

# Application for Enterprise Support (BS1)

Please complete in BLOCK CAPITALS and in black ink (or online) before returning to:

**Enterprise Support**  
**Department for Enterprise**  
**1<sup>st</sup> Floor**  
**St George's Court**  
**Upper Church Street**  
**Douglas**  
**IM1 1EX**

**T: +44 1624 687333**

**E: [enterprisesupport@gov.im](mailto:enterprisesupport@gov.im)**

The Enterprise Support Team can provide you with guidance regarding eligibility, ensuring you receive all the support available to grow your business.

## Which sections should I complete?

Scheme	Nature of Support	Sections to Complete
Micro Business Grant Scheme (<18 months old; turnover between £15,000 - £100,000)	Training, Mentoring, Grant & Living Allowance	1, 2, 2a, 5
Micro Business Grant Scheme <b>Employee Incentive</b>	Grant for employment creation	1, 2b, 5
Business Improvement Scheme (Any size business)	Grant towards external expertise	1, 3, 5
Business Energy Savings Scheme (Any size business)	Loans to improve energy efficiency	1, 4, 5

## Section 1: To be completed by ALL applicants

<b>Please tick as appropriate</b>	Start Up		Sole Trader		Partnership	
	Limited Company		Public Limited Company		Franchise	
<b>Please complete this section with all applicable information:</b>						
Surname:			First Name(s):			
Maiden/Previous Surname:			Date of Birth:			
Address:						
Postcode:			Telephone:			
Tax Reference Number:	Company: No.		Personal:			
National Insurance Number:			VAT Number:			
Email Address:						
Company Trading Name:						
Company Reg Number:						
Registered Company Address:						
Postcode:						
Please tell us your Market Sector:						
Aerospace		ICT/eBusiness				
Aviation/Maritime		Manufacturing (general)				
Clean Tech		Space				
Creative Industries (incl. Film)		Tourism/Leisure				
Engineering		Food & Drink				
Fin Tech		Service Sectors (retail, construction, hairdressers)				
Financial/Professional Services		Other (please specify):				

## Section 2: Micro Business Grant Scheme

Please provide a brief description of your business or business idea:

Please give details of any relevant qualifications, skills, experience or training that you have that will assist the business venture:

What type of support do you require? (tick as appropriate)

**Training** (Compulsory): Approximately 17 hours of training, spread over 4 to 5 days, which will help you to evaluate your business idea and develop your business plan.

**Business Advisory Service** (Compulsory): usually 18 months mentoring through quarterly meetings and interim support from a Business Advisor.

**Grant** (This is discretionary): A grant towards the cost of equipment.

**Living Allowance** (This is discretionary):

### Section 2a: Micro Business Grant Scheme Declaration

Are you an undischarged bankrupt?	Yes	No	Are you in receipt of any Government benefits?	Yes	No
Are you resident on the Isle of Man for income tax purposes under the provisions of the <a href="#">Income Tax Act 1970</a> ?			Yes	No	
Are you an 'Isle of Man Worker' as defined under the <a href="#">Control of Employment Act 2014</a> ?			Yes	No	
If you answered no to the previous question, do you hold a valid work permit in respect of the intended business activity on the date the application is made? (A copy of your work permit must be produced).			Yes	No	
Have you applied for Financial Assistance or Grants in respect of the same business to this Department, or any other Department of the Isle of Man Government or any other Government or Public Authority in any jurisdiction within the last 5 years?			Yes	No	
If your business is already in operation, what has your turnover been in the last 12 months? (If your business is less than 12 months old please state turnover to date)					
If your business is not yet in operation, please forecast your estimated first year's turnover.					

**Do you have any special dietary requirements or require special assistance when attending the training course? If so, please state below. This information will only be shared with the nominated training provider solely for the purpose of providing refreshments when attending your training sessions and to ensure that accessibility to training rooms and resources is sufficient for you.**

Do you have any outstanding debt judgements or executions?	Yes	No	Do you have full control of the business?	Yes	No
Do you have any Income Tax, National Insurance or VAT arrears?	Yes	No	If no, what % of the business do you hold?	%	
Is your business operating now?	Yes	No	If yes, what date did you commence trading?		

