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

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| **Business Data** |
| **Year Established** |  | **Current number of Employees/ FTE’s** |  |
| **Company Registration No.** |  | **VAT Number** |  |
| **How did you hear about the TAV?** |  |
| **FOR ROI Businesses- and only where applicable** |
| **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 concise 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 or service/s you sell?** |
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| **Who are your key current CUSTOMERS?** Please provide a generic/ sectoral list of customers in both your home and cross border (if already exporting) markets. |
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| **Who are your main COMPETITORS in your home market?** Please provide a list. |
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| **Who manages your business and what skills and expertise do they have?** |
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| **SECTION 3-FINANCIAL INFORMATION****InterTradeIreland may request submission of Financial Accounts to support this information** |
| **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 %** |  |  |  |
| **SECTION 4- ABOUT YOUR PROPOSED TAV PROJECT****We want to help you focus your TAV application to improve its chance of success.** |
| **Please specify which product/ service will be the focus of the TAV project?**  |
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| **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?** |
|  |
| **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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| **Please explain 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)? |
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| **TAV Project Plan****Please indicate which ONE of the following issues you need advice with.** |
| **An Export Readiness Assessment** | **Sales and Marketing Support** | **Financial Advice eg. VAT/ Tax or other** | **Advice****Employment or Company Law** | **Regulatory****Advice** |
|  |  |  |  |  |
| **Please provide a detailed outline of the issue to be resolved under the TAV support project.** |
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| **What specific skills, knowledge or expertise will resolve your issue?**  |
|  |
| **What is the expected future business benefit from the advice delivered through the TAV project?** |
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| **Have you already identified an approved ITI Advisor? 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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| **SECTION 5- OTHER AGENCY INVOLVEMENT****As part of our assessment process we may 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:**  |  |
| **Has your business either past or presently been in receipt of any other supports from InterTradeIreland?** **If yes please detail below.** |
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| **SECTION 6- DE MINIMIS DECLARATION****All applicants must complete this section** |
| The Trade Accelerator Voucher operates under Article 3 (1) of the *De Minimis* Regulation (EC) No 1998 / 2006.*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 company irrespective of size or 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 applies to the group.A false declaration resulting in the threshold of €200,000 being exceeded could result in aid being recovered. |
| **Has your business been approved *De Minimis* Aid by any state body, including InterTradeIreland in the last 3 years?** |
| **Type of Aid Approved & Awarding Body** | **Amount £/€** | **Date** |
|  |  |  |
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|  |  |  |
| **TOTAL AID RECEIVED** |  |  |
| **Signed:** | **Position in business:** | **Date:** |
|  |  |  |

**Eligibility Criteria:**

* Applications must be from a small business (10 employees or less) with an annual turnover not exceeding €2m/£1.7m.
* The business must have a satisfactory trading record (we reserve the right to request submission of Financial Accounts for the business).
* The assistance requested must relate to a cross border issue
* If already trading in the opposite jurisdiction, the value of this trade must not exceed 30% of your total turnover *(applicable to marketing advice).*
* You must be a manufacturing or internationally tradeable service company.
* You must have a sufficiently unique product not to displace existing products in the target marketplace.

**Exclusions:**

Small businesses involved in distribution (Re-sellers), transportation, agricultural and retail sectors are excluded in line with specific State Aid guidelines.

**Appeals Process**

For details of the InterTradeIreland Appeal’s Process, please refer to [www.intertradeireland.com](http://www.intertradeireland.com)

**Terms & Conditions**

1. Applications will only be accepted from companies with 10 employees or less.
2. Assistance requested must relate to cross border trade and business.
3. Applications from companies aspiring to do business within the other jurisdiction for the first time are particularly welcome.
4. A company may only have one ‘active’ Voucher at any point in time.
5. There is a limited budget for the Trade Accelerator Voucher Scheme, and InterTradeIreland reserve the right to fund only those applications, which, in the opinion of InterTradeIreland, best meet the objectives of the scheme. Consequently, satisfaction of the eligibility criteria for the scheme does not guarantee that an application will be successful. The decision in the award of the Trade Accelerator Vouchers will be final and no discussions will be entered into with third parties.
6. The Trade Accelerator Vouchers are non-transferable.
7. The Voucher is provided under the European Commission Regulation on De Minimis Aid as stated in the documentation for the Trade Accelerator Voucher. The business must provide InterTradeIreland with details of all other De Minimis aid, which has been granted to the business within the past three years. It should be noted that a false declaration by a business resulting in the threshold of €200,000 being exceeded could later give rise to the aid being recovered with interest.
8. Company registration numbers may be checked on the Companies House WebCHeck website at [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk/) or with the Company Registration Office at [www.cro.ie](http://www.cro.ie).
9. Companies participating in this Programme acknowledge that their client/professional relationship shall be strictly between the Provider selected by the Company. InterTradeIreland shall not be responsible for any costs or expenses of the company other than those payable by it pursuant to a Voucher. InterTradeIreland assumes no duty of care towards any company, nor shall it have any liability whatsoever or howsoever arising in connection with the appointment by the company of a Provider (including without limitation for any loss or damage incurred in connection with advice received from a Provider).
10. Submission of this application shall constitute an acknowledgement of the business’s acceptance of these terms and conditions.