



Sligo County
Enterprise Board



Application Form For Priming/Business Development Grant

Freedom of Information:

The County & City Enterprise Boards Ltd. are subject to the Freedom of Information Acts 1997 and 2003. Under normal circumstances information supplied on grant application forms or in support of grant applications, is likely to be considered as commercially sensitive information and would not be disclosed to third parties. The County & City Enterprise Boards Ltd. will, in all cases where a request under the Freedom of Information Acts is made, consult with applicants before making a decision on disclosure of such information.



Ireland's EU Structural Funds
Programmes 2007 - 2013

Co-funded by the Irish Government
and the European Union



EUROPEAN REGIONAL
DEVELOPMENT FUND

1. Grant support being sought

Tick whichever is applicable

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

Business Development/ Expansion Grant
(Business more than 18 months Old)

2. Applicant details

Name of Promoter(s) _____ Mr. Ms.

_____ Mr. Ms.

Address _____

Telephone: _____ Mobile: _____

E-mail: _____ Website: _____

Company/Business Name (if applicable)	
Trading name (if different)	

Applicant Type *(Please tick box)*

Sole trader/individual	<input type="checkbox"/>	Company	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Community Group	<input type="checkbox"/>
Co-operative	<input type="checkbox"/>	Back to Work Enterprise Allowance	<input type="checkbox"/>

If Applicant is a Limited Company please complete section below

Company Name	
Company Registration No.	
Date of Incorporation	
Principal shareholders	

If the contact details are the same as the applicant details above, please tick the box:

If not, please give name, address, gender, telephone number, mobile number, e-mail and website addresses below:

Contact Details (if different from applicant details)

Name: _____

Mr. Ms.
 Mr. Ms.

Address _____

Telephone: _____ Mobile: _____

E-mail: _____ Website: _____

Previous Status of Promoter (Please tick)

Self Employed	Employed	Unemployed	Training/Education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Experience/qualifications of promoter(s) relevant to project: _____

3. Project Details

What type of business do you plan to be involved in? (Please tick box below – explanation of categories listed are set out in Appendix 2)

Business Services	<input type="checkbox"/>	Clothing & Fashion	<input type="checkbox"/>
Communications, Media & Entertainment Services	<input type="checkbox"/>	Customer 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"/>	Medical Devices Manufacture	<input type="checkbox"/>
Packaging Manufacturing	<input type="checkbox"/>	Manufacturing Other	<input type="checkbox"/>
Software/IT	<input type="checkbox"/>		<input type="checkbox"/>

Stage/location of project

Stage of Business	Pre-start		Start up		Growth	
Date trading commenced (if applicable)						
Proposed commencement of project (if applicable)						
Location of project						

Please describe your business/proposed business

(include brief history of business if already in existence):

Market to be served: Local National Export

Have you undertaken any market research? Yes No (If yes attach details)

Have you completed a business plan? Yes No (If yes attach details)

Customers/potential customers _____

Who are your main competitors (local and National)? _____

What are your projected sales targets? Year 1 € _____ Year 2 € _____ Year 3 € _____

4. Investment Costs

Please list the items towards which assistance is sought and their cost. If greater than €5,000, please provide three quotations.

PLEASE NOTE THAT IN CASES WHERE PROJECTS QUALIFY FOR EITHER ASSISTANCE TOWARDS PURCHASE OF CAPITAL EQUIPMENT OR SALARY COSTS OF ADDITIONAL EMPLOYEES IT IS UNLIKELY THAT FUNDING WILL BE AVAILABLE FOR OTHER EXPENDITURE (Board staff will be happy to provide further advice).

Item Description	Expected Cost (€)	Cost Net of V.A.T (€)	Grant Contribution Sought(€) ¹
Capital Items			
Salary Costs			
Rental/Accommodation Costs			
Utility costs (e.g. ESB, communication etc.)			
Marketing Costs			
Consultancy Costs			
Business Specific Training			
Total Costs	€ (A)	€	€ (B)

¹ maximum 50%, net of VAT of identified expenditure and no more than €7500 per employee salary support)

Please provide summary of sources of funding for investment above

Total amount of Grant Assistance Sought	€	(B)
Investment in project from own resources	€	
Investment in project financed by borrowing	€	
Equity/outside investment	€	
Other	€	
Total investment in project	€	(A)

If you are borrowing for part of your proposed investment, give details of the institution/source and type of borrowings (leasing does not qualify for grant assistance): _____

Will this project proceed without grant assistance?

Yes

No

Previous Grant Aid (if any)

Has the business or any of its promoters received any other State supports or EU supports?

Yes No

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

Other Grants Provider	Date	Amount	Purpose

Have you applied for or received grant-aid from other sources in respect of this project? Yes No

5. Employment Details

Numbers currently employed in the business	Full-time	Part-time	Seasonal
Male			
Female			
Total			

Jobs to be sustained or created

Will jobs of those currently employed be sustained over the next 3 years? Yes No

Number of additional jobs to be created

	Year 1	Year 2	Year 3	Total
Full-time				
Part-time				
Seasonal				

Profit and Loss summary

	ACTUAL (if applicable)	PROJECTED		
YEAR TO		YEAR 1	YEAR 2	YEAR 3
1 SALES (Turnover)				
2. COST OF SALES				
3. GROSS PROFIT				
<u>OVERHEADS</u>				
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 (Interest portion only)				
12 Accountancy Fees				
13 Depreciation				
14 Rent & Rates				
15 Cleaning / Waste Disposal				
16 Repairs & Maintenance				
17 Other				
18. TOTAL OVERHEADS				
NET PROFIT BEFORE DRAWINGS				
DRAWINGS				
NET PROFIT AFTER DRAWINGS				

7. Additional Information

a) Are you in receipt of, or will you 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 Board'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. Regarding sub-contractors, where payments exceed €2,600 in any 12 month period the sub-contractor will be required to produce a current C2 Certificate).*

Yes No

d) Do you require planning permission or other permission to proceed with your business?

Yes No (If yes, please attach details)

e) Do you have ownership/satisfactory lease on project base/site

Yes No (If yes, please attach details)

f) 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.

Other Supporting Information

Please append any other information or comments you wish to make regarding the application. Please attach the following where appropriate (tick items attached):

- i) Curriculum Vitae
- ii) Quotations
- iii) Forward Orders
- iv) Latest set of certified accounts and/or management accounts as appropriate (if already in business)
- v) Photographs (if appropriate)
- vi) Other (please specify)

Copy of Business Plan

Please attach a copy of your Business Plan.

8. 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 _____

Appendix 1 Application check list and sector definitions

Application Check List (Insufficient information will result in delay)

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, management accounts should be provided)	
Loan Sanction Evidence if available (letter from lending institution verifying loan/overdraft approvals)	
Your qualifications/CV (<i>if not included in business plan</i>)	
Confirmation of Grant Aid sought from other Agencies	
Tax clearance certificates and C2 Tax clearance (if available and if required)	

Sector Definitions (referred to in Section 3)

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

Contact Details:

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