



South Dublin County
Enterprise Board



Application Form For Priming/Business Development Grant

Freedom of Information:

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Ireland's EU Structural Funds
Programmes 2007 - 2013

Co-funded by the Irish Government
and the European Union



Application Form For Priming/Business Development Grant

All questions marked with an asterisk (*) are mandatory

This form must be accompanied by a Business Plan

(Please do not use %See business plan in answer to any of the questions below, as this will lead to a delay while the form is returned to you)

1. Grant Type

Tick whichever is applicable

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

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

2. Contact Details

Primary Contact Details

Prefix (Mr., Mrs. Etc.)* _____ First Name* _____ Last Name* _____

PPS No.* _____

Address* _____

Telephone* _____ Mobile* _____ Email*: _____

3. Applicant Details

Business Name*	
Date Trading Commenced*	

Applicant Type*

(Please Tick)

Sole Trader / Individual	Company	Partnership	Community Group	Cooperative

If Applicant is a Limited Company please complete section below

Company Registration Number*	
Date of Incorporation*	

Previous Status of Promoter* (prior to your involvement with this business)

(Please tick one category)

Self Employed	Employed	Unemployed (i.e. signing on)	Training/Education

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4. Project Details

What type of business are you involved in/plan to be involved in?*

Sector	Defined as	Please Tick
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.	
Customer 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.	
Manufacturing Other	Manufacture of medical devices	
Medical Devices Manufacture	Other manufacture not classified above	
Packaging Manufacturing	Packaging Manufacture	
Software/IT	Development & delivery of software & IT services. E-Commerce	

Please Describe Your Business / Proposed Business*

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5. Investment Costs*

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

Item Description	Total Expected Cost "	Excluding V.A.T
Capital Items		
Salary Costs		
Rental/Accommodation Costs		
Utility installation/upgrade costs (e.g. ESB, communication, etc.)		

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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
 YES NO

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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.

Other Grants Provider	Date	Amount	Purpose

6. Employment Details*

Estimated Job Potential* (Including the applicants)

Please enter the number of jobs in each relevant box

	Current, existing jobs	
	Full-time	Part-Time
Male		
Female		
Total		

	Estimated Job Potential Year 1			
	Create New		Sustain Existing	
	Full-Time	Part-Time	Full-Time	Part-Time
Total				

	Estimated Job Potential Year 2			
	Create New		Sustain Existing	
	Full-Time	Part-Time	Full-Time	Part-Time
Total				

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	Estimated Job Potential Year 3			
	Create New		Sustain Existing	
	Full-Time	Part-Time	Full-Time	Part-Time
Total				

Describe the new / sustained jobs (i.e. job titles, type of employment, salary scale)?

Job Title	Full Time (Number).	Part Time (Number)..	New (Tick).	Sustained (Tick).	Salary Scale (€ per annum).

7. Financials

Trading Accounts & Trading Projections

Last Trading Year Ended	
Are Accounts Audited	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide a copy of your latest set of Certified Accounts

(For Priming Grant Applicants, i.e. those trading less than 18 months, management accounts should be provided if available.)

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8. Additional Information

a) Are you in receipt of, or you will be an applicant for, any Social Welfare Support in respect of your own or your employees 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. 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?*

YES NO

e) Please give details of the following:*

Bankers	
Accountant	
Solicitor	
Insurers	

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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 attach the following as 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) Certificate of Incorporation or CRO Number (company only) or Certificate of Registration of Business Name if available
- vi) Photographs (if appropriate)
- vii) Other (please specify)

Copy of Business Plan

Please attach a copy of your Business Plan.

9. 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 Enterprise Board.
Contact details can be found at the end of this application form.*

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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 (C.V.)	
Confirmation of Grant Aid sought from other Agencies	
Tax clearance certificates and C2 Tax clearance (If available)	

REMEMBER INSUFFICIENT INFORMATION WILL RESULT IN DELAYS

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