# Technical Assistance for Micro Exporters’ Grant Funding Guidelines

The provision of Technical Assistance for Micro Exporters’ Grant will enable clients to explore and develop new market opportunities.

Technical Assistance for Micro Exporters’ Grants will part-fund the costs that can be incurred in investigating and researching export markets, e.g. exhibiting at Trade Fairs, preparing marketing material and developing websites specifically targeting overseas markets. These grants should increase the numbers of LEO clients developing new export opportunities.

**Grant Terms:**

* Grant Covers 50% of eligible costs (net of vat) to a max of €2,500.
* Applications must be made prior to any expenditure being incurred
* Payments will be made to approved projects on receipt of proof of payment of all qualifying and approved expenses.
* Successful applicants should consider using an Enterprise Ireland Mentor to develop an export/marketing plan.

**Projects eligible for support include:**

* enterprises not employing more than 10 people;
* enterprises located within the geographic location of the Local Enterprise Office
* enterprises operating in the commercial sphere
* enterprises must demonstrate a market for their proposed product/service
* enterprises engaged in manufacturing or internationally traded services
* Innovative businesses with prototype products
* Enterprises must not have received any funding for this proposal from any other source

**Eligible Expenditure categories**

* Participation at trade fairs and shows covering Trade Show Exhibitor costs including rental/fees relating to space/stands; \*
* Participation at international trade networking events organised through the Enterprise Europe Network;
* Development of specific Marketing Materials aimed at exploring new export markets;
* Translation, e.g. of existing material (booklets, webpages, etc. for export markets;
* Development of export related websites;
* Investigation of new internal or external processes to develop export business, e.g. new business model or the carrying out of non-regulatory technical requirements;

\*Note - Economy Flight Costs are eligible with other travel and subsistence costs subject to the Local

Enterprise Office maximum limits.

# Application Form for Technical Assistance for Micro Exporters’

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| --- | --- |
| **1. Applicant Contact Details** | |
| **Promoter:** | | |
| Prefix(Mr. / Mrs. /Ms.) |  | |
| First Name |  | |
| Last Name |  | |
| Home Address |  | |
| Mobile |  | |
| Landline |  | |
| Email |  | |

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| **2. Applicant Business Details** | | | | | | |
| Business Name: |  | | | | | | |
| Stage of Business *(Please tick)* | **Pre Start -Up  ; 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 | € | | | | | | |

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| **3. Project Sector Details** |

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

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| --- | --- | --- | --- |
| Services provided to other business |  | Environment/Green Technologies |  |
| Design and manufacture of Clothing & Fashion |  | Food Manufacturing & Processing |  |
| Digital media, wireless communications, |  | 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.

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| **4. Employment Levels (Current & Estimated Potential) - Including Promoters** |

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| --- | --- | --- | --- | --- |
|  | Current Employment | | Potential Employment over next three  Years from date of approval | |
|  | Full-time | Part-time | Full-time | Part-time |
| Male |  |  |  |  |
| Female |  |  |  |  |
| Total |  |  |  |  |

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| **5. Marketing Information** |

**What % of sales in the previous calendar year was to –**

|  |  |
| --- | --- |
| Ireland | % |
| Export – Specify country - |  |
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| **Exporting Strategy** |

Describe your export strategy:

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Why should the Local Enterprise Office support your application for Technical Assistance for Micro Exporters’

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| **6. Schedule of Planned Expenditure** |

**Export Assistance Grants are designed to assist business promoter(s) with exporting to new markets. The Grant covers 50% of qualifying expenses (excluding VAT), subject to a maximum of €2,500**

**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.**

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| --- | --- | --- | --- | --- |
| **Exporting Activity** | **Supplier** | **Item Cost** *€ (excl. VAT)* | **Grant Sought** *(50% Item Cost)* | **Quotation** *(Please Tick)* |
| Trade Show (Attendance/Exhibiting/Rental  Fees relating to space/stands at  Exhibition events) |  |  |  |  |
| Trade Show  (Travel/Subsistence) |  |  |  |  |
| Marketing Materials (Export-Specific) |  |  |  |  |
| Website Development  (Export Specific) |  |  |  |  |
| Translation (e.g. existing  Material (booklets, webpages)  for export markets |  |  |  |  |
| Investigation of new internal or  External processes to develop  Export business |  |  |  |  |
| **TOTAL COSTS** |  | **€** | **€** |  |

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| **8 7. 7. Relationship with Other Agencies / Institutions (**De Minimis Declaration – previous State support (if any)) |

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

YES  NO

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

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| --- | --- | --- | --- |
| **De Minimis Aid** | **Agency** | **Amount €** | **Date** |
| Type of aid approved (e.g. training, innovation voucher,  Seed capital, feasibility, capital, employment, etc.) |  |  |  |
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De Minimis Aid is small amounts of State Aid given to an enterprise which cannot exceed €200,000 over any three fiscal years to any business regardless of size of location.

De Minimis Aid can come from any State body, agency or department. If a company is part of a group, then the €200,000 limit applies to the group.

Please note that a false declaration to show a figure under the threshold of €200,000 could later mean that you would have to pay back the grant aid with interest.

1. Will this project proceed without grant assistance?  
    YES  NO

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| **8. Additional Information (All of the following must be answered or otherwise your application may be considered invalid)** |

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

YES  NO

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

YES  NO

c) Do you understand that the Local Enterprise Office 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) Confirmation is required that the business which has been approved state funding is tax compliant and confirmation from the applicant by the provision of a PPSN/Tax Reference No. must be provided to the Local Enterprise Office before any grant payment can be made. Can you provide such confirmation? (*Please tick)*

YES  NO

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| **9. 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 Local Enterprise Office.

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| --- | --- | --- |
| **PROMOTER NAME** | **SIGNATURE** | **DATE** |
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**PLEASE NOTE:**

1. **THIS APPLICATION FORM MUST BE SIGNED 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 Local Enterprise Office. Contact details can be found at the end of this form.

**Freedom of Information:**

The Local Enterprise Offices will not release any information received as part of this application unless it is required by law, including the Freedom of Information Act 2014. The Local Enterprise Offices 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.

**Data Protection:**

Any personal information given by the applicant will be obtained and processed in line with the Data Protection Acts 1988 and 2003. The information given in this application form will be used to process the application and for ongoing communication between the applicant and the Local Enterprise Office

**Note:**

If grant aid is received, it will be included in the list of beneficiaries under Art.115 (2) of Regulation (EU) No. 1303/2013 (Common Provisions regulation). This list will be updated every six months and can be accessed on the Regional Assembly websites.

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| **Appendix 1 – NB** |

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

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

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| **CONTACT DETAILS** |

Name

Local Enterprise Office Kildare

Kildare County Council

Address

Áras Chill Dara, Devoy Park, Naas, Co. Kildare W91 X77F

Tel No. 045 980838

Email: localenterprise@kildarecoco.ie

*Office Use Only:*

*Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_