



**IMPORTANT: Do not start your project or commit expenditure before you have received an offer of grant from the Scottish Executive Enterprise and Lifelong Learning Department (SEELLD).**

**OFFICIAL USE ONLY**

Date received \_\_\_\_\_

Ref No \_\_\_\_\_

Case Officer \_\_\_\_\_

**SMART:SCOTLAND ENTRY FORM**

- We may publish information from Sections 1-14 and 16-18 of this form if you win an Award.
- Please **type** your answers, or write in **black ink** using **BLOCK LETTERS**.
- Please read the Guidance Notes carefully before you complete this form.
- To apply you **must** complete the Entry Form **and** provide a detailed Project Proposal, Business Plan and other supporting documentation, as set out in the Guidance Notes. Do not alter this form in any way as this would invalidate your entry.
- Where boxes are provided please mark the correct box with a ✓.
- Use "N/A" for "not applicable"

**ENTRANT DETAILS**

Individual, sole trader/proprietor, partnership or company

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

1. In what capacity are you applying?
2. Your business name (or your name and trading name, if an individual/sole trader)
3. Your business address (address for correspondence)

4. Who should we contact to discuss your entry?

Name \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Position in Organisation \_\_\_\_\_

5. What are your main business activities?

\_\_\_\_\_

6. When did you start trading?

\_\_\_\_\_



## PROJECT DETAILS

12. Please give a brief title of the project (Maximum 30 characters)

13. Please give a description of the project in 50-100 words

14. Where in Scotland is the main work to be done if different from your business address?

Address

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Postcode

15. Are you employing any subcontractors or consultants?

Yes  No

If **Yes**, please give the names and addresses (including postcodes)

16. What is the estimated net cost of the project?  
(This figure **must** match the total at Section 22.)

£  You will be asked to give a detailed breakdown of project costs in Section 22.

17. How long do you expect the project to last?

years  months

## PROJECT CLASSIFICATION

18. Please indicate the broad area of technology into which your proposed project falls. (This has no bearing on your chances of winning an Award but is valuable information for us in planning future programmes.)  
**Please tick one box only.**

801	Manufacturing technology	
802	Materials technology	
803	Information technology	
804	Biotechnology	
805	Environmental technology	
806	Communications	
807	Instrumentation and control	
808	Heat and mass transfer	
809	New testing methods	
810	Separation techniques	
811	Tribology, wear and corrosion	
812	Medical technology	
813	Other	

IN CONFIDENCE

## EXPLOITATION

19. How do you intend to exploit the results of your project?

Licensing to others

Dissemination of information, publication and so on

Manufacture and sale of products

Use process development for own benefit

Other

20. Using at least one of the criteria below, when would you judge your project to have been successful?

when

units have been sold

when

revenues have been received

when the project has contributed

towards profits

21. By what date do you expect the target(s) to be achieved?

## PROJECT COST ESTIMATES

Note: Guidance on which costs are eligible for SMART support and which are not is contained on pages 8, 9 and 10 of the Guidance Notes.

22. Please give a summary of estimated project costs by quarter of the year, (allowing for inflation but excluding VAT if you are registered for VAT). *You might not need to use all of these boxes.*

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Total £
Pay of personnel directly engaged on the project							
Overheads							
Materials consumed during the project							
Consultancy fees							
Sub-contract charges							
Fees for trials and testing							
Preparation of technical manuals							
Intellectual property costs							
Market assessment							
Training							
Capital equipment and tooling							
Other (please specify on a separate sheet and attach to this form)							
<b>Gross Total</b>							
Less estimated value of equipment and tooling to the business at end of project							
<b>Net Total</b>							

23. Please give a breakdown of the pay of personnel (e.g. salary or drawings) to be engaged on the project. The total should agree with the “Pay of personnel” figure entered in the table at 22. (You may prefer to provide this information on your own spreadsheet, but all of the information requested below must be supplied.)

