

Introduction

- As the decision on the application will be made on the basis of information submitted, it is in the applicant's own interest to complete the Business Plan as fully as possible.
 - As this form may be photocopied, please type or use block letters (black ink).
 - If the space provided on this form is not sufficient please attach additional pages or documentation as you require.
 - PLEASE READ GUIDELINES CAREFULLY BEFORE COMPLETING THIS FORM.
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1. PERSONAL DETAILS

1.1 CONTACT DETAILS

Name	
Address	

Tel . Numbers:

Work	_____	Home	_____
Mobile	_____	Fax	_____
e-mail	_____	Web	_____

Business Name: _____

1. 2. EDUCATION / QUALIFICATIONS

Secondary School: _____

Third Level: _____

Qualifications obtained: _____

1. 3. CURRENT EMPLOYMENT STATUS

Please tick (✓) as appropriate

Employed Self- Employed Unemployed

If unemployed have you applied for the AREA ALLOWANCE or BACK TO WORK ALLOWANCE.

Yes No

1. 4. WORK EXPERIENCE

Starting with current or most recent position

Company / Employer	Job /Description of duties	Dates

Attach an up to date Curriculum Vitae if available

2. BUSINESS DETAILS

2.1. BUSINESS IDEA

Describe here your Business Idea or proposed development

Enclose with this plan any photographs, illustrations or samples of your product or service

2.2. BUSINESS STATUS

Please complete either A or B

A. EXISTING BUSINESSES

To be completed by applicants with an existing business.

What is the current status of your business Tick (✓) as appropriate

Sole Trader Partnership
Co-operative Limited Company

State the name of the Company / Business: _____

State Trading name, if different from above: _____

Outline the nature of the business: _____

When was the Business set up: _____

Outline the main products or services: _____

Financial Accounts

Are formal accounts available: Yes No

if yes, please submit the most recent audited /certified accounts with this application. Where possible these should cover the last two year period.

If no, audited accounts are available then unaudited accounts and / or statement of affairs will be required as a minimum

Company Registration and Shareholder / Director Details:

Company Registration Number : _____

Date of Company registration: _____

List Company directors and shareholders

Name	Address

B. NEW BUSINESS START UPS

To be completed in the case of those applicants wishing to set up a new Business.

Name of proposed new Business: _____

Address: _____

State proposed Trading name
if different from above: _____

What is the proposed status of the new Business. Tick (✓) as appropriate

Sole Trader

Partnership

Co-operative

Limited Company

Commencement date:

When do you propose to start your business: _____

Have you registered your new Business: **Yes** **No**

If yes when:

3. MARKET RESEARCH AND THE MARKET

3.1. MARKET RESEARCH

What Market Research have you carried out to date:

Please attach any Questionnaires, surveys or details of market research carried out to date.

From your research please indicate the following:

3. 2. MARKET SIZE AND TRENDS

What do you know about the size of the market in your target area

What seasonal trends, if any, exist in the market

Is spending increasing or decreasing for your product or service

If so, what factors are responsible for this change

3.3. CUSTOMERS

What customer groups do you intend to target with your products/ services

Have you identified individual customers who have expressed an interest in purchasing your products or services:

Yes No

If Yes give details. Please attach any firm orders or letters of interest you have.

In the case of existing businesses please outline a sample of your existing customers

Existing Customers

Name	Address and Contact Number	Nature of Business	Value of Business per year

3.4 COMPETITION

Please give details of your competitors

Who are your competitors and where are they located

Name	Address

What and where are their markets

How will you compete with them

What do your competitors charge

Why will people buy from you

3.5 MARKETING STRATEGY

Give details of where and how you expect to sell your product/service

How will your product or service be priced

How will your product / service be distributed/promoted to potential customers

4. LOCATION AND PREMISES

Where will the Business be located: _____

Do you own the premises or do you plan to rent or buy: _____

What is the total space to be used: _____

If you intend to buy what will the total cost be: _____

If you intend to rent what will the rental cost per year be: _____

Are rates and other service charges included:

Yes No

If not estimate the additional cost per year: _____

If renting or leasing what is the proposed lease/rental period:

Do you have or are you in the process of obtaining planning permission (or other required Statutory Approval/Certification as appropriate) Please give details

5. INSURANCE

Please give details of insurance relating to the proposed venture. This should cover such items as premises, contents, vehicles & machinery, employees & the public.

