



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 X € pw X 8 weeks = €
 Approved Current

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 _____
 (Sponsor member only)

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 _____