**Application form**

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| **Application Form for** **LEAN for Micro Programme** |
| **Your Local Enterprise Office:** |  |
| **Name:** |   |
| **Company name:** |   |
| **Company address:** |   |
| **Telephone:** |   |
| **Mobile:** |   |
| **Email:** |   |
| **Website address:** |   |
| **Ownership and Management Structure:** |  |
| **Business type:** |   |
| **Year business was established** |   |
| **How long has the business been trading?** |   |
|  |  | Current |  | Projected 12 months |  | Projected 24 months |
| **Turnover** |   |   |   |
| **Staff numbers** |  |  |  |
| - Full time |   |   |   |
| - Part-time |   |   |   |

*Applicant companies MUST provide: latest audited accounts (no more than 2 years old) and management accounts (no more than 6 months old) (including a profit and loss and balance sheet) directly to their LEO before submitting an application.*

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| **Description of your Business's Products / Services (150 words max)** |
| *Overview of your businesses activities whether related to the project or not* |
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| **Lean Project title:** |
| **Project location: (if different from the company address)** |
| **Project details: (Max 150 words)** |
| **Project Start and End Dates** *It is envisaged that the project takes 6-8 weeks* |
| *Project start date:* |
| *Project end date:* |
| **Breakdown of key tasks and activities to be completed as part of this project:** |
| **Expected outcomes or deliverables of the project:** |
| **Lean for Micro Expenditure Costs:** |
| **Name of Consultancy Firm:** |
| *Max Cost per Day:*  |
| *No. of Days:* |
| *Max Total Cost:* |
| *Max Grant Amount:* |

Information will not be released 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.

Any personal information which you provide as part of this application is obtained and processed in compliance with the Data Protection Acts 1988 & 2003 and Tax Consolidation 891B requirements, where your information is provided to Revenue Commissioners. The information in the Application Form will be used by the Local Enterprise Office in the processing of your application and for ongoing administrative purposes between you and the Local Enterprise Office.

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.

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| --- | --- | --- | --- |
| Other Grants Provider | Date | Amount | Purpose |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

SIGNED DATE