**Grant Application Stage 1**

**Note to applicant**: The purpose of this application form is to determine whether your organisation meets the project eligibility criteria. We will assess the information provided and respond within 5 working days to confirm whether you are able to proceed to Stage 2.

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| **Section 1: Organisation Details** |
| **Company Name:** |  |
| **Companies House Number *(if applicable)*** |  |
| **Charity Commission Number *(if applicable)*** |  |
| **Registered Address:** |  |
|  |  |
| **Section 2: Contact Details** |
| **Contact Name:** |  |
| **Role in business/organisation:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
|  |  |
| **Section 3: Eligibility Details** |
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| The number of employees corresponds to the number of annual working units (AWU) – that is, full-time equivalents (FTE) during one year, with part-time and seasonal workers being fractions of AWU. The reference year is to be the last approved accounting period. The turnover and balance sheet total thresholds are those of the last approved 12-month accounting period. In the case of newly established enterprises whose accounts have not been approved, the thresholds shall be derived from a reliable estimate made in the course of the financial year. |
|  |  |
| **How many people did you employ (AWU) in the last approved accounting period (across the whole organisation)?** |
| **9 or less** |  | **10-49** |  | **50-249** |  | **250 or more** |  |
| **Do you have either a balance sheet of less than €10M, or an annual turnover of less than €10M?** | Yes No  | [ ][ ] |
| **What is the legal status of your organisation?** |
| Sole Trader | [ ] |
| Partnership | [ ] |
| Private Limited Company | [ ] |
| Voluntary/Community Sector/ Not for Profit Organisation | [ ] |
| Other (please state) |  |

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| **Section 4: Due Diligence** |
| **Should you be successful and go through to stage two of the application process, you may be required to provide copies of relevant policies and procedures. Please confirm below whether you have these in place:** |
| **Policy** | **In Place** | **In Progress** | **Not Applicable** |
| Health and Safety Policy  |  |  |  |
| Equal Opportunities Policy |  |  |  |
| Sustainability Policy |  |  |  |
| Data Protection Policy |  |  |  |
| Safeguarding Policy  |  |  |  |
| Whistleblowing Policy |  |  |  |
| Anti- fraud Policy  |  |  |  |
| Public Liability Insurance  |  |  |  |
| Employer Liability Insurance  |  |  |  |
|  |  |
| **Section 5: Declaration** |
| I confirm that, to the best of my knowledge, the information above is correct and given in good faith.**Signature: Date:**  |