



European Union



An Roinn Coimirce Sóisialaí  
Department of Social Protection  
[www.welfare.ie](http://www.welfare.ie)

## FUND FOR EUROPEAN AID TO THE MOST DEPRIVED

APPLICATION TO THE DEPARTMENT OF SOCIAL PROTECTION, MANAGING  
AUTHORITY FOR THE EUROPEAN FUND FOR AID TO THE MOST DEPRIVED  
IRELAND (FEAD)  
2014-2020

**JULY 2016**

Regulation (EU) No 223/2014

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# APPLICATION FORM

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QUERIES CAN BE EMAILED TO [FEAD@WELFARE.IE](mailto:FEAD@WELFARE.IE)

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**SECTION 1 DESCRIPTION OF THE APPLICANT**

1.1	<b>LEGAL NAME OF COMPANY/APPLICANT (as registered with the CRO or otherwise)</b>	
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1.2	<b>TRADING NAME (if different from above)</b>	
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1.3	<b>IS THE APPLICATION BEING MADE BY A NATIONAL ORGANISATION WITH SUBSIDIARY UNITS/BRANCHES?</b>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px 10px;">Yes</td> <td style="padding: 2px 10px;">No</td> </tr> </table> <p>(if yes, see Q1.16 to Q1.20)</p>	Yes	No
Yes	No			

1.4	<p><b>WHAT IS THE LEGAL FORM OF YOUR ORGANISATION?</b></p> <p>Documentation may be requested in the form of the Memorandum and Articles of Association of the Company or documents relating to constitution, incorporation and/or rules</p>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Type of organisation</th> <th style="text-align: center;">Tick ✓ (select one)</th> </tr> </thead> <tbody> <tr> <td>1. Company Limited by Guarantee not having a Share Capital</td> <td></td> </tr> <tr> <td>2. Company Limited by Guarantee having a Share Capital</td> <td></td> </tr> <tr> <td>3. Friendly/Industrial Provident Society</td> <td></td> </tr> <tr> <td>4. Charitable Trust</td> <td></td> </tr> <tr> <td>5. Statutory Body</td> <td></td> </tr> <tr> <td>6. Other Form (specify further below)</td> <td></td> </tr> </tbody> </table>	Type of organisation	Tick ✓ (select one)	1. Company Limited by Guarantee not having a Share Capital		2. Company Limited by Guarantee having a Share Capital		3. Friendly/Industrial Provident Society		4. Charitable Trust		5. Statutory Body		6. Other Form (specify further below)	
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1.5	<b>IF OTHER FORMS, DESCRIBE THE ORGANISATIONAL STATUS OF YOUR ORGANISATION?</b>	Briefly specify the nature and legal/other form of the body
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1.6	<p><b>FINANCIAL OVERVIEW OF YOUR ORGANISATION</b></p> <p>(please provide actual figures for 2014 and estimates for 2015)</p>	<table border="1" style="width: 100%; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">INCOME</th> <th colspan="2" style="text-align: center;">Value</th> </tr> <tr> <td></td> <th style="text-align: center;">2014</th> <th style="text-align: center;">2015</th> </tr> </thead> <tbody> <tr> <td>Public funds – revenue</td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td>Public funds – capital</td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td>Donations + Fundraising + Bequests (cash and in-kind)</td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td>Income from service provision</td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td>Other – not defined above</td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Expenditure</th> <th colspan="2" style="text-align: center;">Value</th> </tr> <tr> <td></td> <th style="text-align: center;">2014</th> <th style="text-align: center;">2015</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td></td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td></td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td></td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td></td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td></td> <td style="text-align: center;">€</td> <td style="text-align: center;">€</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	INCOME	Value			2014	2015	Public funds – revenue	€	€	Public funds – capital	€	€	Donations + Fundraising + Bequests (cash and in-kind)	€	€	Income from service provision	€	€	Other – not defined above	€	€	<b>Total</b>			Expenditure	Value			2014	2015		€	€		€	€		€	€		€	€		€	€		€	€			
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Actual for 2014 and estimates for 2015

