by 15th September each year.
2. The Departments/Units concerned will prepare the detailed request by 30th September each year.
3. The UMaT Procurement Unit will carry out the procurement process for approval by the Vice Chancellor by 15th October each year.
4. UMaT Management will make recommendations to the Governing Board by 31st October for disbursement of funds to the appropriate Supplier to provide the services.

***PROVISION OF EDUCATIONAL RESOURCES FORM***

*Complete all the required sections in the form. Use “N/A” for fields that do not apply to you. Note that incomplete applications will not be processed*

**Details of Request**

Name of Department/Unit Head: Click to Type here. Date of Request: Click or tap to enter a date.

Department/Unit/Faculty/School: Click or tap here to enter text.

1. **Reason(s) for Request:** (Include reason/purpose of resource and justification)

Click or tap here to enter text.

1. **Specify Resource(s) Requested**:

Are comparable alternative acceptable? Yes  No

|  |  |  |
| --- | --- | --- |
| **Quantity/Unit** | **Resource(s)** | **Remarks** |
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Signature of Department/Unit Head**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RECOMMENDED BY**

|  |  |
| --- | --- |
| Signature of Dean: | Date: |

**AUTHORISED BY**

|  |  |
| --- | --- |
| Signature of Vice Chancellor: | Date: |

***Note: All Completed Forms should be sent to: gcmtef-es@umat.edu.gh***