

Return to: Local Enterprise Office, County Hall, Tallaght, Dublin 24. Email: info@leo.sdublincoco.ie

Application for Draw-down of Priming Support

1.LEO Ref:		2. Drawdown Application Date:	
3. Business or Promoter's Name:			
4. Date of Offer:		5. Amount Approved: €	
6.Total of Previous Support payments: €			
7. Total of this claim: €			
8. Payment Instructions: <div style="display: flex; justify-content: space-between; align-items: flex-start; padding-top: 10px;"> <div style="width: 60%;"> <input type="checkbox"/> Pay to the Revenue Commissioners </div> <div style="width: 35%;"> <input type="checkbox"/> Pay to my bank </div> </div> <div style="margin-left: 150px; margin-top: 10px;"> Bank Name: </div> <div style="margin-left: 150px; margin-top: 10px;"> Branch Sort Code: </div> <div style="margin-left: 150px; margin-top: 10px;"> Account Number: </div> <div style="margin-left: 150px; margin-top: 10px;"> IBAN Number: </div>			
9. Tax details: (Drawn from your latest return of Income Form, Notice or Assessment or Certificate of Tax Free Allowance [PAYE only]) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Tax District:</div> <div>Tax reference number:</div> </div>			
10. Tax Clearance Certificate: Note: If the Sum of 6 and 7 above exceeds €10,000 in the 12 months up to and including the date of this claim, you must provide a valid Tax Clearance Certificate. Your can obtain a Tax Clearance Cert from Revenue. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Attached: <input type="checkbox"/> Not Required <input type="checkbox"/> Certificate previously supplied to the LEO is still valid. </div>			
11. Declarations: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> Tax Other Funding: </div> <div style="width: 70%;"> I hereby declare that, to the best of my knowledge, my tax affairs are in order. I hereby declare that I am not in receipt of any funding from any other State or EU source in respect of this enterprise. </div> </div>			
12. Accuracy: I hereby certify that all of the information supplied in this application and it's attachments is accurate and up to date and that there has been no material change in the facts contained in the application form on which the Aid offer is based. <div style="text-align: right; margin-top: 20px;"> Signed: _____ </div>			

Approved Supported Employment Costs

List the employees in respect of whom this claim is being made.

1 Name	2 Resides in: See note 4	3 PPS Number	4 Start Date	5 1 st /2 nd part	6 Half Aid	7 Replacement for: (name) see note 3	8 Who left on: (Date)
Total Claimed:							

Notes:

1. Tax deduction cards or equivalent print-outs from computerised payroll systems must be submitted for all employees included in this claim.
2. In the case of aid approved in the name of the promoter as a sole trader, a tax clearance certificate in his/her name will be accepted in place of a tax deduction form.
3. Where an employee leaves or is dismissed and is replaced after the first part of the aid was paid, please supply the details requested in columns 7 and 8. Subsequent employees will be considered to be replacements for any who leave or are dismissed. Second part of aid may not be claimed until the combined service of the original and replacement employees has exceeded six months.
4. Please provide the name of the area in which the employee lives, rather than the full street address. Examples are "Bancroft" or "Neilstown"

Approved Supported Non-Employment Costs

List the items/services purchased (only items listed in your Letter of Offer may be claimed for)

<i>Description</i>	New/Second Hand	Price <u>Excl. VAT</u>
Note: Original Invoices for all expenditure must be attached to this claim (They will be returned if requested).	Total expenditure excl. VAT	
	%Amount Approved (see agreement)	
	Total Amount Claimed	