Form IG

Application for Initial Grant

Section 1 – Sponsor Details

Sponsoring Organisation Name: _______________________________________________

Project Name: _______________________________________________

Address: _______________________________________________

_______________________________________________

_______________________________________________

Company Registration No: _______________________________________________

Project Reference No: _______________________________________________

Contract Dates: From: ____/____/________ To: ____/____/________

Please attach evidence of Public Liability and Employer’s Liability Insurance cover, if not already supplied.

Insurance expiry date _____/______/_______ Policy Number ____________________________

(This question should be answered by Voluntary bodies only)

Section 2 – Details of Advance Wage Grant Requested

(a) No. of participants

Approved □ Current □

X € pw X 8 weeks = €

Note: Advance is €230 per week for CE participants and €441 per week for JI participants

(b) Supervisor

€ pw X 8 weeks = €

= €

I confirm that I shall account for all monies entrusted to me for the carrying out of the work project.

I undertake to refund on demand all monies which have not been expended in accordance with the conditions of the project. I confirm that the above has not or will not be reimbursed from other sources.

Signed _______________________________________________ Date__________________

PRINT NAME _______________________________ Board Position______________________

DATA PROTECTION STATEMENT

Personal data is required to determine eligibility for payments and services, administered for Ireland’s social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

FOR DEASP USE ONLY

Total Amount Payable €__________________

I confirm that a completed Community Employment/Job Initiative Agreement is on file and that bank and insurance details are in order.

Checked and Recommended for Payment by (DEASP Officer) _________________ Date__________________

Approved for Payment by (Appropriate Authority Level) __________________ Date__________________