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| **SECTION 1- BUSINESS INFORMATION** | | | | | |
| **Business Name** | | **Trading As** | | | **Legal Entity** |
|  | |  | | |  |
| **Business Contact Details** | | | | | |
| **Name of Main Contact** |  | | **Position/ Role** |  | |
| **Business Address** |  | | **Office Phone** |  | |
| **Mobile** |  | |
| **County** |  | | **Email** |  | |
| **Postcode** |  | | **Website** |  | |

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| **Business Data** | | | | | | |
| **Year Established** |  | | **Number of Employees/ FTE’s** | |  | |
| **Company Registration No.** |  | | **VAT Number** | |  | |
| **How did you hear about Elevate ?** | | |  | | | |
| **FOR ROI Businesses only** | | | | | | |
| **Are your Tax affairs in Order?** | | **Have you an up to date Tax Clearance Certificate?** | | **Applicant PPSN/tax Reference No.** | | **Access Number** |
| **Yes/ No** | | **Yes/No** | |  | |  |

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| **SECTION 2-ABOUT YOUR BUSINESS**  **This is your opportunity to tell us about your business. Please provide sufficient but succinct information to enable the ITI Assessment Panel to understand your business.** | | | |
| **Is your business manufacturing?** | **Yes/ No** | **Or providing a tradeable service?** | **Yes/No** |
| **Please describe in detail what your business does and what product/s and/or service/s you sell** | | | |
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| **Who are your current customers and where are they located?** Please provide a list of your main customers in all markets. | | | |
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| **Who are your main competitors in your home market?** Please provide a list. | | | |
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| **Who manages the business and what skills and expertise do they have?** | | | |
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| **SECTION 3-FINANCIAL INFORMATION**  **Please submit your company’s most up to date filed annual accounts.**  **If these are more than 6 months old, please also supply management accounts and/or profit and loss statements and supporting balance sheet from the end of the filed accounts year to a period within 6 months of the application date.** | | | | | | |
| **Please complete all sections in full.** | | | | | | |
|  | **Last Full Financial Year** | | **Current Year to Date** | | **Current to End of Year (Projected)** | |
| **Date from/to** |  | |  | |  | |
| **Turnover £/€** |  | |  | |  | |
| **Net Profit/ Loss £/€** |  | |  | |  | |
| **Cross Border Sales %** |  | |  | |  | |
| **Employees** | **Full Time** | **Part Time** | **Full Time** | **Part Time** | **Full Time** | **Part Time** |
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| **SECTION 4- ABOUT YOUR PROPOSED ELEVATE PROJECT**  **We want to help you focus your Elevate application to improve its chance of success.** | | | | |
| **Please specify which product/service will be the focus of the Elevate project?** | | | | |
|  | | | | |
| **What is the current proportion of overall business revenue generated by this product/service?** | | | **% (approx.)** | |
| **Why do you see an opportunity for this product/ service in the cross border market and what support do you think Elevate can provide?** | | | | |
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| **Which new cross border customers or sectors do you propose to target?** Please provide a list and explain why you wish to target these specifically. | | | | |
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| **Who will be your main direct competitors in the new cross border market?** Please provide a list. | | | | |
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| **In order for your application to meet the eligibility criteria on uniqueness, please explain in detail how your product/ service differs from that of your competitors as listed above?** I.e. What is your competitive advantage or USP (unique selling point)? | | | | |
|  | | | | |
| **Please demonstrate how displacement of existing businesses in the new cross border market will be low risk or negligible?** You should consider the current supply/ demand for your product/ service in the new target market and include a brief competitor analysis. | | | | |
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| **Elevate Project Plan**  **Elevate can assist your business to grow its sales in the cross border market. Choose the top two activities from the list below that would be of greatest benefit to your business as it prepares for market entry. (Rate your choices 1 & 2)** | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **An export readiness assessment** | **An assessment of sales capability and skills** | **Development of sales/ marketing plan** | **Advice on sales/ marketing material** | **Assistance with identifying new customers/ sales leads** | **Supply Chain Management** | **Sourcing** | **Business Strategy** | |  |  |  |  |  |  |  |  | | | | | |
| **In order for the 2 activities prioritised above to be achieved, explain in detail what tasks need to be undertaken by an Elevate Consultant.** | | | | |
| **Tasks for Priority Activity 1** | | **Tasks for Priority Activity 2** | | |
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| **What specific skills, knowledge and sectoral/ market experience do you seek in an Elevate Consultant?** | | | | |
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| **Have you already identified an approved ITI Consultant? If so, please provide the name below.** | | **Have you worked with this advisor previously? If so, please provide specific details and dates below.** | | |
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| **If approved for Elevate support, will your business have the human, financial and production capacity to deliver this project and implement the market entry actions identified for it?** Please explain how the project and its outcomes will be resourced and managed. | | | | |
|  | | | | |
| **What are the anticipated outcomes for your business in terms of sales, turnover and staffing in the first 12 months post completion of the Elevate project?** | | | | |
| **Sales** | **Turnover** | | | **Staffing** |
| **£/€** | **£/€** | | |  |
| **What longer-term changes are required by your business in order to grow and sustain cross border sales?** | | | | |
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| **SECTION 5- OTHER AGENCY INVOLVEMENT**  **As part of our assessment process we will contact other agencies for their feedback on your business.** | | | | | | |
| **Northern Ireland Business** | | | **ROI Business** | | | |
| **Invest NI** | Yes/No | | **Enterprise Ireland** | | | Yes/ No |
| **Client Exec. Name** |  | | **Dev. Advisor Name** | | |  |
| **Client Exec. email** |  | | **Dev. Advisor email** | | |  |
| **Other Agency Involvement e.g. Udaras na Gaeltachta/ Enterprise Agency/ LEO** | | | | | | |
| **Agency Contact Name:** | |  | | **Email:** |  | |
| **Have you had previously been, or are you currently involved in any InterTradeIreland programmes? Please details below.** | | | | | | |
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| **SECTION 6- STATE AID/SUBSIDY CONTROL DECLARATION**  **All applicants must complete this section** |

