

**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.

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| **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 please tick the box  If not, please give contact details: |
| **Applicant Contact Details** (if different from Primary Contact Details) |
| Gender\* |       |
| Prefix (Mr. Mrs. etc.)\* |       |
| First Name\* |       |
| Last Name\* |       |
| Tax No.\* |       |
| Address\* |       |
| Telephone\* |       | Mobile\* |       |

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| New Enterprise Priming Grant (Business less than 18 months old) **All questions marked with an asterisk ( \* ) are mandatory****1. GRANT TYPE****Please tick whichever is applicable:**Business Development / Expansion Grant (Business greater than 18 months old) |

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| **2. CONTACT DETAILS****Business Contact Details** |
| Gender\* |  |
| Prefix (Mr. Mrs. etc.)\* |  |
| First Name\* |  |
| Last Name\* |  |
| Tax No.\* |  |
| Address\* |  |
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| 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\* |       |

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| Applicant Type\*(Please tick) |
| Sole Trader / Individual |  |
| Company |  | CRO No. |       |
| Partnership |  |

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| If Applicant is a Limited Company please complete section below: |
| Company Registration Number\* |       |
| Date of Incorporation\* |       |

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| **4. PREVIOUS STATUS OF PROMOTER\*** (Please tick) |
| Self Employed |  Employed |  Un-Employed |  Training / Education |

**AGE OF PROMOTERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **21 – 30** | **31 – 40** | **41 – 50** | **51 – 60** | **60+** |

**HAVE YOU AVAILED OF ANY LEO PRPOGRAMS**

|  |  |  |
| --- | --- | --- |
| **Mentoring** | **Training** | **Networks** |

**Please Give Details e.g. Name of Mentor**

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| 5. PROJECT DETAILSWhat 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 Se**r**vices |  |       |
| 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 |  |       |

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

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| 6. INVESTMENT COSTSPlease 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\* |  |  |
|  |  |  |
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|  |  |  |
| **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** | €  |

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| 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 |
|       |       |       |       |
|       |       |       |       |
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| **7. EMPLOYMENT DETAILS\*** Estimated Job Potential\* (Including the applicants) |

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| Current |  | Potential Year 1 |
|   | Full-time | Part-time |  |  | Create New | Sustain Existing |
| Male |       |       |  |  | Full-time | Part-time | Full-time | Part-time |
| Female |       |       |  | Total |       |       |       |       |
| **Total** |       |       |  |  |  |  |  |  |

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| Potential Year 2 |  | Potential Year 3 |
|   | Create New | Sustain Existing |  |  | Create New | Sustain Existing |
|  | Full-time | Part-time | Full-time | Part-time |  |  | Full-time | Part-time | Full-time | Part-time |
| **Total** |       |       |       |       |  | Total |       |       |       |       |

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| 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 |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
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| **8. FINANCIALS****Summarised Trading Accounts & Trading Projections** |
| Last Trading Year Ended |       |
| Are Accounts Audited (please tick) |  Yes |  No |

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| **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) |
| 1. 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 |  |
| 1. 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 |  |
| 1. Are you (or the company) registered for VAT? (please tick) (Tax clearance certificates is required for all claims.
 |
| Yes | No |  |
| 1. Do you require planning permission or other permission to proceed with your business?\* (please tick)
 |
| Yes | No |  |
| 1. Please give details of the following:\*
 |
| Bankers |       |
| Accountant |       |
| Solicitor |       |
| Insurers |       |
| 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.**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
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**Other Supporting Information**

1. Forward Orders
2. Photographs If Appropriate

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| **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       |

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| **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 1Application 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 |

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| APPENDIX 2Application Check List |

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| --- | --- |
|  **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 / productsand 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 |