

**An Roinn Coimirce Sóisiala**  
**Department of Social Protection**  
**Enterprise Support Grant (ESG) - ESG 1**



Please carefully read this form and fully answer all the questions.

**Personal details**

Name of applicant	
Home address	
Business address <i>(if different from above)</i>	
Phone	
e-mail	
PPS number	
What type of social welfare payment are you getting? BTWEA/STEA	
Details of your previous employment(s) or self-employment(s), including dates.	

**Business Plan**

Please give some details about the type of business you are setting up.	
Have you prepared a Business Plan? <i>(If so, please enclose a copy of it)</i>	
What background do you have in this type of business?	
What relevant professional qualifications do you have?	

Are you registered as a self-employed person with the Revenue Commissioners? <i>Evidence of your registration must be included with this application to proceed.</i>	
When did you begin trading?	
Who are your main suppliers?	
Who are your customers?	
What realistic level of sales are you hoping to achieve in your first year of trading?	€

**Funding details**

What type of goods/services do you wish to buy with any funding that the Department might make available?	
Have you obtained two quotations from suppliers for these goods/services? <i>(Please enclose the two quotations)</i>	
From which of the two suppliers do you wish to buy the goods/services?	
What is the full cost of the goods/services?	€
Supplier's Tax reference number	
In what way will these goods/services help you to improve your business?	
Did you previously receive funding from this Department or from another organisation to buy good/services for your business? <i>(If so, please give details)</i>	

**Training course/programme**

What is the title of the training course you wish to attend in order to set up/maintain your business. (attach brochure from the training provider)	
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**Declaration**

I wish to apply to the Department of Social Protection for funding to help me set up my business, details of which I have outlined above. I declare that all of the details supplied by me in this application are true and accurate to the best of my knowledge and belief.	
Signed:	Date:

When completed, this application should be sent, along with supporting documentation to:  <b>(Case Officer's Name)</b> <b>Intreo</b> <b>Dept of Social Protection</b> <b>197-199 Parnell Street</b> <b>Dublin 1</b>
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**Case Officers Check List**

- Validate Customer .....
- Confirmation of DSP Payments .....
- Business Plan .....
- Registered with Revenue .....
- Supplier Invoice .....
- Bank Details .....
- Previous EGS/Tats in previous 24 months calculated .....