



## TRADESHOW ACCESS PROGRAMME (TAP) – EXHIBITOR GRANT APPLICATION FORM 2020-2021 [TAP TCP Led Group](#)

This form must be completed in full in typeface or block capitals in black ink only and returned immediately to the organisation leading your group. **The application process will be aided if you also send an electronic version of your form to the relevant organisation leading your group.** Please read the accompanying Exhibitor Terms and Conditions that outline your obligations under the scheme before you complete this form.

<b>Section 1 – The Event and the TAP Trade Challenge Partner (TCP) organisation:</b>			
TAP TCP name:			
Exhibition Name:			
Sector (Please pick the one that best fits from the list at question 4 of section 7 of this form):			
Country:	City:	Exhibition start date:	Exhibition end date:

<b>Section 2 - Eligibility To Apply For A Grant</b>				
<b>You are only eligible to apply if you can answer yes to Q1 or Q2.</b>			<b>YES</b>	<b>NO</b>
1	Does your business comply with the Department for International Trade (DIT) definition of an Eligible Organisation, as detailed in clause 1 of the accompanying Exhibitor Terms & Conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is your business a UK University or UK Government funded centre of higher or further learning or UK Government funded research organisation?	<input type="checkbox"/>	<input type="checkbox"/>	

For the use of TAP TCP staff only
<b>Reg</b>
<hr/>
<b>VAT</b>
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<b>Eligible</b>
<b>Yes    No</b>
Form complete/ checked OK

<b>Section 3 – Business Details: YOUR FORM WILL BE REJECTED IF THESE DETAILS ARE NOT COMPLETELY LEGIBLE</b>	
Please provide the registered UK business name and company registration number (where applicable) for the <b>business paying the exhibiting costs at the event. NOT any parent, associate, subsidiary business or brand name.</b>	
<b>Business Name:</b>	
<b>UK Address:</b>	
	<b>Postcode:</b>
<b>E-Mail:</b>	<b>Website:</b>
<b>Contact Name:</b>	<b>Tel no:</b>
<b>Company Reg No:</b>	<b>VAT No:</b>
<b>English Region/Devolved Administration</b>	
<b>Not Registered:</b> <input type="checkbox"/> (Only tick box, if not registered at Companies House and not registered for VAT purposes)	

**Section 4 – Previous TAP Experience:**

1. Is this the first time the above business has applied for a TAP grant? Y  N
2. How many times have you applied for a TAP grant?
3. Excluding this application, how many live TAP applications do you have under consideration?
4. How many times have you received a TAP grant?
5. Is your business “new to event”? Y  N   
Your business is defined as "new to event" if it has not previously exhibited at this exhibition.
6. If No, how many times have you attended this event?

**Section 5 – Previous Business Name Or Address:**

1. If the business name and/or address has changed since you last applied for a Department for International Trade TAP grant please give the previous details below:

**Section 6 – Products, Trading And Brand Names:**

1. Please give a brief description of the goods, services and all business names including the main brand or trade names to be displayed or promoted
  
2. What business name will you use on your stand?

**Section 7 – About Your Business:**

**1. Size of your business?**

From your last formal accounts:

1.1 How many employees are currently on your payroll in the UK, across all sites?

- Include full and part time
  - Include temporary/casuals, but not agency staff
  - Exclude self-employed
  - Exclude owners/ partners, but other directors count as employees
- a)  Fewer than 10 employees  
b)  10 – 49 employees  
c)  50 – 249 employees  
d)  250 or more employees

2. What was your turnover in the last financial year (as defined in clause 1 of the accompanying Exhibitor Terms & Conditions)?

£.....

3. What is your business type or entity?

- a) Sole Trader.....   
b) Partnership/Limited Partnership.....   
c) Limited Company.....   
d) Other, e.g. Charity, University, Publicly funded.....

4. Which sector is your business in?

- a)  Agriculture, Forestry & Fishing  
b)  Mining & Quarrying  
c)  Manufacturing  
d)  Electricity, Gas, Steam & Air Conditioning Supply  
e)  Water Supply; Sewerage, Waste Management & Remediation Activities  
f)  Construction  
g)  Wholesale & Retail Trade; Repair of Motor Vehicles & Motorcycles  
h)  Transportation & Storage  
i)  Accommodation & Food Service Activities  
j)  Information & Communication  
k)  Financial & Insurance Activities  
l)  Real Estate Activities  
m)  Professional, Scientific & Technical Activities  
n)  Administrative & Support Service Activities  
o)  Education  
p)  Human Health & Social Work Activities  
q)  Arts, Entertainment & Recreation  
r)  Other Service Activities

## Section 8: About your exporting experience

1. Which best describes your business:

- a)  Has exported in the last 12 months
- b)  Has exported before, but not in the last 12 months
- c)  Has never exported, but has a product/service suitable or has a product/service that could be developed for export
- d)  Does not have a product/service for export

2. If you responded yes to **1a)** above, which overseas regions have you exported to in the last 12 months?

- a)  North America
- b)  Latin America & Caribbean
- c)  Europe
- d)  Africa
- e)  Middle East
- f)  Eastern Europe & Central Asia
- g)  South Asia
- h)  China & Hong Kong
- i)  Asia Pacific

3. If you responded yes to **1a)** or **1b)**, are you thinking of using TAP to:

- a) export/expand in existing markets (same product/service, or new products/services)? Yes  No
- b) export to new markets which you did not export to in the last 12 months? Yes  No

4. How would you describe your knowledge of where to go for help and support with exporting?

- a)  0 – no knowledge at all
- b)  1
- c)  2
- d)  3
- e)  4
- f)  5
- g)  6
- h)  7
- i)  8
- j)  9
- k)  10 – very good knowledge

### 5. To what extent do you agree or disagree that:

5.1 International growth is an exciting prospect for my business

- a)  Disagree strongly
- b)  Disagree slightly
- c)  Neither agree nor disagree
- d)  Agree slightly
- e)  Agree strongly

5.2 There is a lot of opportunity for my business to grow internationally

- a)  Disagree strongly
- b)  Disagree slightly
- c)  Neither agree nor disagree
- d)  Agree slightly
- e)  Agree strongly

5.3 There would be enough demand for my business overseas to make it worthwhile

- a)  Disagree strongly
- b)  Disagree slightly
- c)  Neither agree nor disagree
- d)  Agree slightly
- e)  Agree strongly

6. How interested would your business be in information and business support services that can assist you with exporting?

