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Local
Enterprise
Office

APPLICATION FORM FOR PRIMING / BUSINESS DEVELOPMENT GRANT



Freedom of Information

The Local Enterprise Office will not release any information received as part of this application except as may be required by law, including the Freedom of Information Acts 1997 and 2003. In the event of a Freedom of Information request, the client will be given reasonable advance notice in order to contest such disclosure.

Data Protection

Any personal information which you provide to the Local Enterprise Office will be obtained and processed in compliance with the Data Protection Acts 1988 & 2003. The information in this Application Form will be used by the Local Enterprise Office in the processing of your application and for ongoing administrative purposes between you and your Local Enterprise Office.

Note

Beneficiaries of grant aid should note that the acceptance of funding is an acceptance of their inclusion in the list of beneficiaries under Article 7(2) of the Implementation Regulation (EC) No 1828/2006. This list can be accessed on Border Midland & Western and Southern & Eastern Regional Assembly websites.



...Let's talk business

APPLICATION FORM FOR PRIMING / BUSINESS DEVELOPMENT GRANT

All questions marked with an asterisk (*) are mandatory

1. GRANT TYPE

New Enterprise Priming Grant (Business less than 18 months old)

Business Development / Expansion Grant (Business greater than 18 months old)

2. CONTACT DETAILS

Business Contact Details

Gender*

Prefix (Mr. Mrs. etc.)*

First Name*

Last Name*

Tax No.*

Address*

Telephone*

Mobile*

Website

If the applicant details are the same as the primary contact details please tick the box If not, please give contact details:

Applicant Contact Details For All Promoters (if different from Primary Contact Details)

Gender*

Prefix (Mr. Mrs. etc.)*

First Name*

Last Name*

PPS No.*

Address*

Telephone*

Mobile*

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3. APPLICANT DETAILS

(Please tick)

Business Name*			
Stage of Business* (please tick box)	Pre-Start Up	Start Up (<18 mths)	Growth (>18 mths)
Date Trading Commenced*			

Applicant Type*

(Please tick)

Sole Trader / Individual	
Company	CRO No.
Partnership	

If Applicant is a Limited Company please complete section below:

Company Registration Number*	
Date of Incorporation*	

4. PREVIOUS STATUS OF PROMOTER*

(Please tick)

Self Employed	Employed	Un-Employed	Training / Education
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AGE OF PROMOTERS

21 – 30	31 – 40	41 – 50	51 – 60	60+
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HAVE YOU AVAILED OF ANY LEO PRPOGRAMS

Mentoring	Training	Networks
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Please Give Details e.g. Name of Mentor

.....

.....

5. PROJECT DETAILS

What type of business are you involved in / plan to be involved in?*

(Please see page 12 for qualifying businesses in each sector)

Please tick and detail in the box below:

Business Services	
Clothing & Fashion	
Communications, Media & Entertainment Services	
Consumer Services	
Craft	
Electronics	
Engineering	
Environment / Green Technologies	
Food Manufacturing & Processing	
Food Primary Sectors	
Furniture / Light Consumer Goods Manufacture	
Manufacturing Other	
Medical Devices Manufacture	
Packaging Manufacturing	
Software / IT	
Other	

Please Describe Your Business / Proposed Business*(Give details of your Commercial Sales, specify customers)

6. INVESTMENT COSTS

Please list the items to be purchased and their cost. Only costs listed in your application may be claimed. Costs cannot be changed once they are approved. * You must submit 3 written quotations for each item you are applying for.

Item Description	Expected Cost €	Net of VAT
Capital Items *		
Salary Costs		
Consultancy Costs*		
TOTAL COSTS €		

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Amount of Grant Assistance sought (maximum 50%)	€
Investment in project from own resources	€
Investment in project financed by borrowing	€
TOTAL INVESTMENT IN PROJECT	€

Will this project proceed without grant assistance? (please tick)

Yes

No

Previous Grant Aid (if any)

Have you discussed ore received any other State Supports or EU supports? (please tick)

Yes

No

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

Other Grants Provider	Date	Amount	Purpose

7. EMPLOYMENT DETAILS*

Estimated Job Potential* (Including the applicants)

Current

	Full-time	Part-time
Male		
Female		
Total		

Potential Year 1

	Create New		Sustain Existing	
	Full-time	Part-time	Full-time	Part-time
Total				

Potential Year 2

	Create New		Sustain Existing	
	Full-time	Part-time	Full-time	Part-time
Total				

Potential Year 3

	Create New		Sustain Existing	
	Full-time	Part-time	Full-time	Part-time
Total				

Describe the new / sustained jobs (ie. job titles, type of employment, salary scale)

