



Funding Application Form
GROUP TRAINING PROPOSAL



Goal 3: Increase in People's work readiness and employment prospects

Name of Organisation/Community Group :

Contact Name :

Role within Organisation

Address :

Contact : Phone 1 :

Phone 2 :

FAX :

Email :

Please state Officers of Organisation/Community Group :

Chairperson	<input type="text"/>	Vice-Chairperson	<input type="text"/>
Secretary	<input type="text"/>	Treasurer	<input type="text"/>
Are you a profit making group	Yes/No	Are you a registered charity	Yes/No
		Charity number if applicable	<input type="text"/>

Name of proposed action :

Local Ref./File No.

Has your Group/Project been funded by Waterford Area Partnership before : yes/no

Is this a New Initiative : yes/no

Proposed Start Date :

Expected Finishing Date :

Background information on your organisation including aims and objectives :

Purpose for which funding is required and outline the actions planned to achieve this :
 (You can attach additional information to this form if required).

Expected outcomes and benefits from the Training Project/Initiative :

Please tick appropriate boxes :

GROUP DETAILS :

- Type : Social Economy Focus Group
- Status : Pre-development New Established
- Category of work : Skills/Knowledge development
 Development/Initiation of action

Target Groups (multiple choice)

- | | |
|---|---|
| <input type="checkbox"/> Long-Term Unemployed (more than 1 year) | <input type="checkbox"/> Traveller |
| <input type="checkbox"/> Long-Term Unemployed (more than 3 years) | <input type="checkbox"/> Disadvantaged Young Person |
| <input type="checkbox"/> Short-Term Unemployed (less than 1 year) | <input type="checkbox"/> Low Income Small-holder |
| <input type="checkbox"/> Underemployed/Seasonal Worker | <input type="checkbox"/> Substance mis-users |
| <input type="checkbox"/> Low Income Family Unit | <input type="checkbox"/> Homeless Person |
| <input type="checkbox"/> People with Disability | <input type="checkbox"/> Asylum Seekers/Refugees |
| <input type="checkbox"/> Lone Parents | <input type="checkbox"/> Ex-Offenders |
| <input type="checkbox"/> Women | <input type="checkbox"/> Offender |
| <input type="checkbox"/> Migrant Worker | |

Number of people supported

Females

Males

Initiative focused on : Women

Men

Women & Men

Project/Initiative Start Date:

End Date:

FOR OFFICE USE ONLY

DATE RECEIVED :

DATE CONSIDERED BY STRATEGIC COMMITTEE :

Amount Applied for	€
Amount Approved	€

If amount approved is less than the amount applied state if further action is required :

State conditions that apply to grant (in addition to normal financial & performance monitoring conditions) :

DATE OF BOARD APPROVAL:

POBAL Financial Code	<input type="text"/>
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Goal	2	-	Action	<input type="text"/>
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Notes:

Contract Report Due Scoped