- a)  Very interested
- b)  Quite interested
- c)  Not interested

**Section 9: List All “De Minimis” State Aid Received Over Last 3 Fiscal Years:**

The European Commission recognises any type of support given from any public funds to a possible exporter as state aid and therefore subject to state aid restrictions. However, we are allowed to exempt this exhibitor grant under the De Minimis Aid Regulation (as defined in clause 1 of the Exhibitor Terms & Conditions), which allows an undertaking to receive up to a cumulative €200,000 over any rolling three (3) Fiscal Years (as defined in clause 3.1.6(a) of the Exhibitor Terms & Conditions).

This section of the form is necessary because any grant giver (in this case DIT), which awards a grant under the De Minimis Aid Regulation, is required to ensure that the €200,000 limit will not be breached when they agree an application for a grant.

Therefore, you will need to tick the statement below that applies and, if applicable, record any public aid you have received over the past three (3) Fiscal Years that may need to be included in your de minimis aid threshold. You need not list any aid that: (i) has already been specifically exempted in any way other than by the De Minimis Aid Regulation (or by any other de minimis aid regulations), or (ii) any aid that has been previously “notified” to the European Commission.

Please tick the statement that applies to you:

<input type="checkbox"/>	The grant recipient, and any other undertaking forming a single undertaking with the grant recipient for the purpose of the De Minimis Aid Regulation, <b>have not received any de minimis aid</b> (whether de minimis aid from or attributable to DIT or any other public authority) during the current and two previous Fiscal Years.
<input type="checkbox"/>	The grant recipient, and/or any other undertaking forming a single undertaking with the grant recipient for the purpose of the De Minimis Aid Regulation, <b>have received de minimis aid</b> during the current and two previous Fiscal Years, particulars of which are set out in the table below.

Please insert your Fiscal Year: \_\_\_\_\_

Particulars of any de minimis aid during the current or previous two Fiscal Years:

Public Authority	Date Awarded	Total amount of aid <sup>1</sup>	Description of aid <sup>2</sup>	Recipient <sup>3</sup>	Date(s) received <sup>4</sup>

**Section 10 – Data Protection Act (DPA) 2018.** The Department for International Trade will process personal data supplied for the purpose of TAP in accordance with the DPA 2018. **This information will be processed and shared within the department and with selected third parties, in order for DIT and it’s delivery partners to process business applications to access trade related advice and services.** – Information regarding DIT’s use and processing of personal data is to be found at [www.gov.uk](http://www.gov.uk) use the link [handling personal data](#).

Please tick the following box if the person named as contact in section 3 would like their details to be used for communication and research purposes. This may include informing you of new products and services we have.

<sup>1</sup> This should be the amount of aid awarded. However, please also inform us if the amount received differed.

<sup>2</sup> Please confirm the nature of the aid (e.g. a grant or a loan etc) and the purpose for which it was awarded (e.g. any project funded by it).

<sup>3</sup> Please confirm the identity of the recipient of the aid if this is a separate entity forming part of a "single undertaking" with you.

<sup>4</sup> Please inform us if the aid was paid by instalments.

**Section 11 – Declaration by Business Applying for Support:**

On behalf of the business named at section 3 I confirm that the information given on this application form is true and accurate. I have also read and will comply with the **TERMS & CONDITIONS FOR EXHIBITORS 2020-2021**. I recognise that any grant the business named at section 3 receives in support of its participation at the event named at section 1 is awarded as de minimis state aid. I confirm that this business has not received de minimis state aid in total greater than €200,000 over the three (3) Fiscal Years leading up to today's date and including the TAP grant now being applied for. Furthermore, the business will not receive any other contributions towards any costs which are grant eligible in the context of this application. I confirm that the business named in section 3 has not exceeded the grant allocation limit set out in the Exhibitor Terms and Conditions.

Name:

Position:

Signature: \_\_\_\_\_ Date:

This form must be signed by a Director, Company Secretary or Owner of the Business (or equivalent).

**The completed form should be returned to the TAP TCP leading the UK Group.**

DIT's full range of information, advice and support, including events and DIT's Overseas Market Introduction Service (OMIS), can be found on [www.gov.uk](http://www.gov.uk), use these links [DIT Services](#) and [GREAT website](#).

Further help and advice through [Scottish Enterprise](#), [Business Wales](#) or [Invest Northern Ireland](#). Details of your local DIT contacts can be found on the [DIT office finder](#).

**Section 12 – To be completed by the TAP Trade Challenge Partner (TCP) leading the group of UK participants:**

I confirm that: (i) I have highlighted to the applicant business their obligations under the Exhibitor Terms & Conditions; (ii) the applicant business is suitable for grant support; and (iii) the applicant business is eligible for grant support in accordance with the Exhibitor Terms & Conditions and they have not exceeded their grant allocation limits as set out in the Exhibitor Terms and Conditions.

Name:

Position in TAP TCP organisation:

Signature: \_\_\_\_\_ Date:

Telephone No:

e-mail:

**Completed forms must be retained BY the TAP TCP as a record of the individual grant application.**