

MEATH COUNTY ENTERPRISE BOARD LIMITED

PRELIMINARY APPLICATION FOR GRANT AID

Name of Applicant

Address

Telephone Number

Currently Employed Unemployed

Give details if employed

Type of grant application

Capital Employment
 Start Up Expansion

Location of proposed/existing business

Brief description of project

Outline the reasons you consider this project has the capacity to be successful

Experience/qualifications of promoter relevant to the project

(List details of work experience and any qualifications held).

Employer	Nature of Employment	From	To

Capital Investment if any (excluding VAT)

Capital Investment	Year 1	Sources of Finance	Year 1
Site and Buildings <small>(Please note that the Board cannot fund the purchase of a building or a site)</small>		Loan/Overdraft Secured? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Machinery and Equipment		Own Funds	
Working Capital		Grant Aid Sought	
		Other	
Total (€)		Total (€)	

Details of Proposed Investment

(Please itemise capital investment figures indicated above excluding VAT). Please exclude any items which will be funded by either leasing or hire purchase. Please specify if machinery and equipment are to be purchased new or second-hand.

Details	€	€
TOTAL		

Number of employment grants sought Full-Time Employment Part-Time Employment

Details of any Permissions/Licences Required

(Please give details of any permissions/licences required from statutory agencies (planning, health, tourism, etc.))

Market Information

(Give details and also outline the results of any research undertaken)

Principal Customers

(Existing/potential – please differentiate)

Main Competitors

(Please specify if local, regional, national or international)



Where are your customers located?

Current		Proposed	
Local	<input type="text"/> %	Local	<input type="text"/> %
Regional	<input type="text"/> %	Regional	<input type="text"/> %
National	<input type="text"/> %	National	<input type="text"/> %
Export	<input type="text"/> %	Export	<input type="text"/> %

Your Product -v- Competitors

(Outline how your product/service will differ from that offered by your competitors)

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Promotion of Product/Service

(Give details of how you will promote your product/service)

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Benefits to Local Economy

(Outline the benefits that will accrue to the local economy in terms of jobs, import substitution, value added, sub-contracts, etc.)

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Supplier Information

(Please list suppliers of raw materials parts, etc)

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Employment

(Outline the employment potential of the project)

	Full-Time	Part-Time	Seasonal
Year 1			
Year 2			
Year 3			

Have you applied for or received grant aid for this project from any source? If yes, please give details below.

Yes No

The aid being sought is provided under the European Commission Regulation on De Minimis Aid. Small amounts of State aid, up to €100,000 in any three-year period to any one enterprise, are regarded as too small to significantly affect trade or competition in the common market. Such amounts are regarded as falling outside the category of State aid which is banned by the EC Treaty and can be awarded without notification to or clearance by the European Commission. A Member State is required to have a mechanism to track such aid (called 'De Minimis aid') and to ensure that the combined amount of De Minimis aid payments from all sources to one enterprise in any three-year period respects the €100,000 ceiling. Please provide details of all other De Minimis aid which has been granted to your company within the past three years. It should be noted that a false declaration by a company resulting in the threshold of €100,000 being exceeded could later give rise to the aid being recovered with interest.

Please sign the appropriate declaration.

I wish to apply for [insert name of grant/aid sought] under the 'De Minimis' Regulation (EC) No 69/2001. I confirm that:

*(i) the company has been granted only the following 'De Minimus' aid within the past three years (details to be supplied)***

Signed for Company: _____ Date: _____

or

no De Minimis aid has been granted to the company within the past three years

Signed for Company: _____ Date: _____

If yes at (i) above, please fill out the following table:

The company has been granted the following De Minimis aid within the past three years.

**

Nature of State Aid	De Minimis (Yes/No)	Agency	Date of Receipt	Amount of Aid (net) €
Training Grant		FÁS		
Leader		Leader Company		
Micro-enterprise grant		City/County Enterprise Board		
Other				
TOTALS				

Other Information

Will this proposal proceed without assistance from the Board?		
Will this proposal result in displacement or job losses elsewhere?		
Likely commencement date of project		
Project completion date, i.e. when all capital expenditure (capital grant), jobs (employment grant) will be in place		
Please provide (where appropriate)	VAT Number	
	Employer's Registration Number	
	Tax/PPS Number	
	Note: A Tax Clearance Certificate may be required	

Supporting Information

Please include the following as appropriate (tick items included)

I	<input type="checkbox"/>	Curriculum Vitae
II	<input type="checkbox"/>	Quotations
III	<input type="checkbox"/>	Forward Orders
IV	<input type="checkbox"/>	Historic Accounts (existing businesses)
V	<input type="checkbox"/>	Projected Accounts (one year if less than €10,000 sought. If more sought, three years projections)
VI	<input type="checkbox"/>	Certificate of Incorporation (company only)
VII	<input type="checkbox"/>	Photographs/Product Samples
VIII	<input type="checkbox"/>	Schedule of Investment (list of equipment, building construction/modification costs, working capital, etc.)
IX	<input type="checkbox"/>	Other (please specify) <input style="width: 400px;" type="text"/>

Please Note

A	Grant aid will not be provided retrospectively in respect of expenditure incurred or employment created prior to date of letter of offer of grant aid.
B	The Board reserves the right to discuss this proposal in complete confidence with any other agency or body to ensure effective and efficient use of agency services and public funds.
C	The application will be rejected if, for the purpose of obtaining a grant, the applicant knowingly makes a false or misleading statement or withholds essential information from the Board.
D	<u>Schedule of Investment</u> - Please exclude items which will be funded by either leasing or hire purchase, which do not qualify for grant aid.

NOTE

This is an initial application form and further information may be sought any time during the examination of the proposal.

If successful at each stage, this application progresses to:

- (a) The Evaluation Committee.
- (b) The County Enterprise Board.
- (c) The Department of Enterprise, Trade and Employment.

Grant aid will not be provided for work undertaken prior to the date of grant approval. Applicants are advised to check carefully the overall conditions for grant approval. This application is being processed depending on the availability of funds from the Department of Enterprise, Trade and Employment.

If you have completed any study on the project or have prepared a business plan, please submit a copy with this application.

APPLICATION TO

MEATH COUNTY ENTERPRISE BOARD LIMITED

Navan Enterprise Centre
Trim Road
Navan
Co. Meath

I hereby confirm that all information entered in this form is accurate and correct.

Signature of Applicant

Date