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) Number of participants

Approved [ ] Current [ ]

\[ \text{€ pw} \times 8 \text{ weeks} = \text{€} \]

Note: Advance is €250 per week for CE participants and €461 for JI participants

(b) Supervisor

\[ \text{€ pw} \times 8 \text{ weeks} = \text{€} \]

\[ \text{€} \]

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
The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data policy is available at www.welfare.ie/dataprotection or in hard copy.

FOR DSP USE ONLY

Total Amount Payable €

I confirm that a completed Community Employment/Job Initiative Agreement is on file and that the bank and insurance details are in order.

Checked and Recommended for Payment by (DSP Officer) __________________ Date________________

Approved for Payment by (Appropriate Authority Level) __________________ Date________________