

5 Describe Project: _____

Describe Process: (if relevant) _____

When was the business formed or when will it be formed _____

Outline any progress to date: _____

6 Employment

Current Employment

Potential Jobs to be Created

Full Time _____

Part Time _____

Seasonal _____

TOTAL _____

7 Markets: Local _____ National _____ Export _____

(Have you undertaken any Market Research? If yes please include)

Describe Market to be served: _____

Estimate Market Size _____

Basis of this Estimate _____

Projected Sales Targets: Year 1 _____ Year 2 _____ Year 3 _____

8 Competitors

State your main Competitors and where located _____



9 Financial Requirements

*Purchase of Buildings _____
 Construction/Adaptation Costs _____
 Machinery and Equipment Costs _____
 *Legal/Professional Costs _____
 *Working Capital Requirements _____
 Other Costs _____
 Total _____

Source of Finance

Promoters Cash _____
 Equity and Source of _____
 Grants _____
 Other _____
 Borrowings _____
 Total _____

**Not eligible for assistance. NB Leased Equipment cannot be assisted.*

10 Type of assistance sought

A Project may be eligible for EITHER Capital or Employment Assistance - *Please complete A or B*

A Capital Assistance

List items for which assistance sought

Item	(Cost Excl. VAT)
_____	_____
_____	_____
_____	_____
_____	_____

B Employment Assistance

Job Description	Rate of Pay
_____	_____
_____	_____
_____	_____
_____	_____

11 Have you applied for or received assistance from any other sources in respect of this project. If yes state agency and amount.

List all state assistance received from any source during the last 3 years:

12 Is the business registered for VAT _____

13 Have you prepared a business plan (if yes please include) Yes No

14 Do you expect the business to be economically viable and self sustaining without the need for ongoing subsidy following initial Assistance

State why _____

15 Please provide two personal references, including address & telephone no.

Name (a) _____	(b) _____
Address: _____	_____
_____	_____
_____	_____
Tel No.: _____	_____

16 I/we declare that the above information and details are accurate and true to the best of our knowledge and belief, and that I/we make this application for assistance on the basis of the information and details given. I/we hereby authorise the Board to seek and obtain whatever confirmation it may require from any other source whatsoever, in relation to the information supplied.

Signed: _____ Date: ____ | ____ | ____

Application Instructions: Completed applications should be sent to
*Chief Executive Officer,
 Waterford County Enterprise Board,
 The Courthouse,
 Dungarvan, Co. Waterford.
 Tel.: 058-44811 Fax: 058-44817
 e-mail.waterfordceb@cablesurf.com*

Applications may attach information such as Business Plan, Financial Projections, to support their application for funding.

Please Note:

- 1 If your company is already in existence between 1 and 3 years please forward 1 year's past accounts. If operating 3 or more please attach 3 years accounts.
- 2 Promoters of projects must comply with existing Government policies in relation to tax clearance, certification of sub-contractors, planning requirements, etc,
- 3 Expenditure incurred or jobs created before the date of grant approval are not eligible for assistance.
- 4 At the discretion of the Board, assistance allocated may be repayable.
- 5 The VAT element on purchases is not eligible for assistance purposes. Please enclose a breakdown of costs excluding VAT.
- 6 If you have not prepared a business plan, please submit a written report outlining progress to date.