**CHECKLIST FOR MEASURE 1 GRANT APPLICATIONS**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_ GMIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Required Documentation** | **Complete**  |
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| **APPLICATION** | EOI - Client meeting facilitated prior to grant application. |  |
| EOI Meeting notes on file. |  |
| Client files located / GMIS number created. |  |
| Client details checked and updated on GMIS. |  |
| Application form date stamped and acknowledgement letter posted to client. |  |
| Completed application form signed and dated by director(s). |  |
| CV/ Qualification of Applicant |  |
| Confirmation of Grant Aid sought from other agencies |  |
| Timeline and milestones for funded project. |  |
| Organisational Chart detailing ownership structure. |  |
| Brexit Scorecard: <https://www.prepareforbrexit.com/>  |  |
| Business Model Canvas: <https://www.localenterprise.ie/Kildare/Financial-Supports/Grant%20Application%20Dates/>  |  |
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| **FINANCIAL INFO** | Latest set of Certified Accounts / Management Accounts (no older than 3 months) |  |
| 3 year projected cash flows (N/A for Feasibility) |  |
| 3 year projected P&L (N/A for Feasibility) |  |
| Evidence of Availability of matching funding from own resources, from an investor/s and/or from loan finance |  |
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| **DOCUMENTATION** | Certificate of Incorporation, CRO Number or Certificate of Registration of Business Name, whichever is appropriate |  |
| Client confirmed at least 1 full-time member of staff employed |  |
| Tax Clearance Certificate |  |
| Vision Net consulted if applicable |  |
| Operational premises secured in County Kildare (lease agreement for rent funding)  |  |
| Planning permit in place  |  |
| Client confirmed all relevant regulatory licences in place  |  |
| IP Ownership or licence agreement evident |  |
| Site visit conducted on new, large scale manufacturing bases |  |
| Client notified to keep timesheets for feasibility study |  |
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| **QUOTES** | 3 quotes for any equipment which spend expected to €5,000 or greater. |  |
| 1 quote for all other items |  |
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| **EVAC** | Report for EVAC |  |
| EVAC minutes |  |
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**Signed by LEO Executive:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**