6. PROPOSED INVESTMENT

6.1. PROPOSED INVESTMENT IN PREMISES

	€	€	€
	Cost (incl VAT)	Amount of VAT	Cost (excl VAT)
Purchase of Premises: <i>Not eligible for Grant aid</i>	_____	_____	_____
Building of new Premises: <i>May be eligible for Grant Aid:</i>	_____	_____	_____
Refurbishment of Premises: <i>may be eligible for Grant Aid</i>	_____	_____	_____
TOTALS	_____	_____	_____

6.2 PROPOSED INVESTMENT IN MACHINERY/ EQUIPMENT

Items Required	When needed e.g immediately, within 6 mths	New / Used	Cost (€)		(€)
			Total Amount	Amount of VAT	Excluding VAT
Total Costs :					

QUOTATIONS

Itemised quotations may be required from up to three registered suppliers/contractors as evidence of expected costs of proposed development. Where required these should be submitted along with your Business Plan/Application Form

7. FUNDING REQUIREMENTS & SOURCES OF FUNDING

Funding Requirements

COST

<u>Fixed Capital</u>	€Cost (Inc Vat)	€Amt VAT	€Cost (Exc VAT)
Premises	_____	_____	_____
Machinery	_____	_____	_____
Fixt. & Fitt	_____	_____	_____
Other	_____	_____	_____
Total Fixed Costs	_____	_____	<input type="text"/>
Working Capital	_____	_____	<input type="text"/>

To include such items as materials, stock, prepaid expenses eg. Insurance, rent / rates

Sources of Funding

Promoters Own Funds

Loans

Long Term

Amount:

Source: _____

Repayment Period: _____

Interest Rate: _____

Short Term

Amount:

Source: _____

Repayment Period: _____

Interest Rate: _____

Leasing

Amount:

Source: _____

Lease Period: _____

Rate of Interest: _____

Overdraft

Amount:

Source: _____

Details: _____

Grant Aid Sought

Amount:

Source: _____

Total Capital Costs

Total Funding :

8. EMPLOYMENT

Details of existing and proposed employment levels

8.1 Present Employment : Number Current employees:

Job description	Full-time	Part-time	Approx. salary

Number of additional jobs to be created

8.2 At end of Year 1 : Number of New Jobs:

Job description	Full-time	Part-time	Approx. salary

8.3 At end of Year 2 : Number of New Jobs:

9. BANK, ACCOUNTANT, SOLICITOR

Give details of your Bank, Accountant, Solicitor if applicable.

Bank: _____

Accountant: _____

Solicitor: _____

10. OTHER AGENCIES

Have you or your Business sought or obtained grant -aid or other support from any Government or other publicly funded Agency?

Yes No

If yes give details

11. GRANT-AID SOUGHT

Complete either Capital OR Employment Grant Section only (not both)

11.1 Capital Grant: _____

To a maximum of 50% of eligible costs excluding V. A. T.

Total Eligible Capital Investment €..... x 50% = €.....

OR

11.2 Employment Grants

To a maximum of €7,500 per each newly created full-time job

New Employee(s) x €..... = €.....

12. DECLARATION

I confirm that the above information is to the best of my knowledge true and accurate.

Signature : _____

Date : _____

Please note that further information or clarification may be required in order to allow the Board give full consideration of your application and to determine the suitability of the project for assistance.

ASSUMPTIONS:

Please include any assumptions on which the following financial projections are based.

These may include such items as:-

- Sales Assumptions
- Credit Terms
- Debtor Days etc.

Notes to the Financial Projections:

FINANCIAL PROJECTIONS

Projected Trading and Profit & Loss Account for 12 months ending _____

	€	€
SALES		<input type="text"/>
Cost of Sales:		
Opening Stock	_____	
<i>Add:</i> Materials purchased	_____	
<i>Less:</i> Closing stock	_____	<input type="text"/>
GROSS PROFIT		<input type="text"/>
<u>EXPENDITURE:</u>		
Wages & Salaries	_____	
Rent & Rates	_____	
Telephone	_____	
Post & Stationery	_____	
Advertising & Promotion	_____	
Electricity & Heat	_____	
Transport Costs	_____	
Audit & Accountancy	_____	
Insurance	_____	
Bank Interest	_____	
Leasing Interest	_____	
Sundries (additional exp)	_____	
<u>Depreciation:</u>		
Buildings	_____	
Machinery / Equipment	_____	
Vehicles	_____	
Total Expenses		<input type="text"/>
NET PROFIT / LOSS		<input type="text"/>

Projected Balance Sheet

as at _____

Fixed Assets

	Cost €	Depreciation €	Net Book Value €
Premises	_____	_____	_____
Machinery / Equipment	_____	_____	_____
Vehicles	_____	_____	_____
TOTAL FIXED ASSETS	_____	_____	<input type="text"/>

Current Assets

Stock	_____	
Debtors	_____	
Cash	_____	
TOTAL CURRENT ASSETS	_____	<input type="text"/>

Current Liabilities

Creditors	_____
Bank Overdraft	_____
Loans	_____
Leasing	_____
(Current Liabilities)	_____

TOTAL CURRENT LIABILITIES
TOTAL NET CURRENT ASSETS

TOTAL NET ASSETS

Financed by.....

Capital	_____
Other (Share Capital)	_____
Profit & Loss a/c	_____
Grant Aid	_____

TOTAL:

