

ÚDARÁS NA GAELTACHTA

Grant Application for Feasibility Study / R&D project

KEY POINTS TO NOTE

1. All the information requested on this form is needed to enable An tÚdarás to properly evaluate this grant request.
2. An tÚdarás is subject to the Freedom of Information Act 1997.
3. No expenditure in connection with this grant application should be undertaken until approval of the grant concerned is confirmed in writing and is part of an agreement between the client and An tÚdarás.
4. The Development Executive dealing with the application will be happy to assist the client in filling in the grant application but he/she will have no responsibility for the accuracy of the application nor will his/her involvement in this assistance imply that the grant requested will be approved.
5. An tÚdarás may require further information from the applicant to expand on the answers given in this form.
6. Unless informed to the contrary An tÚdarás will assume that no other applications have been made to any other State bodies for support for this particular project nor are there any such requests in the process of being made or intended to be made.
7. If the promoter of this project, or any of the principals, were ever declared bankrupt or were responsible in any way for the closure of a company, leading to non- payment of creditors, this should be disclosed.
8. CV's of the principals(s) / promoter(s) / proposed senior management should be appended.
9. In the event that the application relates to a new product/process development it may be necessary to complete an RTI application form (consult the Údarás Project Executive).
10. In assessing an application for funding it may be necessary for an tÚdarás to make relevant enquiries through banks or other agencies.
11. **The completion and acceptance of this form should not be construed as an entitlement to a grant or a presumption that it will be approved.**

1

Introduction to Project

CPIS Enquiry/Client No: _____ / _____

NACE Code: _____

(Office use)

(a) Project Name: _____

(b) Indicate if: Feasibility Study Research and Development Study

(c) Brief initial description of the proposed project:

(c) Project location: _____

(d) Name of Applicant: _____

(e) Is this a new or already established operation?

(f) Main contact for project:

Name: _____

Address: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail: _____ Website: _____

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Information on Clients/Principals

(a) Name: _____ Role in Company: _____

Address: _____

PPS No.: _____ Phone: _____ Fax: _____

Mobile: _____ E-Mail: _____ Website: _____

Competency in Irish

None Weak Fair Fluent Native

Will do Irish course if required: Yes No

(b) Name: _____ Role in Company: _____

Address: _____

PPS No.: _____ Phone: _____ Fax: _____

Mobile: _____ E-Mail: _____ Website: _____

Competency in Irish

None Weak Fair Fluent Native

Will do Irish course if required: Yes No

(c) Name: _____ Role in Company: _____

Address: _____

PPS No.: _____ Phone: _____ Fax: _____

Mobile: _____ E-Mail: _____ Website: _____

Competency in Irish

None Weak Fair Fluent Native

Will do Irish course if required: Yes No

(CV's to be included)

(d) Technical qualifications available to the Company/Project:

(e) Business experience available to the Company/Project:

(f) Main Business Contacts:

Bank: _____

Auditor: _____

Solicitor: _____

Business Consultant(s): _____

Other: _____

(g) Previous Research and Development Projects

Please give information on previous Research and Development projects as follows:

Date: _____

Project Outline:

Total Costs: (€) _____

State Aid Received: (€) _____

Impact on company employment: _____

Impact on Turnover/Profitability: _____

Other Relevant Information:

Note: If more than one project, please present above information on a separate sheet.

3
Trading Status

Historical (if any)

Sole Trader: _____ Ltd. Company: _____ Not Trading: _____

Other (define): _____

Trading Name: _____ Name Location: _____

Partners/Directors: _____

Latest Audit/Balance Sheet as at (date) _____ Attached: Yes No

Tax Clearance Certificate to (date) _____ Available: Yes No

Indicate current numbers employed:

Full Time	Part Time	Seasonal

Note:

Part time = working less than a normal full week throughout the year or less

Seasonal = working a normal week for less than 9 months of the year

Future (if different from above)

Sole Trader: _____ Ltd. Company: _____

Other (Define): _____

Trading Name: _____ Name Location: _____

Partners/Directors: _____

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Proposed Project Information

- (a) Objective of study to be carried out and (Quantitative/Qualitative) outcome expected, with emphasis on new/updated product potential, as well as potential increased sales.

