** LEADER Rural Development Programme 2014–2020**

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| **Expression of Interest (EOI) Form** |
|  **Note:*** This Expression of Interest (EOI) form must be completed prior to completing an application for funding under the Rural Development Programme 2014-2020 (LEADER).
* Please complete all sections of this form in full, sign, date and send by email to leader@wld.ie or by post to: WLD LEADER Team, Spawell Road, Wexford, Y35 E2FK.
* It is recommended that you discuss your proposal with a Project Officer of the LEADER Team prior to completing this form.
* For further information, please visit our website: [www.wld.ie/programmes/leader](http://www.wld.ie/programmes/leader)
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| **Project Officers:****Gorey & Wexford Districts:****Tom Bermingham** **T: 053 9155856****Email:** **tbermingham@wld.ie** | **Enniscorthy & New Ross Districts:****Helena Dempsey** **T: 053 9155866****Email:** **hdempsey@wld.ie** |
| **General Information** *(all fields must be completed)* |
| 1 | Applicant Name: |  |
| 2 | Main Contact Name: |  |
| 3 | Phone No: |  |
| 4 | Email Address: |  |
| 5 | Address *(incl. Eircode):* |  |
| 6 | CRO Number, if applicable: |  |
| 7 | Have you or your businesses received leader funding previously? | [ ]  Yes [ ]  No |
| **Project Information** |
| 8 | Project Description:*(No more than 150 words)* |  |
| 9 | Location of Project: |  |
| 10 | Target Market: |  |
| 11 | Estimated Project Costs: |  |
| 12 | LEADER Funding Required: |  |
| 13 | Matched Funding Sources: |  |
| 14 | Is a site or building required for this project? |  |
| 15 | If yes, is the site or building in your ownership? |  |
| 16 | Is a lease required? | [ ]  Yes [ ]  No |
| 17 | Is planning permission required? | [ ]  Yes [ ]  No |

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| 18 | How did you hear about this funding? | [ ]  Facebook [ ]  Email from WLD[ ]  [www.wld.ie](http://www.wld.ie)[ ]  Radio[ ]  Other (give details): Click here to enter text. |

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| **Signed for and on behalf of the Applicant:** |
| I/We confirm that the details supplied are true and correct to the best of my/our knowledge:**Applicant Name:**  **Signature:**  **Print Name:** **Date:**  /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ *Part or all of the information you provide will be held on computer and in hard copy format. This information will be used for the administration of Expressions of Interests and producing monitoring returns. Local Action Group’s may share information with each other and with government departments/agencies to enable them to prevent fraudulent applications or for detecting crime as well as to coordinate processing of complementary applications.*  *It may also be subject to meeting obligations under the Freedom of Information Act as amended. This policy does not affect your rights and your information will be held as prescribed under the Data protection Acts 1988 & 2003.*  |

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| **Form of Consent:** |
| Part or all of this information you provide will be held on computer and hard copy format. This information will be used for the administration of Expression of Interests and producing monitoring returns. Wexford LCDC and Wexford Local Development may share information with each other and government departments/agencies to enable them to prevent fraudulent application or for detecting crime and to co-ordinate processing of complementary applications. It may also be subject to meeting obligations under the Freedom of Information Act as amended. This policy does not affect your rights and your information will be held as prescribed under the Data Protection Acts 1988 and 2003. **DECLARATION****I have read and understand the above statement and give consent to Wexford Local Community Development Committee for the use and disclosure of data and information as outlined above.****Applicant Name:**  **Date:**  /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ [ ]  Please tick if you would like to receive updates from the WLD LEADER Team on LEADER funding opportunities & LEADER news. |

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| **Office Use Only:** |
| **EOI Ref ID:** (Generated from RDP IT System)**Call Type:** (Rolling / Time Limited) **Main Programme Theme:**   **WLD Officer Signature:**  **Printed name of WLD Officer:**  **Date form Received from Applicant in WLD:** / / **WLD Date Stamp:** |