1.7	<b>IF YOUR ORGANISATION IS PUBLICLY FUNDED OR SUPPORTED BY PUBLIC GRANTS – PLEASE SPECIFY THE PROGRAMME(S) AND THE ANNUAL VALUE OF THE FUND</b>	<table border="1"> <thead> <tr> <th rowspan="2">Programme/Department or agency</th> <th rowspan="2">Stat us*</th> <th colspan="2">GRANT VALUE</th> </tr> <tr> <th>2014</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>€</td> <td>€</td> </tr> <tr> <td></td> <td></td> <td>€</td> <td>€</td> </tr> <tr> <td></td> <td></td> <td>€</td> <td>€</td> </tr> <tr> <td></td> <td></td> <td>€</td> <td>€</td> </tr> <tr> <td></td> <td></td> <td>€</td> <td>€</td> </tr> <tr> <td></td> <td></td> <td>€</td> <td>€</td> </tr> <tr> <td colspan="2"><b>TOTAL PUBLIC FUNDS RECEIVED</b></td> <td>€</td> <td>€</td> </tr> </tbody> </table>		Programme/Department or agency	Stat us*	GRANT VALUE		2014	2015			€	€			€	€			€	€			€	€			€	€			€	€	<b>TOTAL PUBLIC FUNDS RECEIVED</b>		€	€
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1.8	<b>DESCRIBE YOUR ORGANISATION'S MAIN PURPOSE AND FUNCTIONS</b>																																				
1.9	<b>CRO &amp; CHY REGISTRATION NUMBERS</b>	CRO No	CHY No																																		
1.10	<b>PROVIDE VAT REGISTRATION NUMBER</b>	VAT number																																			
1.11	<b>IF REGISTERED FOR VAT, PLEASE CONFIRM THAT VAT IS RECOVERABLE IN RELATION TO PURCHASES</b>																																				
1.12	<b>IF REGISTERED FOR VAT AND VAT IS NOT RECOVERABLE, PLEASE PROVIDE CONFIRMATION OF THIS.</b>																																				
1.13	<b>WEB ADDRESS</b>																																				
1.14	<b>STATE YOUR ORGANISATION'S TAX CLEARANCE CERTIFICATE NUMBER AND EXPIRY DATE?</b>																																				

**SUPPLEMENTARY INFORMATION FOR APPLICATIONS MADE BY NATIONAL ORGANISAITONS WITH BRANCHES/SUBSIDIARY UNITS**

<b>1.15</b>	<b>NUMBER OF BRANCH/SUBSIDIARY UNITS COVERED BY THIS APPLICATION OR STATE THAT BRANCH/SUBSIDIARY UNITS WILL MAKE SEPARATE APPLICATIONS?</b>		
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<b>1.16</b>	<p><b>IF PLEASE PROVIDE INFORMATION ON BRANCHES OR SUBSIDIARY UNITS COVERED BY THIS APPLICATION</b></p> <p>Continue on separate page or provide details separately</p>	<b>Name of Branch/subsidiary unit</b>	<b>Town &amp; County</b>	<b>Type of service provided at location</b>

<b>1.17</b>	<b>ARE BRANCHES/SUBSIDIARY UNITS SEPARATELY CONSITUTED LEGAL ENTITIES (i.e. COMPANIES)? IF YES, SET OUT DETAIL.</b>	
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<b>1.18</b>	<b>WHAT UNIT WILL BE RESPONSIBLE FOR OVERALL MANAGEMENT AND DELIVERY OF THE PROGRAMME?</b>	
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<b>1.19</b>	<b>WHAT GEOGRAPHIC AREAS IN IRELAND (NOT INCLUDING NI) ARE NOT COVERED BY YOUR ORGANISATION, IF ANY?</b>	
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## SECTION 2

