**Application Form for Assistance
to take a stand at Showcase Ireland 19th to 21st January 2025, RDS Dublin**

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| **Are you exhibiting at Showcase 2025 outside of the LEO Enterprise Zone** |

YES **[ ]**  NO [ ]

*If the answer is YES to the above question then you are eligible for consideration to apply for funding.*

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| **1. Applicant Contact Details** |
| **Promoter:** |
| Prefix(Mr. / Mrs. /Ms.) |  |
| First Name |  |
| Last Name |  |
| Home Address |  |
| Mobile |  |
| Landline |  |
| Email |  |

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| --- |
| **2. Applicant Business Details**  |
| Business Name: |  |
| Stage of Business*(Please tick)* | **Pre Start -Up [ ]  ; Start Up (<18 Months) [ ]  ; Growth (>18 Months) [ ]**  |
| Business Structure*(Please tick)* | **Sole Trader/Individual [ ]  Partnership [ ]  Limited Company [ ]**  |
| Business Address |  |
| Landline |  | Email Address |  |
| Website Address  |  |
| Facebook Handle | Instagram Handle | Twitter Handle |
| Date Trading Commenced |  |
| Are Premises *(Please tick)* | Residential |  |  Commercial |  |  |
| Current Estimated Annual Turnover |  |
| Select the category listing of your business  | **Home & Gift [ ]  ; Fashion [ ]  ; Jewellery [ ]**  |

**3. Please provide a brief description of your existing business.**

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|  |

 **4. Employment Levels (Current & Estimated Potential) Including Promoters**

|  |  |  |
| --- | --- | --- |
|  | Current Employment | Potential Employment over next threeYears from date of approval |
|  | Full-time | Part-time | Full-time | Part-time |
| Male |  |  |  |  |
| Female |  |  |  |  |
| Total |  |  |  |  |

**5. Marketing Information**

**What % of sales in the previous calendar year was to:**

|  |  |
| --- | --- |
| Calendar Period : Please state Year |  |
| Ireland | % |
| Export – Specify country - |  |
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**6. Exporting Strategy**

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**7. Why Showcase? Please indicated why attending Showcase will benefit your business:**

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**8. Additional Information that might be of interest to media e.g. awards etc. ?**

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**9. Schedule of Planned Expenditure**

The Grant covers 50% of qualifying expenses (excluding VAT), subject to a maximum of €1,000.

PLEASE NOTE:

* A Quotation must be provided in respect of each item of planned expenditure.
* Only Expenditure items that fall under the Category Headings listed below and that are incurred after the Date of Application may be considered.
* Payments to State Bodies (including Local Authorities) as well as General Subsistence/
Out-of-Pocket Expenses are excluded.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exporting Activity**  | **Supplier** | **Item Cost** *€ (excl. VAT)* | **Grant Sought***(50% Item Cost)* | **Quotation** *(Please Tick)* |
| Showcase Trade Show(Attendance/Exhibiting/Rental Fees relating to space/stands atExhibition events) |  |  |  |  |
| Marketing Materials(Export-Specific) |  |  |  |  |
| **TOTAL COSTS** |  | €  | €  |  |

**10. Relationship with Other Agencies/Institutes (De Minimis Declaration – previous State support (If any))**

1. Has this business or any of its promoters been in receipt of funding from a State-funded Enterprise Agency?

 YES **[ ]**  NO [ ]

 If YES, please provide details including the date, amount and the purpose of the grant

|  |  |  |  |
| --- | --- | --- | --- |
| **De Minimis Aid** | **Agency**  | **Amount €** | **Date** |
| Type of aid approved (e.g. training, innovation voucher, Seed capital, feasibility, capital, employment, etc.) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

De Minimis Aid is small amounts of State Aid given to an enterprise which cannot exceed €200,000 over any three fiscal years to any business regardless of size of location.

De Minimis Aid can come from any State body, agency or department. If a company is part of a group, then the €200,000 limit applies to the group.

Please note that a false declaration to show a figure under the threshold of €200,000 could later mean that you would have to pay back the grant aid with interest.

1. Will this project proceed without grant assistance?

 YES **[ ]**  NO [ ]

**11. Additional Information (All of the following must be answered or otherwise your application may be considered invalid)**

(All of the following must be answered or otherwise your application may be considered invalid)

a) The Local Enterprise Office is committed to its transparency obligations under the General Data Protection Regulation (GDPR). Our data protection notice for personal data that is supplied to us by our clients is available at www.localenterprise.ie/legal This notice contains important information about how we process personal data that is supplied to us by clients. We request that you read the notice carefully and that you ensure that it is made available to any data subjects (e.g. your employees) whose personal data you provide to us. By ticking “ I agree”, you confirm that: (a) you have complied with your own data protection obligations in respect of the personal data that you supply to us and that you are entitled to disclose such personal data to us; and (b) you will ensure that a copy of our data protection notice is sent to data subjects (e.g. your employees) whose personal data you provide to us. (Please tick)

**I AGREE [ ]**

b) This application may have to be referred to other Agencies (on a strictly confidential basis) as part of the processing procedure. Do you consent to this?

YES **[ ]**  NO [ ]

1. Do you agree to receive Local Enterprise Office information on an ongoing basis?

YES **[ ]**  NO [ ]

**Terms and Conditions of Funding**:

1. The applicant accepts that the Local Enterprise Office will only consider, for funding purposes, those expenses that are eligible and which have been incurred on or after the date this application form is received by the Local Enterprise Office.
2. All applicants must be in a position to drawdown any funding offer within a maximum of 12 months of any letter of offer or within 2 months from the date of attendance at the Trade Show; and, any approved amount not drawn down by the offer expiry date will automatically be decommitted.
3. Applicants approved state funding must be tax compliant and confirmation and confirmation of the relevant PPSN/Tax Reference Number will be required before any grant payment can be made.

4. The decision of your Local Enterprise Office is final in all cases in the event of a dispute.

**13. Signed Declaration**

I/We hereby declare that the details given in this application, together with any supplementary information supplied are true and accurate to the best of my/our knowledge and belief and I/We make this application for financial assistance on the basis of details and information given. I/We have not sought and will not seek grant aid from any other Government-funded agency in respect of this expenditure. I/We have read and fully accept the above terms and conditions attaching to grant aid from the Local Enterprise Office Dublin City.

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| --- | --- | --- |
| **PROMOTER NAME** | **SIGNATURE**  | **DATE** |
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**PLEASE NOTE:**

1. **THIS APPLICATION FORM MUST BE SIGNED BY THE APPLICANT(S).**
We will accept a scanned copy of this page.
2. Application Form and supporting information to be signed and returned to the tame@dublincity.ie

**Application Check List** (**Please tick) :**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Application Form Completed (Signed and Dated) |  |  |
| Quotations for Expenses Submitted |  |  |
| Confirmation of Grant Aid sought from other Agencies |  |  |
| CRO Number (Companies Only) |  |  |
| Tax Clearance |  |  |