

MEATH COUNTY ENTERPRISE BOARD LIMITED

PRELIMINARY APPLICATION FOR GRANT AID

FEASIBILITY STUDY / **TECHNICAL ASSISTANCE** *

* Technical assistance grants can be sought for specific costs to be incurred in, for example, achievement of a quality mark/application for a patent or trade mark

Name of Applicant

Address

Telephone Number

Currently Employed Unemployed

Give details if employed (ie, name and address of employer and current position)

Brief description of project

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

Details of market research already undertaken, if any

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.

<p><i>I wish to apply for [insert name of grant/aid sought] under the 'De Minimis' Regulation (EC) No 69/2001. I confirm that:</i></p> <p><i>(i) the company has been granted only the following 'De Minimus' aid within the past three years (details to be supplied)**</i></p> <p>Signed for Company: _____ Date: _____</p> <p>or</p> <p><i>no De Minimis aid has been granted to the company within the past three years</i></p> <p>Signed for Company: _____ Date: _____</p>	
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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.

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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				

Supporting Information

Please include the following as appropriate (tick items included)

I	<input type="checkbox"/>	Curriculum Vitae
II	<input type="checkbox"/>	Quotations, for example, for consultancy, etc
III	<input type="checkbox"/>	Certificate of Incorporation (company only)
IV	<input type="checkbox"/>	Photographs/Product Samples, if available
V	<input type="checkbox"/>	Other (please specify) <input type="text"/>

Please Note

A	Grant aid will not be provided retrospectively in respect of expenditure incurred prior to date of letter of offer of grant aid.
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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.

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 preliminary study on the project, 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