## DESCRIPTION OF THE TYPE OF SUPPORTS CURRENTLY PROVIDED

2.1	YOU ARE ASKED TO SPECIFY THE SERVICES PROVIDED – WHAT BEST DESCRIBES THE SERVICES PROVIDED BY YOUR ORGANISATION?	<b>Type</b>		<b>Description (main activity)</b>		<b>Number of service users</b>		
		A	Accommodation provider to homeless people					
		B	Food banking/distribution to other organisations (not directly to people)					
		C	Community restaurant/food centre					
		D	Direct provision of food and related support services on the streets					
		E	Emergency accommodation/refuge for families in distress					
		F	Preparing and distributing meals to the elderly/others (meals on wheels)					
		G	General charitable services (not providing direct food services)					
		H	Provision of ad-hoc support services to people (i.e. community centre)					
		I	Family resource centre/similar					
		K	Local/community development					
		L	Lions Club					
		M	Religious community providing food services to poor					
		N	Advocacy					
		O	Older Age/Active Age group					
2.2	WHAT IS THE CURRENT LEVEL OF FOOD & NON-FOOD PROVISION BY YOUR ORGANISATION?  You should include purchases made with other public funds or grants and goods purchases with the proceeds of funding raising and any charges made			VALUE IN €		TOTAL		
		Purchased*		Donated				
		2014	2015	2014	2015	2014	2015	
		Meals						
		Food packs						
Non-food items								
Other services								
Add explanatory comment if the table above does not capture the full extent of the services provided								
2.3	PLEASE GIVE DETAILS OF THE NUMBERS OF PERSON ASSISTED WITH THE PROVISION OF FOOD SERVICES?	<b>Type</b>		<b>Adult Men</b>	<b>Adult Women</b>	<b>Child</b>	<b>Family Units</b>	<b>Persons in families</b>
		2013						
		2014						
		2015						
What is the basis of this data?								

2.4

**PLEASE GIVE DETAILS OF THE NUMBERS OF PERSON ASSISTED WITH THE PROVISION OF NON - FOOD MATERIAL GOODS?**

Provide actual figures for 2014 and estimates for 2015)

Type	Adult Men	Adult Women	Child	Family Units	Persons in families
2013					
2014					
2015					

What is the basis of this data?

2.5

**NUMBER OF PERSON ASSISTED (IN THE FORM OF OTHER SUPPORTS THAN FOOD AND NON-FOOD MATERIAL GOODS?**

Provide actual figures for 2014 and estimates for 2015)

Type	Adult Men	Adult Women	Child	Family Units	Persons in families
2013					
2014					
2015					

What is the basis of this data?

2.6

**IF PROVIDED, WHAT QUANTITIES AND FREQUENCY OF MEALS IS PROVIDED?**

Provide actual figures for 2014 and estimates for 2015)

Type	2014		2015	
	Number	How often?	Number	How often
Breakfast		daily		daily
Lunch/Dinner		daily		daily
Evening Meals				
Food Packages				
Snacks		daily		daily
Food on street				

2.7

**REGARDING FOOD SERVICES, WHAT DOES YOUR ORGANISATION CHARGE FOR THE PROVISION OF MEALS (INCLUDING TOKEN CHARGES)?**

Charge €	2014	2015
Breakfast	nil	nil
Lunch/Dinner		
Evening Meals		
Food Packages		
Snacks		
Food on street		

If nothing charged to service users – enter NIL

2.8

**WHAT DOES YOUR ORGANISATION CHARGE FOR PROVIDING NON-FOOD MATERIAL GOODS (INCLUDING TOKEN CHARGES)?**

<p>2.9 PLEASE STATE THE PHYSICAL LOCATIONS AT WHICH SERVICES ARE DELIVERED?</p>													
<p>2.10 WHAT IS THE GEOGRAPHICAL COVERAGE OF THE SERVICES PROVIDED BY YOUR ORGANISATION (IF NATIONAL, INDICATE IF ALL AREAS OF THE COUNTRY ARE COVERED)?</p>													
<p>2.11 WHAT OTHER STATE AGENCY(IES) DOES YOUR ORGANISATION WORK WITH IN THE PROVISION OF FOOD/NON-FOOD MATERIAL SUPPLIES?</p>													
<p>2.12 THE FEAD PROGRAMME IS FOR PEOPLE WHO ARE MOST DEPRIVED. IT IS ESSENTIAL THAT THE SUPPORTS TARGET PEOPLE IN THIS CATEGORY</p>	<table border="1"> <thead> <tr> <th data-bbox="781 926 862 1031"><i>Type</i></th> <th data-bbox="862 926 1300 1031"><i>Description</i></th> <th colspan="2" data-bbox="1300 926 1511 1031"><i>Number of persons supported</i></th> </tr> <tr> <td></td> <td></td> <th data-bbox="1300 999 1382 1031">2014</th> <th data-bbox="1382 999 1511 1031">2015</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<i>Type</i>	<i>Description</i>	<i>Number of persons supported</i>				2014	2015				
<i>Type</i>	<i>Description</i>	<i>Number of persons supported</i>											
		2014	2015										



