

**Section 1**: Company Application form forCOVID19 Business Continuity Support

The support offered is consultancy or training of up to 33 days @ €900 per day excluding VAT carried out by an approved Provider directly to a client company.

If you have any queries, contact your IDA Account Manager.

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| **Company Registered Name** |  |
| **CRO Number** |  |
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| **IDA Project Executive** |  |
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| **Name of Company’s Authorised Officer** |  |
| **Email Address** |  |
| **Phone Number** |  |
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| **Grant – circle appropriate support** | **Provision of training for staff related to COVID 19**  **Provision of management team consultancy related to COVID19** |
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| **Domestic Legal Basis** | Section 8 (c) of the Industrial Development Act, 1993 (as amended by Section 37 (1)(a) of the Industrial Development (Forfás Dissolution) Act, 2014 |
| **EU Legal Basis** | De Minimis aid Regulation 1407/2013 |
| **Project Number (IDA will provide this number)** | IDA Project Executive to insert Project Number here: |

**SUPPORTS Detail**

**COVID19 SUPPORTS – ELIGIBLE EXPENDITURE**

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| 1. **Provision of training for staff related to COVID 19**. Support for other training related to business competence should be discussed with IDA Project Executive 2. **Provision of management team consultancy related to COVID19**   *100% of funding is paid by IDA to the Provider at €900 per day excluding VAT up to a maximum of 33 days.*  Providers must be on the list supplied by IDA Ireland |
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| **Outline the impact COVID-19 is having on your business** |
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| **Outline the key challenges for which support is being sought. Indicate the number of days training/consultancy you are requesting and the name of the provider/consultant you have chosen** |
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| **Name and Role of person within the company leading the project** |
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| (Note: Expenditure incurred prior to application submission will be ineligible) |
| **(Approval date will be notified to the company by IDA).** |

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| **VAT Charges** |
| The Company agrees to pay any VAT charges that may be applicable to the Provider. |

**De Minimis Declaration**

**Note:** A fully completed Declaration is required for your application to be deemed valid.

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| **Notes** | | |
| **Has the company been approved De Minimis Aid by ANY state body in the last 3 fiscal years** | | **Yes/No** |
| 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 limit applies to the group in Ireland. | | |
| A false declaration resulting in the threshold of €200,000 being exceeded will result in aid being recovered. | | |
| **If yes, please provide details below.**  **Type of Aid Approved in the last 3 years.** | **Amount €** | **Date** |
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| **Total:** |  |  |

**Company Declaration**

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| **Declaration on double funding** |
| **I confirm that the company has not sought and will not seek aid from any other state agency in respect of this expenditure.** |

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| **Authorised company signature** | |
| **I confirm that I have discussed this application with my IDA Ireland Project Executive and that all information and declarations are true and accurate. Note: applications that have not been discussed with an IDA Ireland Project Executive may not be processed.** | |
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| **Name of Company’s Authorised Officer:**  **Signature:** |  |
| **Note: Please enter the name of the person submitting this application who is acting as the company authorised officer**  **(must be an employee of the company).** | |
| **Position in the company:** |  |
| **Date:** |  |
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**Section 2: APPROVAL DETAILS – for IDA Use Only**

**COVID19 DP number (to be supplied by IDA Ireland)**

**Recommended:**

In accordance with Section A Subsection 2 of the Delegated Powers manual and on the basis of this application form, the following is recommended:

COVID-19 Business Continuity Support (under De Minimis Aid regulation) of €

for \_\_\_\_days i.e. €900 per day (excluding VAT) subject to a maximum of 33 days training/consultancy related to COVID19 for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert company name here). Expenditure incurred prior to the final approval date below is not eligible for grant support.

Project Number: **(to be provided by project Executive and should be quoted on all correspondence)**

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| **SIGNATURES FOR DELEGATED POWERS** |
| **Recommended by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IDA Project Executive  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Approved: Operations**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IDA Department Manager (Level F)  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Final Approval: Corporate Services**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Level F  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 3: For Training Provider use only – Claiming Grant**

**GRANT VERIFICATION AND DRAW DOWN – DETAILS OF TRAINING COMPLETED**

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| --- | --- | --- | --- | --- |
| Date | Time | Description | No. of employees supported | Cost (€900 per day) |
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**To claim the grant, the Training Provider should submit the following to IDA Ireland:** [**grantpayments@ida.ie**](mailto:grantpayments@ida.ie)

1. **Copy of Invoice to the client (depending on the number of days availed of by the client) quoting the client Company name, IDA Project Number and dates of Training/Consultancy.**
2. **The Tax Number and up to date Tax Clearance Access Number for both the Client Company and the Provider**
3. **This document (all Sections) signed and dated by all parties. (Note: incomplete forms will not be processed for payment. Invoices not submitted for payment within 3 months of completion of the training will not be processed by IDA and the grant will expire).**

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| **SIGNATURES FOR CLAIMING GRANT** |
| Company Declaration: I confirm that the Provider has completed the COVID19 related training/consultancy as agreed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Client Company Authorised Officer/Finance Director**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PRINT NAME and Title**  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Provider Representative**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PRINT NAME and Title**  **Provider Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

IDA Use Only - Copied to:

Project Executive:

Legal Department:

Grant Payments:

Secretariat:

Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_