

SERVICES TO UNEMPLOYED - PROPOSAL FORM

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		Vice-Chairperson	
Secretary		Treasurer	
Are you a profit making group	Yes/No	Are you a registered charity	Yes/No
		Charity number if applicable	

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 for the target group from the 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:

Please indicate other groups, organisations and state agencies that your group interacts with :

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FINANCIAL SECTION

N.B.: Where a payment exceeds € 5,000, a tax clearance certificate must be submitted by the group making the application unless they have charitable status.

Event specific Costs

Description of Item	
	€
	€
	€
	€
	€
	€
	€
	€
	€
	€
	€
	€
	€
TOTAL	€

Please indicate if you are seeking have secured matching funding :

	Source of Matching Funding	Seeking	Secured
1		€	€
2		€	€
3		€	€
	Total	€	€

Please indicate non-monetary sources of funding :

1	
2	
3	

What amount are you applying to Waterford Area Partnership for :

€

Signed :

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) :

What Waterford Area Partnership Strategies are met by this Initiative :

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What Waterford Area Partnership Principles of Operation are met by this Initiative :

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What Waterford Area Partnership Objectives are met by this Initiative :

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What ADM Financial Support codes are appropriate to this Initiative :

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DATE OF BOARD APPROVAL: