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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 or service/s you sell?** | | | |
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| **Who are your current customers?** 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 the most up to date annual accounts. If these are more than 6 months beyond their year-end, an up to date management account and/or profit and loss statement should also be submitted.** | | | | | | |
| **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** |
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| **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. | | | | | | | | |
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| **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 might be 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 or are you current involved in any InterTradeIreland programmes? Please details below.** | | | | | | |
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| **SECTION 6- DE MINIMIS DECLARATION**  **All applicants must complete this section** | | | | |
| The Elevate programme 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** | |  | |  |
| **Signed:** | **Position:** | | **Date:** | |
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