# CORKWESTCMYK_logo.jpg

# Application Form for Export Marketing Grant Funding

*Office Use Only*

**CEB No.**

**ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED  
  
INCOMPLETE APPLICATION FORMS WILL NOT BE ACCEPTED**

**Freedom of Information:**

The County and City Enterprise Boards are subject to the Freedom of Information Acts 1997 and 2003. Under normal circumstances information supplied on grant application forms or in support of grant applications is likely to be considered as commercially sensitive information and would not be disclosed to third parties. The County & City Enterprise Boards will, in all cases where a request under the Freedom of Information Acts is made, consult with applicants before making a decision on disclosure of such information.

|  |  |
| --- | --- |
| Ire_EUFunds_Logo | European Fund logo |

# This Application Form must be typed. Please contact the CEB in advance of completing this application form as eligibility criteria apply and not all businesses qualify to be considered for CEB funding.

|  |
| --- |
| **1. Applicant Contact Details** |

|  |  |
| --- | --- |
| **Promoter 1** | |
| Prefix(Mr. / Mrs.) |  |
| First Name |  |
| Last Name |  |
| PPS Number |  |
| Home Address |  |
| Mobile |  |
| Landline |  |
| Email |  |

|  |
| --- |
| **2. Applicant Business Details** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business Name |  | | | | | |
| Stage of Business *(Please tick)* | **Start Up (<18 Months)  Growth (>18 Months)** | | | | | |
| Business Structure *(Please tick)* | **Sole Trader/Individual  Partnership  Limited Company** | | | | | |
| Business Address |  | | | | | |
| Landline |  | | Email Address | |  | |
| Website |  | | | | | |
| Date Trading Commenced |  | | | | | |
| Are Premises *(Please tick)* | Residential |  | | Commercial |  |  |
| Current Estimated Annual Turnover | € | | | | | |

|  |
| --- |
| **3. Project Sector Details** |

Select the sector(s) in which your business is/will be active

*(Refer to Appendix 2 of this form on page.8 for a list of sector & business definitions)*

**Please tick and detail in the box below:**

|  |  |  |  |
| --- | --- | --- | --- |
| International Business Services |  | Environment/Green Technologies |  |
| Clothing & Fashion |  | Food Manufacturing & Processing |  |
| Communications, Media & Entertainment |  | Furniture/Light Consumer Goods Manufacture |  |
| International Consumer Services |  | Manufacturing Other |  |
| Craft |  | Medical Devices Manufacture |  |
| Electronics |  | Packaging Manufacturing |  |
| Engineering |  | Software/IT |  |

Please provide a brief description of your existing business.

|  |
| --- |
|  |

|  |
| --- |
| **4. Marketing Information** |

**Where are your customers located (local, regional, national, abroad)?**

|  |  |  |  |
| --- | --- | --- | --- |
| Existing Customers Prospective Customers | | | |
| Local | % | Local | % |
| Regional | % | Regional | % |
| National | % | National | % |
| Export | % | Export | % |

|  |
| --- |
| **5. Your Exporting Strategy** |

Describe your current marketing activities and strategy

|  |
| --- |
|  |

Outline your export marketing strategy and key objectives of your expenditure.

|  |
| --- |
|  |

|  |
| --- |
| **6. Employment Levels (Current & Estimated Potential) - Including Promoters** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Potential Employment** | **Current** | **Year 1** | **Year 2** | **Year 3** |
| Full-Time |  |  |  |  |
| Part-Time |  |  |  |  |

|  |
| --- |
| **7. Schedule of Planned Expenditure** |

**Export Marketing Grants are designed to assist a business promoter(s) with exporting to new markets. The Grant covers 50% of qualifying expenses (excluding VAT), subject to a maximum Board contribution of €2,000.**

**PLEASE NOTE:**

* **A Quotation must be provided in respect of each item of planned expenditure.**
* **Only Expenditure items that fall under the Category Headings listed below and that that are incurred after the Date of Application may be considered.**
* **Payments to State Bodies (including Local Authorities) as well as General Subsistence/  
  Out-of-Pocket Expenses are excluded.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exporting Activity** | **Supplier** | **Item Cost** *€ (excl. VAT)* | **Grant Sought** *(50% Item Cost)* | **Quotation** *(Please Tick)* |
| Trade Show (Attendance/Exhibiting) |  |  |  |  |
| Marketing Materials (Export-Specific) |  |  |  |  |
| Travel |  |  |  |  |
| Accommodation |  |  |  |  |
| **TOTAL COSTS** |  | **€** | **€** |  |

|  |
| --- |
| **8. Your Relationship with Other Agencies / Institutions** |

1. Have you discussed this business proposal with any other agency or institution, private or state?

YES  NO

If YES, please provide details of the responses you have received to date

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency / Institution** | **Date** | **Support Sought** | **Response** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Has this business or any of its promoters been in receipt of funding from a State-funded Enterprise Agency (in Ireland or elsewhere)?

YES  NO

If YES, please provide details including the date, amount and the purpose of the grant

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Provider** | **Date** | **Amount (€)** | **Purpose** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Will this project proceed without grant assistance?

