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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

Please tick whichever is applicable:

New Enterprise Priming Grant [Business less than 18 months old] ☐

Business Development / Expansion Grant [Business greater than 18 months old] ☐

2. 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*

3. APPLICANT DETAILS

[Please tick]

Business Name*			
Stage of Business* [please tick box]	Pre-Start Up <input type="checkbox"/>	Start Up [<18 mths] <input type="checkbox"/>	Growth [>18 mths] <input type="checkbox"/>
Date Trading Commenced*			

Applicant Type*

[Please tick]

Sole Trader / Individual	<input type="checkbox"/>	
Company	<input type="checkbox"/>	CRO No.
Partnership	<input type="checkbox"/>	
Community Group	<input type="checkbox"/>	
Cooperative	<input type="checkbox"/>	

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 <input type="checkbox"/>	Employed <input type="checkbox"/>	Un-Employed <input type="checkbox"/>	Training / Education <input type="checkbox"/>
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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	<input type="checkbox"/>	
Clothing & Fashion	<input type="checkbox"/>	
Communications, Media & Entertainment Services	<input type="checkbox"/>	
Consumer Services	<input type="checkbox"/>	
Craft	<input type="checkbox"/>	
Electronics	<input type="checkbox"/>	
Engineering	<input type="checkbox"/>	
Environment / Green Technologies	<input type="checkbox"/>	
Food Manufacturing & Processing	<input type="checkbox"/>	
Food Primary Sectors	<input type="checkbox"/>	
Furniture / Light Consumer Goods Manufacture	<input type="checkbox"/>	
Manufacturing Other	<input type="checkbox"/>	
Medical Devices Manufacture	<input type="checkbox"/>	
Packaging Manufacturing	<input type="checkbox"/>	
Software / IT	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Please Describe Your Business / Proposed Business*

6. INVESTMENT COSTS*

Please list the items to be purchased and their cost
(if greater than €5,000 please provide three quotations)

Item Description	Expected Cost €	Net of VAT
Capital Items		
Salary Costs		
Rental / Accommodation Costs		

Item Description	Expected Cost €	Net of VAT
Utility costs [eg. ESB, communication etc.]		
Marketing Costs		
Consultancy Costs		
Business Specific Training		
TOTAL COSTS €		

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)

Has the business or any of its promoters 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 <input type="checkbox"/> No <input type="checkbox"/>

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 TO		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]				

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 tick]

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 and C2 Certification is required for all claims / payments in excess of €10,000 if approved. For Payments in excess of €6,350 a tax declaration will be required]*

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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Other Supporting Information

Please attach the following as appropriate [tick items attached]:

1. Curriculum Vitae ☐
2. Quotations ☐
3. Forward Orders ☐
4. Latest set of certified accounts and/or management accounts as appropriate [if already in business] ☐
5. Certificate of Incorporation or CRO Number [company only] or Certificate of Registration of Business Name if available ☐
6. Photographs [if appropriate] ☐
7. Other [please specify] ☐

Copy of Business Plan

Please attach a copy of your Business Plan.

10. 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

Please Note

Application form and supporting information to be signed and returned to the Local Enterprise Office.
Contact details can be found at the end of this application form.

APPENDIX 1

Application Check List

Application form completed	
Application signed and dated	
Business Plan / additional Information including 3 years projections	
Three quotations for equipment for which Grant Aid is sought (if greater than €5,000)	
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].	
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 and C2 Tax clearance [if available]	

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.

CONTACT DETAILS