



Return to: County Hall, Belgard Square North, Tallaght, Dublin 24. Email: info@sdenterprise.ie

Application for Business Step Up Grant

Please attach any additional details you have available but make sure you answer ALL questions

1. Primary Contact Name:				<i>Title:</i>	<i>Firstname:</i>	<i>Surname:</i>
2. Age: Under or over 25: "Please indicate with U or O"			3. Business Name: Leave blank if you are trading in your own name			
4. Business address:						
<i>Street Address</i>						
<i>District/Town</i>						
<i>Postcode</i>						
Use your home address if you are working from home. If necessary please condense your address to a maximum of three lines						
5. PPS No.			6. Date your business started trading (dd/mm/yy format, e.g. "18/02/2009")			
7. Legal Structure:						
8. If Ltd Co. please provide CRO No.						
9. Phone Numbers.: <i>Fixed line:</i> <i>Fax:</i> <i>Mobile:</i>						
10. Website address:			Email Address:			
11. Promoter's Background / Qualifications & Experience:						
12. Current Employment:			<i>Number of existing jobs (please enter number of jobs, not tick marks)</i>			
			<i>Male</i>		<i>Female</i>	
<i>Full-time</i>						
<i>Part-time</i>						

13. Potential Job Creation:	<i>Number of additional (new) jobs, if any, to be created as a result of this investment</i>	
	Full time <input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	Part-time <input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>
14. Jobs sustained:	<i>Number of jobs currently at risk that will be saved by this investment</i>	
	Full time <input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	Part-time <input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>
15. Business Description: <i>Brief details of your business</i> Describe your business as it is at present, prior to the Business Step Up project you are applying for		
16. Critical Factors: What, at this stage, are the critical factors which you believe need to be addressed by this initiative		

19.Details of the Planned Initiative

Provide details of the initiative you wish to implement and a timescale for this work:

In what way will this initiative change your business for the better? (Describe the benefits in terms of competitiveness, value-added, sales, profitability, additional / higher quality employment, other)

How do you plan to implement this initiative? (Describe the stages involved and who will implement them)

Progress to Date (Describe any progress you have already made towards the implementation of your plans)

Costs incurred to Date if any (in relation to this initiative)

20. Investment Costs to implement the Initiative

(List the costs to be incurred (only costs listed in your grant application, which have not already been paid for, may be claimed)

Description	Price Excl. VAT
Total	
Amount of grant applied for (max €2,500 or 50% of total cost)	

21. How do you propose to fund the initiative?

Total cost of project		Investment from own resources	
Grant applied for		Other	

22. Previous Grant Aid (if any)

Has the business or any of its promoters received any other State Supports or E.U. supports?

YES ☐ NO ☐

If YES above please give details including the date, amount and the purpose of the grant.

Other Grants Provider	Date	Amount	Purpose

23. Signature

I hereby declare that the details given in this application, together with any supplementary information supplied are true and accurate

SIGNED _____ DATE _____

SIGNED _____ DATE _____

Please indicate where you found out about the services of the South Dublin County Enterprise Board?

PLEASE NOTE:

*Application form and supporting information to be signed and returned to the Enterprise Board.
Contact details can be found at the top of this application form.*