YES  NO

|  |
| --- |
| **9. Additional Information** |

a) This application may have to be referred to other Agencies (on a strictly confidential basis) as part of the Board’s processing procedure. Do you consent to this? *(Please tick)*

YES  NO

b) Do you understand and accept that the CEB will only consider, for funding purposes, those expenses that are eligible by expense heading (see Section 6) and which have been incurred on or after the date this application form is received by the CEB? *(Please tick)*

YES  NO

c) Do you understand that the CEB requires all applicants to be in a position to drawdown any funding offer within a maximum of 6 months of any letter of offer and do you accept that in the event of a funding offer being made, any approved amount not drawn down by the offer expiry date will automatically be decommitted? *(Please tick)*

YES  NO

d) A valid Tax Clearance Certificate (TCC) is required by a business that has been approved state funding. A TCC is a written confirmation from Revenue that the tax affairs of an individual or business are in order at the date of issue. Do you currently have this certificate? *Please tick)*

YES  NO

NB. You may be required to provide a valid certificate to the CEB at the time any funding offer is made.

Beneficiaries of grant aid should note that the acceptance of funding is an acceptance of their inclusion in the list of beneficiaries under Article 7(2) of the Implementation Regulation (EC) No 1828/2006. This list can be accessed on Border Midland & Western and Southern & Eastern Regional Assembly websites.

|  |
| --- |
| **Terms & Conditions** |

1. This application form is intended for use by the County Enterprise Board only. It will give the Board an overview of the proposed enterprise and the people behind the business. It will not be used for any other purpose. It is a confidential document and its contents will not be circulated to third parties without the prior knowledge and consent of the promoter(s).
2. Applications will not be considered without all requested documentation relating to your business proposal being submitted with this application form (see Appendix 1: Checklist).
3. Promoters **must** comply with existing Government policies in relation to tax clearance, certification of sub-contractors, planning, terms and conditions of employment and other applicable regulations.
4. Promoters will be informed **in writing** of approval for financial assistance from the Board and this notification **only** will be evidence of grant approval. Applicants should not infer from discussions concerning their application that they have or that they will receive approval for assistance.
5. The approval of applications and the payment of all monies is dependent on the availability of financial resources under this scheme from the Department of Enterprise, Jobs and Innovation.
6. Every effort is made to ensure this information contained within this application form is accurate at all times. It is however subject to change without prior notification. Applicants are advised to check details and availability of assistance with the Board prior to submitting a formal application.

|  |
| --- |
| **Signed Declaration** |

I/We hereby declare that the details given in this application, together with any supplementary information supplied are true and accurate to the best of my/our knowledge and belief and I/We make this application for financial assistance on the basis of details and information given. I/We have not sought and will not seek grant aid from any other Government-funded agency in respect of this expenditure. I/We have read and fully accept the above terms and conditions attaching to grant aid from the CEB.

|  |  |  |
| --- | --- | --- |
| **PROMOTER NAME** | **SIGNATURE** | **DATE** |
|  |  |  |
|  |  |  |
|  |  |  |

**PLEASE NOTE:**

1. **THIS APPLICATION FORM MUST BE SIGN BY THE APPLICANT(S).**  
   We will accept a scanned copy of this page.
2. Application Form and supporting information to be signed and returned to the County Enterprise Board (CEB). Contact details can be found at the end of this form.

|  |
| --- |
| **Appendix 1 – NB** |

**Application Check List** (**Please tick) : To Be Fully Completed**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Application Form Completed |  |  |
| Application Signed and Dated |  |  |
| Quotations for Expenses Being Sought Submitted |  |  |
| Confirmation of Grant Aid sought from other Agencies |  |  |
| CRO Number (Companies Only) |  |  |

**REMEMBER - INSUFFICIENT INFORMATION WILL RESULT IN DELAYS**

|  |
| --- |
| **Appendix 2** |

**Sector Definitions**

|  |  |
| --- | --- |
| International Business Services | Services provided to other businesses |
| Clothing & Fashion | Design and manufacture of clothing/Fashion |
| Communications, Media &  Entertainment Services | Digital Media, Wireless Communications, Broadband,  Animation, E-Learning, Media & Entertainment. |
| International Consumer Services | Services provided to other consumers/general public |
| Craft | Manufacture Craft products |
| Electronics | Manufacture of components/sub supply |
| Engineering | Manufacture Aerospace, Agricultural Machinery,  Automotive, Tanks & Vessels, Tool Making & Plastics |
| Environment/Green Technologies | Manufacturing & Delivery of Environmental/services/  products and green technologies |
| Food Manufacturing & Processing | Manufacture and processing of Food |
| Furniture/ light Consumer Goods Manufacture | Manufacture of light consumer products. |
| Medical Devices Manufacture | Manufacture of medical devices |
| Manufacturing Other | Other manufacture not classified above |
| Packaging Manufacturing | Packaging Manufacture |
| Software/ IT | Development & delivery of software & IT services.  E-Commerce |

|  |
| --- |
| **Contact Details** |

West Cork Enterprise Board,

8 Kent Street

Clonakilty

Co Cork

Tel: 023 8834700

E-mail: [enterprise@wceb.ie](mailto:enterprise@wceb.ie)