Name (or post to be filled)	Hourly/Daily/Weekly Unit Rate as applicable			No. of Hourly/Daily/Weekly Units to be worked on project	Total cost (unit rate x no. of units)
	Hourly Rate	Daily Rate	Weekly Rate		
				<b>Total</b>	

## FINANCIAL RESOURCES

24. What was the annual turnover in your most recent accounts in:  £ Your business

£ Your group

25. What was the balance sheet total (total assets net of depreciation) in:  £ Your business

£ Your group

26. When did the financial year end?

27. How do you intend to fund the project? You must provide any written confirmation of finance with your entry. Specify sources of funds and amounts offered (eg additional share capital, bank overdraft, loans, internal resources). You must give details of any public sector funding from Government Departments, Local Authorities, Development or Enterprise Agencies, the National Endowment for Science, Technology and the Arts (NESTA), Universities, European Community etc. (This may be deducted from any offer of grant.)

### Project Finance

a) Total finance required (as per Sections 16 and 22 of Entry Form)  £

b) Funded by:

#### 1. Private Sector

Own resources ( <i>please specify</i> )	<input style="width: 100%;" type="text"/>		Have you secured agreement to loans/grants?	
	<input style="width: 100%;" type="text"/>		Yes	No
Bank loan/overdraft facility	<input style="width: 100%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other private sector ( <i>please specify</i> )	<input style="width: 100%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input style="width: 100%;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Profits generated by business activities	<input style="width: 100%;" type="text"/>			

#### 2. Public Sector

Public sector assistance other than SMART ( <i>please specify</i> )	<input style="width: 100%;" type="text"/>		Yes		No
			<input type="checkbox"/>		<input type="checkbox"/>

SMART grant  £

c) Total Finance (to agree with figure at a))  £

IN CONFIDENCE

28. What would be the likely effect on the project of your not winning an Award (eg delay, abandonment, seek funds elsewhere etc)?

29. Have you or your business applied, or been connected with an application for assistance from the SEELD or other public body before?

Yes

No

If **Yes**, please give details (eg company name at time of application, year, scheme, outcome etc)

30. Have you, or any other partner or director of your business, ever been prosecuted for fraud or disqualified from becoming a director?

Yes

No

If **Yes**, please give details on a separate sheet of paper (but do not include it in your project proposal). This does not necessarily affect your chances of winning a SMART Award.

31. Have you, or any other partner or director of your business, ever been a proprietor, partner or director of a business which went into bankruptcy, liquidation or receivership?

Yes

No

If **Yes**, please give details on a separate sheet of paper (but do not include it in your project proposal). This does not necessarily affect your chances of winning a SMART Award.

## CASH FLOW PROJECTION

32. Please provide a cashflow projection for the SMART project. You should extend your projection to cover the project length plus up to 2 months to allow for the final payment of SMART grant. This can be produced on your own spreadsheet as an attachment if you wish. However, the projection **MUST** contain all of the information detailed below. (For guidance on the correct timings and amounts of SMART grant payments see "YOUR ENTRY FORM" in the Guidance Notes.)

Month	1	2	3	4	5	6	7	8
<b>Expenditure (£)</b>								
Pay of personnel								
Overheads								
Materials consumed								
Consultancy fees								
Sub-contract charges								
Fees for trials & testing								
Preparation of technical manuals								
Intellectual property costs								
Market assessment								
Training								
Capital equipment and tooling								
Other								
Total								
<b>Income (£)</b>								
SMART Award								
Balance								



## CASH FLOW PROJECTION

33. Please show all anticipated income and expenditure for the business, *including* those associated with the SMART project, during the 2 year period from the commencement of the SMART project. This can be produced on your own spreadsheet as an attachment if you wish. However, the projection **MUST** contain all of the information detailed below. (For guidance on the correct timings and amounts of SMART grant payments see “YOUR ENTRY FORM” in the Guidance Notes.)

Month	1	2	3	4	5	6	7	8	9	10	11	12
<b>Income (£)</b>												
Equity												
Loans												
SMART Award												
Other Grants												
Sales												
Other Income												
<b>Total</b>												
<b>Expenditure (£)</b>												
Wages and Salaries												
Rent and Rates												
Tax and National Insurance												
Insurance												
Heating and Lighting												
Materials												
Property Maintenance												
Repairs												
Telephone												
Postage and Stationery												
Travel and Vehicle Expenses												
Audit and Accountancy Fees												
Advertising												
Finance Charges												
■ Bank												
■ Other												
Capital Expenditure												
Loan/HP, Leasing Payments												
VAT												
Professional Fees												
Other Expenditure												
<b>Total</b>												
<b>Surplus (Deficit)</b>												
<b>Opening Balance</b> (b/f from previous month)												
<b>Closing Balance</b> (c/f to next month)												



## **DECLARATION** - please read this carefully before signing

This form contains information which is personal data for the purposes of the Data Protection Act 1998 and in respect of which the Scottish Executive is obliged to supply the following information:

The data controller is the Scottish Executive.

The information you provide will be used for the following purposes:

- i) Processing and appraising your application under the SMART scheme. Your application may be referred to other Government Departments or outside organisations who are contracted by the Scottish Executive to provide technical expertise in confidence.
- ii) If your application is unsuccessful, unless you disagree, your name and address (but not details of your project proposal) may be passed to your Local Enterprise Company. This is so that the Local Enterprise Company can perhaps consider with you whether there are any suitable alternatives to SMART for taking your proposals forward, or whether they can help you in any other way.

Place a tick in this box if you do not wish your name and address to be passed to the Local Enterprise Company.

- iii) If your application is successful, we will publish information from Sections 1-14 and 16-18 of this form both in hard copy and on the internet in a directory of award recipients. The directory is publicly available: it is intended to provide information for potential applicants and investors on the types of SMART project, and individuals and businesses, that receive SMART Awards.

Subject to (i) to (iii) above, the information you provide will not be disclosed to any other organisation for any other purpose other than in relation to cases of suspected fraud.

The Scottish Executive's representative for the purposes of the Data Protection Act is:

The Departmental Record Officer  
Scottish Executive  
CS: CISD  
Spur J  
Saughton House  
Broomhouse Drive  
Edinburgh EH11 3XD  
Tel: 0131 244 3728

If you are a registered company, an Executive Director must sign; if you are a sole trader, the Proprietor must sign; and if you are a partnership, a partner with authority to bind the other partner(s) must sign.

If you give information which you know or suspect is untrue or misleading you may be committing an offence which could lead to prosecution.

**I declare that the information on this form and any other information given in support of this entry is correct to the best of my knowledge and belief. I agree that if this application is successful, the information in Sections 1-14 and 16-18 can be published in hard copy and on the Internet in a directory of award recipients.**

Signed

Date

Name (BLOCK LETTERS)

Position in Organisation

## **HOW DID YOU FIND OUT ABOUT SMART?**

## **WHERE TO RETURN YOUR ENTRY**

Send the completed Entry Form and the other information detailed on the Checklist on the following page to:

The SMART:SCOTLAND Programme Manager  
Scottish Executive Enterprise and Lifelong Learning Department  
Meridian Court  
5 Cadogan Street  
Glasgow G2 6AT

## **CLOSING DATE**

Please refer to the Guidance Notes for details of the Competition closing dates. The deadline is always 5pm on each date. If your entry is received later, it will automatically be entered in the next Competition.

# CHECKLIST

Have you attached copies of	Yes	No	Annex No in your proposal	For Official use only
<ul style="list-style-type: none"> <li>■ A detailed project proposal? (See accompanying Guidance Notes)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<ul style="list-style-type: none"> <li>■ A project timetable?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>■ CVs for key project and management personnel?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>■ Evidence of intellectual property rights?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>■ A copy of patent application (where applicable)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>■ Evidence of offers of financial help?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>■ Your business plan?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>■ Accounts? If your business is established and required to have its accounts audited, supply your last two years' audited accounts. If these are more than three months old, you must also provide up- to-date management accounts;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>or:</p> <p>if the business is exempt from the audit requirement, your last two years' annual accounts. If these are more than three months old, you must also provide up- to-date management accounts;</p>				
<p>or:</p> <p>if your business was recently set up and no audited, annual or endorsed accounts have been produced, you must provide unaudited or management accounts for the 3 months prior to the entry date;</p>				
<p>and:</p> <p>if your business is part of a group, accounts for parent and ultimate holding companies should be provided on the same basis.</p>				

**If you fail to supply any of these items  
your entry is likely to be rejected.**

Copies of this form are available in alternative media from our website on:

[www.scotland.gov.uk/innovationgrants](http://www.scotland.gov.uk/innovationgrants)

Alternatively, a disk version can be obtained from SEELLD on:

Tel: 0141 242 5532

Fax: 0141 242 5589

E-mail: [smart@scotland.gsi.gov.uk](mailto:smart@scotland.gsi.gov.uk)



