



# Longford County Enterprise Board

## APPLICATION FOR FUNDING

**Client Name**

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**Company Name**

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*Office Use Only*

**Ref no.**

**For existing enterprises, this form should be accompanied by your most recent set of accounts.**

The completed application form should be returned to:-

Longford County Enterprise Board  
Templemichael  
Ballinalee Road  
Longford

Tel: 043 42757  
Fax: 043 40968  
Email: [info@longfordceb.ie](mailto:info@longfordceb.ie)



City and County Enterprise Boards are funded by the Irish Government and part-funded by the European Union under the National Development Plan 2000-2006



**Promoter's name:**

**Business name:**

**Address:**

**Contact Details:**

**Phone -**

**Mobile -**

**Email -**

**Website -**

**Age Group**

Under 25 •

Over 25 •

**Present employment status**

Employed • Self-employed • Unemployed • Home duties • Training/education •

**Background** – *List previous employment, relevant experience, etc.*

**Description of project** – Describe your idea in broad terms describing what you intend to do, how you intend to do it, location and reason why you want to do it.

**Legal structure**

Sole Trader  Partnership • Limited Company • Co-operative •  
Community • Not yet determined •

**Development Stage**

Start-up • Existing business • Potential business/feasibility •

**In what sector is the business principally operating?**

Service • Manufacturing • I.T. • Tourism •  
Food • Craft • Textiles • Childcare •  
Fisheries • Horticulture • Forestry • Other •

**Summary of market research carried out to date** (See notes)

**Profile of competitors** *(See notes)*

**Profile of potential customers, including information on any contracts secured to date** *(See notes)*

**Innovation** - *If there is anything innovative about your project over your competitor's, please describe*

**Employment potential** - No. of existing employees (if any) and no. you expect to employ

Existing	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
Potential (within 12 months)	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
(within 24 months)	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>

**Start-up costs** (See notes)

*Breakdown of proposed investment in fixed capital items*

Equipment (Please list with cost)

Office fixtures & fittings

Factory fixtures & fittings

Machinery (Please list with cost)

Buildings/renovations

**Working capital needs for first 6 months of operation** (It is recommended that you complete the cash flow forecast at rear of application)

Wages

Rent

Insurance

Other overheads

**Proposed financing plan - Breakdown of how you intend to finance the proposed expenditure**

(a) Start-up costs

Loan

Own resources

Grant

(b) Working capital needs

Bank overdraft

Revenue

Own resources

**Have you applied for or received grant aid from any source in respect of this or any previous undertaking?** Yes • No •

Please complete the attached section on De Minimis.

**Other information** – *(Please provide any other information that might support your application)*

**Declaration**

I declare that the above information and details are true to the best of my knowledge and belief and I make this application on the basis of the information and details given. I also accept, as part of the application process that my replies to the question on other grants are subject to verification measures, which include oral and written enquiries and exchanges of information with such bodies. I understand that the decision of the Board in relation to this application may be published.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Commission Regulation (EC) No. 69/2001 - 'De Minimis' State Aid**

Name of Enterprise: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to apply for \_\_\_\_\_ under the De Minimis Regulation (EC) No 69/2001.

**I confirm that:**

**-the company has been granted the following de minimis aid within the past three years.**

<b>Nature of State Aid</b>	<b>'De Minimis' (Yes/No)</b>	<b>Agency</b>	<b>Date of Receipt</b>	<b>Amount of Aid (net) •</b>
Training Grant		FAS		
Leader		Leader Co.		
Micro-enterprise grant		City/County Enterprise Board		
Other				
<b>Totals</b>				

Signed for Company: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**OR**

**I confirm that:**

**No 'de minimis aid' has been granted to the company within the past three years.**

Signed for Company: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_