**The Meath Foundation QII Funding 2022**

**EMT Lead Sponsorship**

**PROJECT DETAILS**

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| --- |
| **Lead Applicant Name:** |
| **Present Appointment:** |
| **Title of the Project:** |
| **Amount of Funding requested (to the nearest Euro):** |

**PROJECT SPONSOR - (this must be EMT Directorate Lead)**

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| --- |
| **Name:** |
| **Position:** |
| **Contact Number:**  **Mobile Number**: |
| **E-mail:** |

**SPONSORSHIP**

**I wish to confirm that I have reviewed the application for Meath Foundation QII funding for the above project and confirm that I am in agreement with the project**.

**I agree to act as Sponsor for the project and will monitor its progress.**

**Sponsor’s name (EMT Lead):**

**Sponsor’s signature:**

**Date:**