References (Micro Business Grant applicants **MUST** supply references).  
Please provide the names and addresses of two people who have known you for a number of years and have agreed to support your application and act as referees. They are **NOT** to be family members. **ONE OF YOUR REFEREES MUST BE A PREVIOUS EMPLOYER OR CLIENT OF YOUR BUSINESS.**

Reference 1		Reference 2	
Name		Name	
Relationship		Relationship	
Position		Position	
Email		Email	
Address		Address	
Postcode		Postcode	
Length of time known		Length of time known	

I/We consent for the Department for Enterprise to share data with my/our former employers and nominated referees in order to obtain character references. (please tick if consent given)

### **Section 2b: Employee Incentive (Only complete if recruiting staff)**

Name of Employee:
Date of Birth:
National Insurance
Tax Reference:
Hourly Rate / Annual Salary:
Hours per week (minimum 30 hours):
Expected Start Date:
Work Permit Status (if work permit is required, please attach a copy to the application):

### Section 3: Business Improvement Scheme

Support Required	Total Cost		% Grant	Grant Requested £ (Max. £5,000 unless stated)
Brexit Advisory			50%	
Business Advisory Service	Please tick box if applicable		100%	
Digital Marketing/Social Media Consultancy			50%	
Environmental Efficiency			50%	
Information Communication Technology/Information Systems			50%	
Intellectual Property Protection Support			50%	
Legal, Financial & Professional Advice Concerning External Investment into the Business			50%	
Legislation Compliance Consultancy			50%	
Marketing			50%	
Quality Accreditations			50%	
Transactional Websites			50%	
<b>Total:</b>			<b>Total:</b>	
Please provide a brief description of the project:				
If your business has been in operation for less than 18 months, what has your turnover been in the last 12 months? (If your business is less than 12 months old please state turnover to date)				
If your business is not yet in operation, please forecast your estimated first year's turnover.				
Do you sell goods/services off-Island?		Please delete as appropriate.		
No. of permanent employees (full-time or part-time) excluding the owner(s)				
Name and address of Project Consultant				
I have attached a valid quote from the Project Consultant with this application (tick)				

## Section 4: Business Energy Saving Scheme

Please provide a brief description of the project:

Total number of staff in the business:

Total number of staff in the business (excluding owners):

**Please state the amount required and the itemised costs below:**

Item	Cost £
<b>Total:</b>	

### Attachment Checklist for Loans under £5,000

3 project quotes (from Isle of Man Construction registered companies if applicable)		An executive summary for new businesses to the Department	
The latest annual accounts or for new businesses a cash flow forecast			

### Attachment Checklist for Loans between £5,000 and £20,000

3 project quotes (from Isle of Man Construction registered companies if applicable)		A full business plan for new businesses to the Department* (see notes at the end of Section 6)	
Copies of audited accounts for the previous 3 years (if applicable)		Projected profit and loss forecasts for the next 3 years together with an explanatory narrative	

## Section 5: Declaration – To be completed by ALL applicants

### Please tick each box to confirm / declare

I/We confirm that I am/we are duly authorised to make this application and that the business is trading lawfully and is not operating in contravention of any statutory requirement relating to its trade or business. The business' conduct (to the best of my/our knowledge) is not detrimental to the environment of the Isle of Man, nor is likely to bring the Department into disrepute.

I/We am/are authorised by the company and hereby apply for Government assistance as described above.

I/We declare that the information given in this application is correct.

I/We confirm that no person involved in control of the company/business is disqualified for holding appointment as a director or a company secretary anywhere in the world or is subject of outstanding executions in the Island.

I/We confirm that the business is based in the Island (i.e. a significant number of the business' transactions are conducted from premises on the Island and that some or all of the persons employed or engaged by the business are Isle of Man staff).

I/We confirm that I/we have no outstanding statutory payments, such as I.T.I.P, company tax, National Insurance Contributions or V.A.T.

I/We acknowledge that if this application for financial assistance is successful, the financial assistance or part of it (at the Department's discretion) may become repayable in a number of circumstances including if this application or any supporting documentation relevant thereto is shown to have been false, misleading or inaccurate in any material respect.

**I/We acknowledge that the Department for Enterprise collects and processes your personal information to allow public authorities to respond to requests for information made under the Freedom of Information Act 2015. Should your personal information be subject to such a request, information will not be released into the public domain without your prior notification. The Department will, where appropriate, uphold all applicable exemptions in accordance with the [Freedom of Information Act 2015](#), [Data Protection Act 2018](#) & [Law Enforcement Directive 2018](#).**

I/We understand that the support offered by 3<sup>rd</sup> party contractors through Department Schemes does not constitute advice. I/we acknowledge it is then up to the applicant to seek independent advice and/or make its own decisions.