**INDICATE THE CATEGORIES OF PEOPLE SUPPORTED BY YOUR ORGANISATION AND THE NUMBERS SUPPORTED?**

Please provide actual number for 2014 and best estimates for 2015

A	Homeless persons
B	Rough sleepers
C	Homeless families, including those in emergency and temporary accommodation
D	Children in low income or low work intensity households
E	Victims of domestic violence in refuges and shelters
F	Persons suffering or recovering from addictions
G	Certain members of the Roma and Traveller communities
H	Persons transitioning to independent living from emergency accommodation, institutionalized care settings or places of detention
I	Persons without income or means not otherwise defined
J	Older persons without adequate means/access to food
K	People with disability without adequate means/access to food
L	Migrants
Total	

Specify in the space below if your organisation works with a particularly cohort of people not covered above

**SECTION 3**

**OUTLINE OF HOW FEAD IS TO BE DELIVERED BY YOUR ORGANISATION**

3.1

**HOW DO YOU PROPOSE TO USE RESOURCES FROM THE FEAD PROGRAMME?**

3.2 WHAT CATEGORIES BEST DESCRIBES THE PERSONS YOU PROPOSE TO SUPPORT?

Type	Description	Estimates of number that will be supported annually with FEAD
A	Homeless persons	
B	Rough sleepers	
C	Homeless families, including those in emergency and temporary accommodation	
D	Children in low income or low work intensity households	
E	Victims of domestic violence in refuges and shelters	
F	Persons suffering or recovering from addictions	
G	Certain members of the Roma and Traveller communities	
H	Persons transitioning to independent living from emergency accommodation, institutionalized care settings or places of detention	
I	Persons without income or means not otherwise defined	
J	Older persons without adequate means/access to food	
K	People with disability without adequate means/access to food	
L	Migrant	
M	Not-known – distribution of goods will be via other partners organisations	
	Total	

3.3 HOW WILL FEAD CONTRIBUTE TO ADDRESSING THE NEEDS OF YOUR SERVICE USERS

3.4 WHAT RECORDS/REGISTERS, IF ANY, DOES YOUR ORGANISATIONS MAINTAIN ON SERVICE USERS AND THEIR NEEDS?

<p><b>3.5</b> OUTLINE THE PROCEDURES IN PLACE TO MEET THE REQUIREMENTS OF THE DATA PROTECTION (AMENDMENT) ACT 2003 GIVING EFFECT TO EU DATA PROTECTION DIRECTIVE 95/46/EC)?</p>	
<p><b>3.6</b> WHAT SYSTEMS DO YOU HAVE IN PLACE (OR CAN PUT IN PLACE) TO MONITOR THE EFFECTIVENESS OF SERVICES THAT YOU PROVIDE?</p>	
<p><b>3.7</b> DEFINE THE GEOGRAPHIC COVERAGE OF SUPPORTS THAT FEAD WILL CONTRIBUTE TO?</p>	
<p><b>3.8</b> IDENTIFY WHAT ADDITIONAL SUPPORTS, IF ANY, WILL BE NEEDED BY YOUR ORGANISATION TO SUPPORT DELIVERY OF FEAD?</p>	
<p><b>3.9</b> IS YOUR ORGANISATION IN RECEIPT OF ANY OTHER EU CO-FUNDED PROGRAMMES (FOR INSTANCE THE EUROPEAN SOCIAL FUND)?</p>	
<p><b>3.10</b> DESCRIBE/OUTLINE THE PROCEDURES AND CONTROL SYSTEMS IN PLACE IN YOUR ORGANISATION TO ENSURE GOOD FINANCIAL AND RISK MANAGEMENT OF ANY FUNDS GRANTED UNDER FEAD?</p>	
<p><b>3.11</b> BASED ON YOUR BEST ASSESSMENT, WHAT IS THE LIKELY VALUE OF SUPPORT YOUR ORGANISATION IS SEEKING FROM FEAD (IN €)?</p>	

