



## ***Expression of Interest Form***

**First name:** \_\_\_\_\_ **Surname:**

\_\_\_\_\_

**Group Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Mobile No.:**

\_\_\_\_\_

**Fax No.:** \_\_\_\_\_ **E-mail Address:**

\_\_\_\_\_

**Brief Project Description:** \_\_\_\_\_

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**Breakdown of Costs:** \_\_\_\_\_

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**Project Start Date:** \_\_\_\_\_ **Completion Date:**

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**Signature of applicant** \_\_\_\_\_ **Date:**

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**Please return this Form to: Wicklow Rural Partnership, Saville House, Saville's Cross,**

**Rathdrum, Co. Wicklow Tel: 0404 46977**

