



ELECTRICAID, Electricity Supply Board, 27 Lower Fitzwilliam Street, Dublin 2
email: electricaid@esb.ie

APPLICATION FOR FUNDING

1. Project Name & Location:

2. Name of Organisation & or Community:

3. Contact Details: (*Person / Address / Phone / Fax / e-mail*)

4. Brief Description of Project: (*full details should, as necessary, be attached to this application*)

5. Expected Benefits of Project: (*should be as specific and measurable as possible*)

6. Assuming once-off ElectricAid support, how will the project be sustained into future years?

7. Have You Applied for Funding to any Other Sources? (What was the outcome?)

8. Names & Addresses of Persons Responsible for the Implementation and management of the Project – *if different from Q3.*

9. Consultation and Participation: Please state how local communities, local government and other agencies have been consulted on the project and with what outcomes?

10. COSTINGS:

Total Project Costs: € _____ (*attach details*)

Local Contribution: € _____ (*please specify if funds/labour/materials*)

Other Contributors? : € _____

Request to ElectricAid: € _____

(Please specify what elements of total project cost ElectricAid is being asked to fund)

How will operating or running costs be funded? _____

11. REFERENCES:

Name of Agency or ESB Staff Member / Pensioner Who Can Vouch for the Project:

Note: Applications for funding will only be considered if accompanied by the name of a referee who can vouch for the authenticity of the project – e.g. an ESB staff member, ESB pensioner or an established agency known to ElectricAid. Agencies or communities who have had previous projects co-funded by ElectricAid should confirm that project completion reports have been submitted.

THE ABOVE INFORMATION IS COMPLETE AND ACCURATE:

SIGNED: _____

POSITION: _____

DATE: _____

PLEASE RETURN COMPLETED APPLICATION FORM, TOGETHER WITH ANY SUPPORTING DOCUMENTATION, TO:

**ADMINISTRATOR,
ELECTRICAID,
c/o ESB,
27 LR. FITZWILLIAM STREET,
DUBLIN 2
IRELAND
PHONE: +353-1-7027732**

OR BY E-MAIL TO

JAMES.FOLEY@ESB.IE

OR

ELECTRICAID@ESB.IE

ATTACHMENTS (CHECK LIST):

PAYMENT DETAILS (APPENDIX 1)

PROJECT COST BREAKDOWN

REFERENCES FROM

PHOTOGRAPHS OF

OTHER.....

APPENDIX1: PAYMENT DETAILS – IF APPLICATION IS SUCCESSFUL:

Place an X beside Preferred Method of Payment – Please note that all payments will be in Euro unless another currency is specified:

Cheque: _____

Credit Transfer: _____

Payments within Ireland will be made by cheque.

If Credit Transfer is required, please supply full bank account details:

Bank Account Name & Address:

Name & Address of Bank:

Bank Account Number: _____ **Sort Code:** _____

If payment is to be made by cheque – name, organisation and address to which cheque should be sent:

