This is a sample application. Applications will only be accepted during an open call for applications that are submitted via Invest NI’s online application system.

Step 1

Application Information

Innovation Voucher

The Innovation Voucher programme assists companies along the innovation process. An Innovation Voucher provides funding to small and medium-sized businesses to work with an expert Knowledge Provider from a University, College or other Public Sector Research Body bringing new knowledge to help businesses innovate, develop and grow.

The application is likely to take 2 hours to complete. You can save your work and return to the application at any time.

You will need the following to complete this application

- Information on your business, such as details on the number of employees and your turnover.
- Details of product(s)/service(s) you wish to develop, including research you have carried out into the commercial need for it.
- Details of the Knowledge Provider that you propose to work with (if you have decided on one).

Important information

- You should have read and understood the Guidance Notes and FAQs.

Download Guidance Notes Download FAQs

Privacy

For details on how we use your personal data, including your rights, please see Invest NI’s privacy notice.

As this financial support is sourced from public funds Invest NI will, in the interest of openness and transparency, proactively publish limited information on the scheme including:

- Name of applicant.
- Application title
- Amount of assistance

Accessibility

If you require an application form in an alternative format, please contact equality@investni.com or see our Equality Statement for further details.

A response is required for all questions marked with *.

☐ * I have read the guidance notes
Step 2

General Company Information

* Company Name

Trading Name

* Product Service Description

* Type of Business
  - Limited Company

* Trading Status

* Date Established in NI

* Financial Year End Date

Company Registration Number

* Country of Ownership

Country of Incorporation

* Industry Sector

* Is the Organisation a Social Enterprise?
  - No
  - Yes

* Company Background

SME Status

When making the calculations, you should use the data contained in the last approved annual accounts. Newly established enterprises that do not yet have approved annual accounts should make a declaration that includes a bona fide estimate (in the form of a business plan) made over the course of the financial year. This business plan should cover the entire period (financial years) until the entity will generate turnover.

EUSME Definitions
EUSME Calculator

* Annual turnover

* Staff headcount

* Current Employment in NI (FTE)

* Annual balance sheet total
### Step 2 (continued)

**Group Structure**

* Does the company, its owners or a major shareholder own 25% or more of any other business?
  - [ ] Yes  
  - [ ] No

<table>
<thead>
<tr>
<th>Partner / linked enterprise name</th>
<th>% holding control</th>
<th>Relationship</th>
<th>Headcount</th>
<th>Annual turnover</th>
<th>Balance sheet total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

There are no records to display.

**Business Locations**

You can add a new location using the 'Add Location' button below.

**Please note:** For data security reasons, you cannot change existing locations. Should you wish to do this, you will need to contact your Invest NI Contact Client Executive. Their details can be found on your Dashboard.

<table>
<thead>
<tr>
<th>Location Name</th>
<th>Address Line 1</th>
<th>County</th>
<th>Post Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast, BT2 7EG</td>
<td>Department For Communities</td>
<td>BT2 7EG</td>
<td></td>
</tr>
<tr>
<td>HQ</td>
<td>1 Bedford Square</td>
<td>County Antrim</td>
<td>BT2 7ES</td>
</tr>
</tbody>
</table>

**Headquarters**

After adding a location, or multiple locations, in the table above: please select the location where your business is headquartered.

- [ ] HQ

**Business Contacts**

You can add a new contact using the 'Add Contact' button below. You should ensure that Partners and/or Directors and the Company Secretary (where appropriate) are included in this list. Key staff contacts can also be listed here.

**Please note:** For data security reasons, you cannot change existing contacts. Should you wish to do this, you will need to contact your Invest NI Contact Client Executive. Their details can be found on your Dashboard. Not all contacts listed here may have access to the MyINN portal.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josh</td>
<td>TC2</td>
<td></td>
</tr>
<tr>
<td>Sue</td>
<td>Blue</td>
<td></td>
</tr>
</tbody>
</table>

**Main Contact**

- [ ] Josh TC2
Step 3

**Project Details**

* Main Project Contact
Select Main Project Contact.

* Project Title
Please enter a descriptive name for your application title (between 3-20 words). This application title, alongside details of your participation, will be published. Therefore we recommend you choose a title that will not disclose commercially sensitive information about your project.

Word Count: 0

* Business Overview
Please provide a brief outline of the business eg product/service area, customer base, how long company has been established, main markets etc.. If the business is at pre-start stage with no trading history please provide information on your expertise/experience in this business area or details of other experience that might be relevant.

Word Count: 0
Step 4

**Innovation project**

The information in this section will be considered by the assessment panel to determine if an Innovation Voucher should be awarded. It is important that at this section demonstrates the need for, and benefits of, engagement with a Knowledge Provider to develop an innovative solution to the particular business issue.

In situations in which an existing solution is readily available from the private sector, it is unlikely that an Innovation Voucher will be awarded. If insufficient or unclear information is provided, Invest NI may not be able to fully appraise the project, and this may result in your application being rejected.

*Business issue and activity required*  
What is the business issue you would like to address in your proposed Innovation project and what specific activity would you like the Knowledge Provider to undertake on your behalf to help solve the business issue?

Please explain if/why this project might help alleviate any issues that your business is experiencing as a result of COVID-19?

* Innovation  
Considering your target market, please explain how you think your proposed product or service is novel/innovative/unique.

* Assessment of market need  
What work (i.e. initial development, market research, analysis, etc) has been carried out to assess the need/market for your project?

* Skills requested  
In order to address your business issue, what skills and expertise do you require from the Knowledge Provider?

* Deliverables  
What are the outputs you expect the Knowledge Provider to have delivered once your project is completed?

* Business benefits  
How will your business and the Northern Ireland economy benefit from this project? What are the expected results at the end of the project, and how will these impact your business?

Previous Innovation Voucher business benefits  
If you have previously received an Innovation Voucher, what were the outcomes and benefits to your business as a result of the project?
Step 5

**Interaction with a Knowledge Provider**

*Identified Knowledge Provider*

Have you identified a Knowledge Provider from Invest NI’s list of approved Knowledge Providers? Click here to view the list.

- Yes
- No

Name

Institution/Organisation

Faculty/Department

*Previously used Knowledge Provider*

Has your business previously used the services of this Knowledge Provider for a knowledge transfer project?

- Yes
- No

*Previous research and development activity*

Has the business previously undertaken any research and development activity?

- Yes
- No

*Have you previously engaged in innovation activity?*

- Yes
- No

*What would be the effect of not receiving Invest NI assistance for this project? Please select ONE of the options below:*
Step 6

**Declaration**

* Is your company based in Northern Ireland? ☐ Yes ☐ No

* Signatory is entitled to work in Northern Ireland? ☐ Yes ☐ No

* Is your business solvent? ☐ Yes ☐ No

* Other Invest NI support

Has this project been supported or is it likely to be supported by any other Invest NI programmes? ☐ Yes ☐ No

If yes, please provide the name of the support programme(s) and year(s) of any support.

* Other Non Invest NI support

Has this project been supported or is it likely to be supported by support, other than from Invest NI? If yes, please provide the name of the programme(s) and the year(s) you received the support. ☐ Yes ☐ No

If yes, please provide the name of the support programme(s) and year(s) of any support.

☐ I understand Invest NI's data sharing obligations and policies.

☐ Agree to the Limits on Innovation Aid

☐ Agree to Pay VAT

☐ I confirm that the information contained in this form is true, accurate and not misleading as at the date of this form, and that Invest NI is entitled to rely on that information.

* Authorised Signatory Name

* Job Title