



Goal 2: Increase access to formal and informal education, recreation and cultural activities and resources



**GOAL 2: EDUCATION**

**Funding Application Form**

Tick category that best reflects application :

Formal Education

Informal Education

Accredited Education

Unaccredited Education

Name of Organisation/  
Community Group :

[Text box for Name of Organisation/Community Group]

Name of Programme/event :

[Text box for Name of Programme/event]

Contact  
Name :

[Text box for Contact Name]

Role within  
Organisation

[Text box for Role within Organisation]

Address :

[Text box for Address]

Contact :

Phone 1 :

Phone 2 :

FAX :

Email :

Proposed Start Date : [Date grid]

Expected Finishing Date : [Date grid]

Are you a profit making group	Yes/No	Are you a registered charity	Yes/No
		Charity number if applicable	

**What are the aims and objectives of your Organisation :** *(Attach separate page if it is convenient)*

**Description of Programme/Event and what it is involved in terms of activities etc. :**

**What are the expected outcomes from the Project/Event :**

**Target Groups (multiple choice)**

- |  |  |
|--|--|
| <input type="checkbox"/> Long-Term Unemployed (more than 1 year)             | <input type="checkbox"/> Offenders   |
| <input type="checkbox"/> Short-Term Unemployed (less than 1 year)            | <input type="checkbox"/> Travellers  |
| <input type="checkbox"/> Women   | <input type="checkbox"/> Asylum Seekers/Refugees   |
| <input type="checkbox"/> Men   | <input type="checkbox"/> Homeless People   |
| <input type="checkbox"/> Older People (over 55 years)                        | <input type="checkbox"/> Ex-Offenders  |
| <input type="checkbox"/> People with Disability                              | <input type="checkbox"/> Substance mis-users   |
| <input type="checkbox"/> Lone Parents  | <input type="checkbox"/> Disadvantaged communities   |
| <input type="checkbox"/> People with low incomes<br>(e.g. seasonal workers)  | <input type="checkbox"/> Ex-Prisoner   |
| <input type="checkbox"/> GLBT  |  |
| <br>   |  |
| <input type="checkbox"/> Disadvantaged Young People                          | <input type="checkbox"/> Young Offenders   |
| <input type="checkbox"/> Disabled Young People                               | <input type="checkbox"/> Young Substance Mis-users   |
| <input type="checkbox"/> Lone Teenage Parents                                | <input type="checkbox"/> Young Homeless People   |
| <input type="checkbox"/> Young Travellers                                    | <input type="checkbox"/> Early School Leavers  |
| <input type="checkbox"/> Young Asylum Seekers/Refugees                       | <input type="checkbox"/> Potential Early School Leavers/Young<br>people at risk of under achieving |
| <input type="checkbox"/> Parents/Guardians/Carers of young<br>people at risk | <input type="checkbox"/> Young people with behaviour/<br>learning difficulties                     |
| <br>   |  |
| <input type="checkbox"/> Young Person  |  |

<b>Insert Numbers involved in project</b>			
	Males	Females	Total
Adults			
Young People			

<b>Age Band of Children</b>					
indicate numbers in each category					
	M	F		M	F
0 - 5 yrs			12 - 15 yrs		
5 - 8 yrs			15 - 18 yrs		
8 - 12 yrs			> 18 yrs		
Under 12 yrs			12 - 18yrs		
All age bands					

# FINANCIAL SECTION

## **Programme/Event Running Costs**

- Waterford Area Partnership Ltd. reserves the right to obtain a detailed schedule of expenditure where it feels that costing for any category is excessive.
- Matching funds - this requires details of support received from alternative sources to Waterford Area Partnership Ltd. Please indicate the amount and towards which area of expenditure. Where matching funds is non-monetary please provide details.
- Please identify all sources of matching funds sought but not yet confirmed, whether private or public sector.

Costs - Detail each item e.g. facilitation	
	€
	€
	€
	€
	€
	€
	€
	€
	€
<b>TOTAL</b>	€ .....

Please outline total costs for this Programme/Event and clearly indicate below the amount you wish to apply to Waterford Area Partnership for.

**What amount are you applying to Waterford Area Partnership for :**

€

**Please indicate if you have secured matching funding :**

Source of Matching Funding	Amount	Promised/Paid
1.	€	
2.	€	
3.	€	
<b>Total</b>	€	

**Please indicate non-monetary sources of funding :**

1	
2	
3	

**IMPORTANT** - Please state whom cheque should be issue to : .....

Person cheque should be sent to : .....

Address : .....

**Signed :** .....

**DATE:** | | | | | |

**FOR OFFICE USE ONLY**

DATE RECEIVED :

DATE CONSIDERED BY STRATEGIC COMMITTEE :

	Programme/Event costs
Amount Applied for	€
Amount Approved	€

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

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DATE Approved by Board:

POBAL Financial Code

Goal	2	-	Action	<input type="text"/>
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**Notes:**

Contract

Report Due

Scoped