**3.12** **OUTLINE THE BASIS ON WHICH THE ESTIMATES ABOVE WERE DETERMINED?**

**SECTION 4 ORGANISATION DETAILS**

**Management Arrangements**

IN ORDER TO MANAGE FEAD FUNDS, ORGANISATIONS MUST BE ABLE TO DEMONSTRATE A CAPACITY TO UNDERTAKE THE RELATED TASKS

4.1	<b>OUTLINE NATURE OF BOARD, MEMBERSHIP, FREQUENCY OF MEETINGS, AND KEY FUNCTIONS</b>	Chart attached re Board membership. Meetings held monthly to supervise delivery of service and plan for future events																		
4.2	<b>NATURE OF BOARD/MANAGEMENT SUPPORT COMMITTEES IN OPERATION</b>	<table border="1"> <thead> <tr> <th>Management Committees</th> <th>Purpose/Role of the Sub-Committee</th> <th>Frequency of meetings</th> </tr> </thead> <tbody> <tr> <td>Audit/Finance</td> <td></td> <td></td> </tr> <tr> <td>Human Resource</td> <td></td> <td></td> </tr> <tr> <td>Service Delivery</td> <td></td> <td></td> </tr> <tr> <td>Facilities/</td> <td></td> <td></td> </tr> <tr> <td>Other; specify</td> <td></td> <td></td> </tr> </tbody> </table>	Management Committees	Purpose/Role of the Sub-Committee	Frequency of meetings	Audit/Finance			Human Resource			Service Delivery			Facilities/			Other; specify		
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4.3	<b>HAS YOUR ORGANISATION ADOPTED THE GOVERNANCE CODE - A CODE OF PRACTICE FOR GOOD GOVERNANCE OF COMMUNITY, VOLUNTARY AND CHARITABLE ORGANISATIONS?</b>	<table border="1"> <tr> <td></td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td>Plan to</td> <td></td> </tr> </table>		✓	Yes		No		Plan to											
	✓																			
Yes																				
No																				
Plan to																				

**STAFFING ARRANGEMENTS**

4.4	<b>PLEASE PROVIDE AND OUTLINE OF THE CURRENT STAFFING ARRANGEMENTS/ EMPLOYMENT IN YOUR ORGANISATION?</b>						
			<b>Total</b>	<b>Core services</b>	<b>Other Services</b>	<b>Admin</b>	<b>Finance</b>
		Full Time Staff					
		Part Time Staff					
		Work placements (CE, Tús)					
Volunteers							

**PROCUREMENT ARRANGEMENTS**

4.5	<b>OUTLINE THE CURRENT PROCUREMENT ARRANGEMENT(S) USED BY YOUR ORGANISATION TO PURCHASE FOOD/MATERIAL GOODS</b>																						
4.6	<b>HAS YOUR ORGANISATION THE FOLLOWING POLICIES IN PLACE (WRITTEN)?  CONFIRM THAT THE REQUIRED STAFF TRAINING AND IMPLEMENTATION HAS BEEN UNDERTAKEN.</b>	<table border="1"> <thead> <tr> <th>Policy</th> <th>In Place ✓</th> <th>Implemented ✓</th> </tr> </thead> <tbody> <tr> <td>Protection of Children &amp; Vulnerable Adults</td> <td></td> <td></td> </tr> <tr> <td>Non-discrimination</td> <td></td> <td></td> </tr> <tr> <td>Accessibility</td> <td></td> <td></td> </tr> <tr> <td>Equality &amp; inclusion</td> <td></td> <td></td> </tr> <tr> <td>Health &amp; Safety for service users, staff and others</td> <td></td> <td></td> </tr> <tr> <td>HACCP/food management</td> <td></td> <td></td> </tr> </tbody> </table>	Policy	In Place ✓	Implemented ✓	Protection of Children & Vulnerable Adults			Non-discrimination			Accessibility			Equality & inclusion			Health & Safety for service users, staff and others			HACCP/food management		
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## SECTION

### Disclaimers

#### **Please read carefully**

By submitting the application, the Board of Directors/Management Board declare that the information provided in relation to the organisation described in this application is true and complete to the best of their knowledge and belief.