Job Title	Full Time No.	Part Time No.	New	Sustained	Salary Scale

8. FINANCIALS

Summarised Trading Accounts & Trading Projections

Last Trading Year Ended		
Are Accounts Audited (please tick)	Yes	No

Please provide a copy of your latest set of Certified Accounts

(For Priming Grant Applicants, ie. those trading less than 18 months, management accounts should be provided if available)

	Actual (if applicable)	Projected		
		YEAR 1	YEAR 2	YEAR 3
1 SALES (turnover)				
COST OF SALES				
2 Raw Materials				
3 Drawings (ie. applicants own wages)				
4 Staff Wages				
5 Phone and Fax				
6 Electricity				
7 Insurance Premium				
8 Advertising				
9 Transport Cost (petrol etc.)				
10 Printing and Stationery				
11 Loan Repayments				
12 Accountancy Fees				
13 Depreciation				
14 Rent & Rates				
15 Cleaning / Waste Disposal				
16 Repairs & Maintenance				
17 Other				
18 TOTAL COST OF SALE (Add items 2 to 17)				
19 NET PROFIT (Deduct 18 from 1)				

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9. ADDITIONAL INFORMATION

(Please tick)

- A.** Are you in receipt of, or you will be an applicant for, any Social Welfare Support in respect of your own or your employee's employment?* (please note those in receipt of Job Plus cannot avail of grant support)
- Yes ☐ No ☐
- B.** This application may have to be referred to other Agencies (on a confidential basis) as part of the Local Enterprise Office's processing procedure. Do you consent to this?* (please tick)
- Yes ☐ No ☐
- C.** Are you (or the company) registered for VAT? (please tick) (Tax clearance certificates is required for all claims.)
- Yes ☐ No ☐
- D.** Do you require planning permission or other permission to proceed with your business?* (please tick)
- Yes ☐ No ☐
- E.** Please give details of the following:*

Bankers	
Accountant	
Solicitor	
Insurers	

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Required Supporting Information

Please attach the following as appropriate (tick items attached):

1. Curriculum Vitae for each Promoter
2. Business Plan (Leo Business Plan Template)
3. 3 year cash flow projections
4. Quotations (3 written quotes for each proposed expenditure)
5. Latest set of certified accounts and/or management accounts as appropriate (if already in business)
6. Certificate of Incorporation or CRO Number (company only) or Certificate of Registration of Business Name if available

Other Supporting Information

1. Forward Orders
2. Photographs If Appropriate

10. SIGNATURE*

I hereby declare that the details given in this application, together with any supplementary information supplied are true and accurate. If application is for a limited company 2 directors signatures are required.

Signed

Date

Signed

Date

Signed

Date

Please Note

Application form and supporting information to be signed and returned to the Local Enterprise Office.
Contact details can be found on <http://www.localenterprise.ie>

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APPENDIX 1

Application Check List

	Application form completed (1 Hard copy submitted to Office. 1 Copy emailed to grants@leo.dublincity.ie)	
	Application signed and dated (Incomplete Applications will not be accepted)	
	Business Plan	
	Three quotations for all costs for which Grant Aid is sought	
	Latest set of Certified Accounts (if already in business)(For Priming Grant for businesses less than 18 months old trading, management accounts should be provided within 3 months of date of application)	
	3 Year Cash Flow Projections	
	Certificate of Incorporation, CRO Number or Certificate of Registration of Business Name if available	
	Loan Sanction Evidence if available (letter from lending institution verifying loan/overdraft approvals)	
	Your own qualifications (CV)	
	Confirmation of Grant Aid sought from other Agencies	
	Tax clearance certificates	

REMEMBER INSUFFICIENT INFORMATION WILL RESULT IN DELAYS

APPENDIX 2

Application Check List

Business Services	Services provided to other businesses
Clothing & Fashion	Design and manufacture of clothing / fashion
Communications, Media & Entertainment Services	Digital media, wireless communications, broadband, animation, e-learning, media & entertainment.
Consumer Services	Services provided to other consumers / general public
Craft	Manufacture craft products
Electronics	Manufacture of components / sub supply
Engineering	Manufacture aerospace, agricultural machinery, automotive, tanks & vessels, tool making & plastics
Environment / Green Technologies	Manufacturing & delivery of environmental / services / products and green technologies
Food Manufacturing & Processing	Manufacture and processing of food
Food Primary Sectors	Primary production of food
Furniture / Light Consumer Goods Manufacture	Manufacture of light consumer products
Medical Devices Manufacture	Manufacture of medical devices
Manufacturing Other	Other manufacture not classified above
Packaging Manufacturing	Packaging manufacture
Software / IT	Development & delivery of software & IT services. E-Commerce