

Local Enterprise Office

APPLICATION FORM FOR FEASIBILITY / INNOVATION 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.





All questions marked with an asterisk (*) are mandatory	
1. CONTACT DETAILS	
Primary Contact Details	
Gender*	
Prefix [Mr. Mrs. etc.]*	
First Name*	
Last Name*	
Tax No.*	
Address*	
Telephone*	Mobile*
If the applicant details are the same as the primary contact details ple Applicant Contact Details (if different from Primary Contact Details)	
Applicant Contact Details (if different from Primary Contact Details	
Applicant Contact Details (if different from Primary Contact Details Gender*	
Applicant Contact Details (if different from Primary Contact Details Gender* Prefix [Mr. Mrs. etc.]*	
Applicant Contact Details (if different from Primary Contact Details Gender* Prefix (Mr. Mrs. etc.)* First Name*	
Applicant Contact Details (if different from Primary Contact Details Gender* Prefix [Mr. Mrs. etc.]* First Name* Last Name*	
Applicant Contact Details (if different from Primary Contact Details Gender* Prefix (Mr. Mrs. etc.)* First Name* Last Name* Tax No.*	
Applicant Contact Details (if different from Primary Contact Details Gender* Prefix (Mr. Mrs. etc.)* First Name* Last Name* Tax No.*	
Applicant Contact Details (if different from Primary Contact Details Gender* Prefix [Mr. Mrs. etc.]* First Name* Last Name* Address*	





Please tick)					5. PROJECT DETAILS What type of business are you involved in / place (Please see page 8 for qualifying businesses in each see Please tick and detail in the box below:	plan to be involved in?* sector]	
Business Name*					Business Services		
Stage of Business* [please tick box]	Pre-Start Up		Start Up (<18 mths)	Growth (>18 mths)	Clothing & Fashion		
Date Trading Commenced*	,			,	Communications, Media & Entertainment Services		
pplicant Type*					Consumer Services		
Please tick]					Craft		
Sole Trader / Individual		T			Electronics		
Company		CRO No.			Engineering		
Partnership					Environment / Green Technologies		
Community Group					Food Manufacturing & Processing		
Cooperative					Food Primary Sectors		
					Furniture / Light Consumer Goods Manufacture		
I. PREVIOUS STATUS OF PRO	MOTER*				Manufacturing Other		
Please tick]					Medical Devices Manufacture		
Self Employed	Employed		Un-Employed	Training / Education	Packaging Manufacturing		
					Software / IT		
					Other		
					Please Describe Your Business / Proposed Bu	Business*	



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	TED JOB POTENTIAL IF FE	ASIBLE*						7. GRANT HIS	STORY*			
Current Potential Year 1				A. Will this project proceed without grant assistance? (please tick)								
	Full-time	Part-time		F	Full-time	Part-time		Yes	No			
Male			Total					B. Has the bu	siness or any of its promoters beer	n in receipt of any other	State Supports or E	EU supports? (pleas
Female								_				
Total									ve please give details including the	date, amount and the p	urpose of the gran	:
								Other Grants	Provider	Date	Amount	Purpose
6. INVESTI Grant Details	MENT COSTS*											
							7					
Estimated	Expenditure											
Own Labou	r Research											
Consultan	cy Fees											
Prototype	Costs / Innovation Costs											
Miscellano												
	us custs											
TOTAL												
How do yo	ur propose to fund the study	*										
Investmen	t in project from own resource	es										
Investmen	t in project financed from bor	rowings								,		
Amount of (max. 50%)	Grant Assistance sought S&E-60%BMW]											
Other												
TOTAL INVI	ESTMENT IN PROJECT											



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8. ADDITIONAL INFORMATION	
[Please tick]	
A. This application may have to be referred to other Agencies (on a processing procedure. Do you consent to this?* [please tick] Yes No	confidential basis) as part of the Local Enterprise Office's
 Are you (or the company) registered for VAT? (please tick) (Tax or claims / payments in excess of €10,000 if approved. For Paymer Yes No 	
Beneficiaries of grant aid should note that the acceptance of funding under Article 7(2) of the Implementation Regulation (EC) No 1828/2 Southern & Eastern Regional Assembly websites.	
Other Supporting Information	
Please attach the following as appropriate (tick items attached):	
 Curriculum Vitae Quotations Certificate of Incorporation or Company Registration No. (company Registration No	any only]
Certified Accounts [in case of existing businesses]	
5. Photographs (if appropriate)	
6. Other (please specify)	
9. SIGNATURE*	
I hereby declare that the details given in this application, together w	ith any supplementary information supplied are true and accurate
, , , , , , , , , , , , , , , , , , , ,	, ,
Signed	Date
Signed	Date
Signed	Date
Please Note	
Application form and supporting information to be signed and return Contact details can be found at the end of this application form.	ned to the Local Enterprise Office.

Application form completed	
Application signed and dated	
Additional Information	
Your own technical / administrative qualifications (CV)	
Quotations	
Certified Accounts (in case of existing businesses)	
Confirmation of Grant Aid sought from other Agencies	
Certificate of Incorporation (Companies Only)	
REMEMBER INSUFFICIENT INFORMATION WILL RESU	



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.

