Applicati	on Form fo	r LEAN for Mi	cro
Your Local Enterprise Office:			
Name:			
Company name:			
Company address:			
Telephone:			
Mobile:			
Email:			
Website address:			
Ownership and Management			
Structure:			
Business type:			
Year business was established			
How long has the business been trading?			
	Current	Projected 12 months	Projected 24 months
Turnover			
Staff numbers			
- Full time			
- Part-time			

Applicant companies MUST provide: latest audited accounts (no more than 2 years old) and management accounts (no more than 6 months old) (including a profit and loss and balance sheet) directly to their LEO before submitting an application.

Description of your Business's Products / Services (150 words max)
Overview of your businesses activities whether related to the project or not

Lean Project title:
Project location: (if different from the company address)
Project details: (Max 150 words)
Project Start and End Dates It is envisaged that the project takes 6-8 weeks
Droject start date:
Project start date:
Project start date:  Project end date:
Project end date:
Project end date:  Breakdown of key tasks and activities to be completed as part of this project:
Project end date:
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Project end date:  Breakdown of key tasks and activities to be completed as part of this project:  Expected outcomes or deliverables of the project:

Max Total Cost:				
Max Grant Amount:				
Regulation (GDPR). Our data prot www.localenterprise.ie/legal. The is supplied to us by clients. We available to any data subjects (e.g. By ticking "I agree", you confirm to	ection notice f is notice conta request that y . your employe hat: (a) you ha	for personal dains important in you read the need the need whose persone to complied wi	cy obligations under the General Data Protes that is supplied to us by our clients is avainformation about how we process personal dotice carefully and that you ensure that it conal data you provide to us.  The your own data protection obligations in reed to disclose such personal data to us; and	ilab lata is n spe
	a protection n	-	data subjects (e.g. your employees) whose p	
I agree				
	3. In the event	of a Freedom o	ot as may be required by law, including the Front formation request, the client will be given	
Previous Grant Aid (if any)				
Has the business or any of its pron		d any other Stat NO	e Supports or E.U. supports? ☐	
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If YES above please give details inc			the purpose of the grant.	
			the purpose of the grant.  Purpose	
If YES above please give details inc	cluding the date	e, amount and t		
If YES above please give details inc	cluding the date	e, amount and t		
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Other Grants Provider  Signature:	Date	Amount and t	Purpose	e tru