

# ÚDARÁS NA GAELTACHTA

## *Grant Application Form*

### 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 concerned 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 finally 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 principal(s) / promoter(s) / proposed senior management should be appended.
9. In assessing an application for funding it may be necessary for An tÚdarás to make relevant enquiries through banks or other agencies.
10. **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) 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: \_\_\_\_\_

2

## 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:** \_\_\_\_\_

\_\_\_\_\_

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

### **Current numbers employed:**

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.*

### *Future (if different from above)*

Sole Trader: \_\_\_\_\_ Ltd. Company: \_\_\_\_\_

Other (Define): \_\_\_\_\_

Trading Name: \_\_\_\_\_ Name Location: \_\_\_\_\_

Partners/Directors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4

## Proposed Project Information

(a) Detail of product / service on offer. Product costings attached:    Yes     No

---

---

---

---

(b) Research & Development / Feasibility study / other market study attached:

Yes     No

(c) Information on overall market:

---

---

---

---

---

---

---

---

---

---

---

---

(d) Information on target market:

---

---

---

---

---

---

---

---

---

---

---

---

(e) Arrangements to sell product / service:

---

---

---

---

---

---

---

---

(f) Competitive analysis, particularly in your geographical area:

---

---

---

---

---

---

---

---

**5**  
**Project (Human Resources Required)**

<b>Staff</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
<i>Full Time</i>			
<i>Part Time</i>			
<i>Seasonal</i>			

Training needs (outline):

---

---

---

---

**Projected Training Costs:** € \_\_\_\_\_

6

## Project (non-human) Resources Requirement

**(a) Premises Requirements:** \_\_\_\_\_

Location: \_\_\_\_\_

Description of Building: \_\_\_\_\_ Size: \_\_\_\_\_

Emission Treatment Required: Yes  No

Specify discharges/emissions from process: \_\_\_\_\_

Any specific Licence required: \_\_\_\_\_

Do you intend to:

(a) Build your own  (b) Rent from An tÚdarás  (c) Rent from other

Is there appropriate Planning Permission: Yes  No

Planning Reference Number: \_\_\_\_\_

Own Building Costs, (if any) € \_\_\_\_\_  
(Supply Estimate)

### **(b) Equipment required:**

*Note: Detailed list with individual purchase/ installation cost required*

#### **New Equipment**

€

Total Purchase Cost	
Total Installation Cost	
Total	

#### **Second Hand Equipment**

€

Total Purchase Cost	
Total Installation Cost	
Total	

Please indicate any items which it is intended to lease:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



7

## Financing

Use of Capital	€	Source of Capital	€	%
Building		Share Capital		
Equipment		Promoter Own Funds		
Training		Other Shares		
Working Capital		Bank		
Other		Leasing		
		State Aid		
		Other		
<b>Total</b>		<b>Total</b>		

8

## Projections

- a) Profit and loss projections 3 yrs (with historical comparisons if available)  
See Appendix A.
- b) 3 Yr Cash flow.  
See Appendix B.

9

## Previous State Aid

Please provide details of State Aid to principals, companies or associated companies. Indicate Agency, type of grant, approximate date and amount in the table below.

Person / Company	Type of Grant	Date	Amount €



## Appendix A – Profit and Loss €

Prior Yr. Actual		Year 1	Year 2	Year 3	*
	Sales				
	Grants				
	Other				
	<b>Total Income</b>				
	Raw Materials				
	Carriage In				
	Direct Labour				
	<b>Cost of Sales</b>				
	<b>Gross Profit</b>				
	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)	( )	( )	( )	
	<b>Total Costs</b>				
	<b>Profit/(Loss)</b>				

\* Note: Reference Number. Extra notes to be added on page 14.

## Appendix B – Three-Monthly Cash Flow Year 1      €

### *Item*

Cash in	Mths 1-3	Mths 4-6	Mths 7-9	Mths 10-12	Total	*
Opening Balance						
Sales						
Grant						
Loans						
Shares (Principals)						
Shares (Other)						
<b>Total Cash In</b>						
<b>Outgoings</b>						
Raw Materials						
Carriage In						
Direct Labour						
Other Wages/Salaries						
Other Staff Costs						
Tax/PRSI						
Motor Travel						
Phone/Post/Stationery						
Light/Heat						
Rent/Rates						
Repairs/Renewals						
Carriage Out						
Other						
<b>Carry Forward</b>						

\* **Note: Reference Number. Extra notes to be added on page 14.**