The Board of Directors/Management Board acknowledges that any funds awarded must be used for the purpose stated and not used to replace existing funding. The Board also understands that information supplied in, or accompanying, this application may be made available on request under the Freedom of Information Acts 2014

The Board accepts, as a condition of the award of a grant, that it involves no commitment to any other grants from the Department of Social Protection. The Board are agreeable to having the project monitored by the Department of Social Protection/its agents, and by the European Commission/its agents. The organisation accepts that access to premises and records, as necessary, may be required for the purpose of ensuring compliance with national and EU law and the regulations governing the implementation of the Fund for European Aid to the Most Deprived.

The Board of Directors/Management Board also accepts that the Department may make enquiries with other agencies and Departments in respect of any information provided in this application.

#### **Disclosure under the Freedom of Information Act**

The Department of Social Protection reminds organisations applying under the Fund for European Aid for the Most Deprived that the information contained in the application form and any documentation supplied by the applicant organisation may be released, on request, to third parties, in accordance with the Department's obligations under the Freedom of Information Act 2014.

Information considered sensitive by your board should be excluded from this application. All information supplied will be considered to be non-sensitive and available for release by the Department of Social Protection.

#### ***Disclaimer***

#### **Please read carefully:**

It will be a condition of any application for funding under this Programme that:

- i. The Department of Social Protection shall not be liable to the applicant or any other party in respect of any loss, damage or costs of any nature arising directly or indirectly from:
  - a) the application or the subject matter of the application;
  - b) The rejection for any reason of any application.
- ii. The Department of Social Protection and their servants or agents shall not, at any time, in any circumstances be held responsible or liable in relation to any matter whatsoever arising in connection with this application for funding.

**SECTION  
SUBMISSION OF APPLICATION**

By submitting this application and completing this section the Board of Directors/Management Board acknowledges that they have read, understood and accepted the above points.

BOARD MEMBER/DIRECTOR	Signature
	Print name
CEO/MANAGER/AUTHORISED OFFICER	Signature
	Print name
Date submitted	

**CONTACTS**

<b>PRIMARY CONTACT INFORMATION</b> NOMINATE THE PERSON WHO CAN BE CONTACTED IN RELATION TO THIS APPLICATION.	Name of contract person	
	Job Title/Role within the Organisation	
	Main Phone Number	
	Mobile Phone Number	
	E-Mail Address	
<b>ALTERNATIVE CONTACT PERSON</b> NOMINATE THE PERSON WHO CAN BE CONTACTED IN RELATION TO THIS APPLICATION.	Name of contract person	
	Job Title/Role within the Organisation	
	Main Phone Number	
	Mobile Phone Number	
	E-Mail Address	
<b>ADMINISTRATIVE ADDRESS OF ORGANISATION</b>	Line 1	
	Line 2	
	Line 3	
	County	
	Eircode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>REGISTERED ADDRESS (IF DIFFERENT FROM ABOVE)</b>	Line 1	
	Line 2	
	Line 3	
	County	



European Union



An Roinn Coimirce Sóisialaí  
Department of Social Protection  
[www.welfare.ie](http://www.welfare.ie)



## FUND FOR EUROPEAN AID TO THE MOST DEPRIVED

APPLICATION TO THE DEPARTMENT OF SOCIAL PROTECTION, MANAGING  
AUTHORITY FOR THE EUROPEAN FUND FOR AID TO THE MOST DEPRIVED, IRELAND

THE APPLICATION FORM COMPLETED IN ALL ASPECTS SHOULD BE RETURNED TO:

FEAD MANAGING AUTHORITY  
DEPARTMENT OF SOCIAL PROTECTION  
SHANNON LODGE  
CARRICK-ON-SHANNON  
COUNTY LEITRIM

OR THE EMAIL BELOW

[www.feadoreland.ie](http://www.feadoreland.ie)

Email to [FEAD@welfare.ie](mailto:FEAD@welfare.ie)