The UK and Ireland must comply with international obligations on subsidies they provide.

For **Ireland,** this means complying with the **EU’s State aid rules.**

For the **UK**, this means either complying with the UK’s subsidy control regime, or where applicable the EU State aid rules.

Article 10 of the NI Protocol[[1]](#footnote-1) provides that **EU State aid rules** will continue to apply in respect of measures which affect trade in goods between NI and the EU (including the production of and trade in agricultural products) and the production of wholesale electricity in NI (i.e. measures impacting on the Single Electricity Market)**.**

**NI Companies only** - To determine which subsidy control regime rules apply (i.e. the EU’s State aid rules or the UK’s subsidy control regime), we need to know whether your company manufactures or trades in goods that might be traded into the EU Single Market or only provides services (which have no effect on the trading of goods).

For the purpose of State aid/ UK subsidy control – in order to be classified as a Service company **ALL** the company’s activity must be in the Services sector – i.e. the company does not manufacture or trade in goods with the EU, or engage in an activity relating to the production of a good.

Please consider the following question carefully as this will determine which subsidy control regime applies and if you answer incorrectly this could result in your business receiving too much funding which later give could rise to this being recovered with interest.

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| --- | --- |
| Is **all** of your company’s business activity in the services sector? I.e. it does not manufacture or trade in goods with the EU, and does not engage in activities relating to the production of a good. | Yes No |

For information on services classification click on this link: [World Trade Organisation](https://protect-eu.mimecast.com/s/gKP8CAxxC9WpqIGRUdV?domain=wto.org)

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| **Declaration of EU ‘de minimis’ / Minimal Financial Assistance subsidy received by the business** | | | | |
| The Elevate programme provides either ‘de minimis’ aid (in accordance with the EU’s *De Minimis* Regulation (EC) No 1407/2013 of 18 December 2013, OJ L 352) or a minimal financial assistance (MFA) subsidy as provided for in accordance with Article 364(4) of the *EU-UK Trade and Cooperation Agreement* (TCA) and as set out in clause 36(1) of Chapter 2 of the *Subsidy Control Bill[[2]](#footnote-2).*  As required by EU’s ‘de minimis’ Regulation and UK guidance on the TCA, the business must provide InterTradeIreland with details of all other *De Minimis* aid received in the current and previous 2 financial years and, if applicable, the amounts of any MFA subsidies provided for in Article 364(4) of the subsidy control chapter of the TCA and set out in clause 36(1) of Chapter 2 of the *Subsidy Control Bill* for the same time period.  A false declaration by a business resulting in the EU ‘de minimis’ maximum of €200,000 being exceeded (or £315,000 in the case where the TCA applies) could later give rise to the aid being recovered with interest.  Has your company received aid that was classed as EU *De minimis* or an MFA subsidy provided in accordance with Article 364(4) of the *TCA* and as set out in clause 36(1) of Chapter 2 of the *Subsidy Control Bill* in the current and previous 2 accounting years[[3]](#footnote-3)? If ‘Yes’, please provide details in the table below:-  Please provide details including the ‘Name of the Grant / Aid scheme’, the Awarding Body, the ‘Amount(s) Received’ and the ‘Dates received’. Please note only EU ‘de minimis’ aid or MFA subsidies need to be declared. If you are not sure whether the award is EU ‘de minimis’ aid or MFA subsidy please check with the Awarding Body. | | | | |
| **Type of Aid Approved & Awarding Body** | | **Amount £/€** | | **Date** |
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| **TOTAL** | |  | |  |
| **Signed:** | **Position:** | | **Date:** | |
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1. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/840230/Revised_Protocol_to_the_Withdrawal_Agreement.pdf> [↑](#footnote-ref-1)
2. https://bills.parliament.uk/publications/44386/documents/1154 [↑](#footnote-ref-2)
3. You will only have received a Minimal Financial Assistance subsidy from 1 January 2021 when the TCA came into effect [↑](#footnote-ref-3)