



Fáilte Ireland
National Tourism Development Authority



Fáilte Ireland Site Inspection Fund Application Form

Section 1. Application Information

1. Name of Applicant Company:
2. Full Mailing Address:
3. Contact Person:
4. Job Title:
5. Telephone:
6. Email Address:
7. Applicant Category (*please tick one as appropriate*):

- Corporate end user
- Incentive Meeting Planner
- Incentive House
- Conference Organiser
- Agency
- DMC
- PCO
- Other, please specify

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8. Please confirm that you are using the services of a DMC or a Convention Bureau.
(*Please note, if using a Convention Bureau, costs incurred cannot be claimed by the applicant.*)

DMC Convention Bureau Please give details below.

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Section 2: Site Inspection Details

1. What date is the site inspection taking place?
From (DD/MM/YY)

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To (DD/MM/YY)

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2. Which overseas country are site inspection participants travelling from?

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3. Name of Group:

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4. Objective of Site Inspection:

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5. Has the respective Tourism Ireland market office been informed (*please provide details*)

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6. Please select locations in Ireland included in itinerary (please select all).

- Dublin Cork Kerry Shannon/Limerick
 Galway Kilkenny/South East Northern Ireland
 Other, please specify

7. Please confirm total number of participants on the site inspection (maximum 3)

8. Please list full contact details of all site inspection participants (note support is available for up to three international key decision makers for a maximum of three nights in Ireland)

Company Name	Contact Name	Job Title	Telephone Number	Email Address	Full Mailing Address

9. Please confirm site inspection participant details (please tick as appropriate)

- Corporate Meeting Incentive Trip
 Concetive Other (Please specify)

Section 3: Event Details

1. What date is the event taking place (if known)? (From DD/MM/YY to DD/MM/YY)

2. What is the expected number of international delegates? (Note a minimum of 50 international delegates is required for funding OR an economic value in excess of €75,000.)

3. What is the economic value of this piece of business to Ireland? (Note where a programme has less than 50 delegates and is valued at less than €75,000 but is considered by Fáilte Ireland's Evaluation Committee of strategic importance to the destination, this may be considered.)

4. Have you already secured funding/support from any other source e.g. Fáilte Ireland, Tourism Ireland or Convention Bureau in Ireland towards this site inspection, If yes, please provide details.

5. Has this potential event been held previously in Ireland, If yes, state year and venue location.

Section 4: Funding

Please provide a breakdown of the site's projected costs (*please refer to the guidelines for eligible costs*)

Expense Category	Description	Estimated Total Expenditure €	Amount Recommended

Section 5: Checklist

1. Have you attached a site inspection itinerary with this application?
2. Have you planned this site inspection with a Fáilte Ireland Approved DMC or a Convention Bureau? (*Please see list attached*)
3. Has a minimum of 80% of the Itinerary taken place in the Republic of Ireland?
4. Have you secured partial support from at least two industry partners? (*airline, accommodation, venue, transportation*)
5. If you are a DMC claiming on behalf of your client, have you attached an instruction from them stating expenses are to be reimbursed directly to you?
6. Please list any other DMCs/Convention Bureau managing this site inspection if applicable? (*Note where more than one DMC is managing elements of the SITE Inspection, the maximum amount of funding available based on the number of international delegates, will be divided proportionately.*)

Section 6: Disclosure of Information – Freedom of Information Act

Fáilte Ireland wishes to advise applicants that, under the Freedom of Information Act 1997 and Amendment 2003, the information supplied in the application form may be made available on request, subject to Fáilte Ireland's obligations under law.

If you consider that none of the information supplied by you is sensitive, please complete the statement below to that effect. Such information may be released in response to a Freedom of Information request.

Name of Applicant:

hereby agrees that none of the information supplied is sensitive, and any, or all, of the information supplied, may be released in response to a Freedom of Information request.

AGREE:

Signed:

Position:

Date (DD/MM/YY):

You are asked to consider if any of the information supplied by you in this application should not be disclosed because of sensitivity. If this is the case you should, when providing the information, identify same and specify the reasons for its sensitivity. Fáilte Ireland will consult with you about sensitive information before making a decision on any Freedom of Information request received.

DISAGREE:

Signed:

Position:

Date (DD/MM/YY):

Disclaimer - please read carefully

It will be a condition of any application for funding under the terms and conditions of the Fáilte Ireland Trade Support Scheme that the applicant has read, understood and accepted the following:

1. Fáilte Ireland shall not be liable to the applicant or any other party, in respect of any loss, damage or costs of any nature arising directly or indirectly from:
 - a) the application or the subject matter of the application
 - b) the rejection for any reason of any application.
2. Fáilte Ireland shall not be held responsible or liable, at any time in any circumstances, in relation to any matter whatsoever arising in connection with the administration of activities.

Section 7. Applicant's Statement

This must be signed and dated otherwise claim is void.

I/we certify that I/we read and understood the guidelines and criteria applicable to the Fáilte Ireland Trade Support Scheme and agree to comply in full therewith. I/we certify that all information provided in this application, and all information given in any documentation submitted in support of the application is truthful and accurate.

Signed:

Date (DD/MM/YY):

Name (in block capitals):

On behalf of (organisation's name):

Assessment *Fáilte Ireland's Use Only*

Recommendation (complete section 3): Total (€):

Recommendation Basis:

Recommended by:

Date (DD/MM/YY):

Approved by:

Date (DD/MM/YY):

Completed forms to be forwarded to:

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