- (b) Information on target market:

(c) Study method and coordinator:

(d) Innovation level

Rate the level of innovation of the Project, *(ticking one of the following)*

Very High	High level of inventiveness	<input type="checkbox"/>
High	Significant level of inventiveness	<input type="checkbox"/>
Medium	Modest level of inventiveness	<input type="checkbox"/>
Modest	Routine redesign	<input type="checkbox"/>
Low	Low level of inventiveness	<input type="checkbox"/>

(e) Risk Level

Rate the level of risk involved in the Project *(ticking one of the following)*

Very Low	Risks are minimal	<input type="checkbox"/>
Low	Risks are low	<input type="checkbox"/>
Medium	Good prospects success	<input type="checkbox"/>
High	Trying for advance in current products	<input type="checkbox"/>
Very High	Developing a new advanced technology	<input type="checkbox"/>

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Project Costings Summary

(a) Summary

Item	Cost €
Costs	
1. Materials	_____
2. Salaries/Wages	_____
3. Travel/Subsistence	_____
4. Overheads	_____
5. Consultancy	_____
6. Capital Expenditure	_____
7. Sub-Contract Cost	_____
8. Other	_____
_____	_____
_____	_____
Total	
Source of Funds	
9. Own Funds	_____
10. Borrowing	_____
11. State Aid	_____
12. Other	_____
_____	_____
_____	_____
Total	

(b) Detail on the above

(1) Materials (including prototype tooling)

Item	Cost €
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	

(2) Salaries/Wages

Type of Staff	Cost per Day	No. of Days	Total Cost €
Project Manager	_____	_____	_____
R & D Staff	_____	_____	_____
Supervisor	_____	_____	_____
Factory Staff	_____	_____	_____
Administration	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			

(3) Travel/Subsistence

Item	Cost €
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	

(4) Overheads

Item	Cost €
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	

(5) Consultancy

Item	Cost €
(a) No. of days	_____
Cost per day	_____
(b) Other Items	_____
_____	_____
_____	_____
_____	_____
Total	

(6) Capital Expenditure

Item	Cost €
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	

(7) Subcontract Item

Contractors Name & Address	Work Subcontracted	Cost €
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		

(8) Other

Item	Cost €
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	

General

Any general comments to be added to the above:

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Human Resources Projections

Please set out projected number of jobs created or secured as a result of the Research and Development project:

Full Time	Part Time	Seasonal

Overall Current and Projected Employment (including the above figures)

Staff	Current	Projected		
		Yr 1	Yr 2	Yr 3
Full Time				
Part Time				
Seasonal				

*Note: Part time = working less than a normal full week throughout the year
Seasonal = working a normal week for less than 9 months of the year*

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Profit and Loss Projections

See Appendix A attached.

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Previous State Aid

Please provide details of previous State Aid to principals, company or associated companies. Indicate agency, type of grant, approximate date and amount.

Person/Company	Type of Grant	Date	Amount €

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Other Relevant Information

Included in this information here should be an analysis of possible risks to the project assumptions made any comments relevant to page 1.

(Please attach additional sheets if required)

Final Note: *In the event that the applicant does not use any knowledge, process and result acquired through the programme for the purpose of its own business in the Gaeltacht or to create additional employment in the Gaeltacht, it hereby gives An tÚdarás unrestricted rights to use the results for the purpose of its statutory functions.*

I confirm that the information contained in this application, and in any attachments, is true and complete to the best of my knowledge and that if any significant change to the information supplied occurs this will be relayed immediately in writing to Údarás na Gaeltachta.

Signed: _____ Date: _____

Name: _____

Portfolio Manager: _____ No.: _____

Appendix A – Profit and Loss €

Prior Yr. Actual		Year 1	Year 2	Year 3	*
	Sales				
	Grants				
	Other				
	Total Income				
	Raw Materials				
	Carriage In				
	Direct Labour				
	Cost of Sales				
	Gross Profit				
	Other Wages/Salaries				
	Other Staff Costs				
	Motor/Travel				
	Phone/Post/Stationery				
	Light/Heat				
	Rent/Rates				
	Repairs/Renewals				
	Carriage Out				
	Professional Fees				
	Auditing				
	Marketing/Research				
	Insurance				
	Bank Charges				
	Leasing Charges				
	Depreciation				
	(Grant Amortised)	()	()	()	
	Total Costs				
	Profit/(Loss)				

* Note: Reference Number. Extra notes to be added on page 16.
Appendix A not required in case of Feasibility Study.