I/We agree to supply future information such as review questionnaires, employee numbers and other relevant financial information which relates to active contracts between the business and the Department, upon the request of the Department.

I/We agree to comply with request from DfE for information to help aid the future promotion and marketing of the schemes. (Not mandatory, only tick if in agreement).

I/We understand and permit that the information I/we provide will be used by the Isle of Man Department for Enterprise in accordance with the [Data Protection Act 2018](#) for the purposes of administration, research, analysis and to inform me/us of relevant marketing information. To view a copy of the Department's Privacy Notice, [click here](#). The Department will not share my details with third parties without firstly seeking my/our permission.

The Department for Enterprise will not share your data with any third party that has not been explicitly listed by you. Reference requests will seek to confirm how long your referee has known you, the capacity in which the referee is known to you, former employment dates and will ask the referee to provide their opinion of your reliability, conduct, initiative, communication skills and any other information that the referee may deem relevant in supporting your application.

I/We confirm that the business satisfies the probity requirements set out in this declaration and has an appropriate anti-bribery policy as required by section 10 of the [Bribery Act 2013](#).

Signed

Position in  
Company

Director/owner

Name in BLOCK  
CAPITALS

Date:

**NOTE:** If the application is on behalf of a company, **please ensure that all Directors sign below:**

<b>Name</b>	<b>Signed:</b>	<b>Position:</b>
<b>Name:</b>	<b>Signed:</b>	<b>Position:</b>
<b>Name:</b>	<b>Signed:</b>	<b>Position:</b>
<b>Name:</b>	<b>Signed:</b>	<b>Position:</b>
<b>Name:</b>	<b>Signed:</b>	<b>Position:</b>
<b>Name:</b>	<b>Signed:</b>	<b>Position:</b>
<b>Name:</b>	<b>Signed:</b>	<b>Position:</b>
<b>Name:</b>	<b>Signed:</b>	<b>Position:</b>

"Isle of Man Staff" means persons resident in the Island who:

- a) are Isle of Man workers within the meaning of the Control of Employment Act 2014;
- b) hold valid Isle of Man work permits under that Act; or
- c) are subject to conditions or restrictions on their employment in the Island by virtue of the Immigration Act 1971 (of Parliament) as that Act applies in the Island, and are employed there in conformity with those conditions or restrictions.

Please use this space to explain in detail where the law hasn't been complied with regarding income tax or National Insurance, value added tax, health & safety, planning, employment, immigration or work permits.

\*The Business Plan should include:

- Expenditure in respect of which financial assistance is sought;
- Background and current or proposed location of the business;
- CVs and relevant experience of the management team;
- Details of the business: (date of registration, shareholders (to include percentages of shares owned) directors, beneficial owners etc. and links to other businesses, if any);
- Business model, together with short and long term objectives, key customers, confirmed orders, etc.;
- Employment structure including number of employees, types of jobs, wage rates, etc.;
- Information as to premises – whether owned or rented and the location. Where premises are rented or leased, details of the owners and annual costs (including rent and any service charge contributions and/or other regular outgoings; and marketing plan including whether customers are off-Island or on-Island.



**Please note:** Grant assistance cannot be considered retrospectively for items of expenditure which have already been purchased.

To the fullest extent permitted by law, neither the Department nor its 3rd party contractors accept any liability for any loss suffered by the business as a result of any action or inaction taken by the business in relation to guidance offered.

Applicants to the Micro Business Grant Scheme and the Business Improvement Scheme must comply with the criteria set out in the Enterprise Act 2008 (Eligible Businesses) Regulations 2018. The Regulations can be viewed at: [www.tynwald.org.im/links/tls/SD/2018/2018-SD-0177.pdf](http://www.tynwald.org.im/links/tls/SD/2018/2018-SD-0177.pdf)

To view a copy of the Department for Enterprise Privacy Notice, please visit:  
<https://www.iomdfenterprise.im/policy/privacy-policy>

Should you have any queries surrounding this Policy, please contact:

DEPARTMENT FOR ENTERPRISE DATA PROTECTION OFFICER:

Address	St George's Court, Upper Church Street, Douglas, Isle of Man, IM1 1EX	Tel	+44 1624 686733
		Email	<a href="mailto:DPO-DfE@gov.im">DPO-DfE@gov.im</a>

