**SMALL GRANTS APPLICATION FORM – ANNEX 1**

(Max 5 Pages)

**General Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Existing | | Start up | |
| **Applicant Name:** |  | | |
| Address: |  | | |
| Contact Name, Title: |  | | |
| Email: |  | | |
| Telephone #: |  | | |
| Applicant Legal Status: |  | | |
| Year Founded: |  | | |
| Current Employees #: |  | | |
| Registration #: |  | | |
| Tax ID / Fiscal #: |  | | |
| **Activity Description:** | | | |
|  | | | |
| Activity Name: |  | | |
| Activity Type: |  | | |
| Sector / Value Chain: |  | | |
| Location Of Activity: |  | | |
| Activity timeline: |  | | |
| Partners: |  | | |
| Activity Cost: | **CBM Investment** | |  |
| Other Sources: | |  |
| **TOTAL** | |  |

**Activity Description and Justification:**

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| --- |
| **Opportunity :** |

|  |
| --- |
| **Problem Statement:**  *Content: Briefly describe obstacles and challenges for job creation, which will be tackled by the project* |
| **Objectives:** |
| **Nature of your requested assistance from CBM Project:**  *Example: Technical Assistance, Equipment, Raw Materials, Personnel, Etc.* |

|  |
| --- |
| **Project Activities (Scope Of Work) :**  *Briefly Describe Proposed Activities*  Project Activities Are:  XXXX  XXXX  XXXX  XXXX  **Deliverables For This Activity Are:**  XXXX  XXXX  XXXX  XXXX  *Add More Lines If Needed* |
| **Market :**  *List Here Your Foreseen Market Where You Will Be Able To Sell The Product* |

**Applicant / Activity Implementer**

|  |
| --- |
| **Management Plan:**  *Briefly State Your Company Management Plan And Shared Responsibilities?* |

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| --- |
| **Past Experience:**  *State Here If You Ever Received Any Grand? If Received Grant, Describe The Following:  Donor Name, Value Of The Grant, Year Of The Grant, If This Grant Still Applicable?* |

**Expected Activity Results**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| New Jobs Created | Quantitative Impact | | Explanation |
| Women |  | *Explain How Many Jobs Will You Generate For One Of The Following Groups, (Women, Youth, Disabilities) And Other Groups (Please Specify)And How Will You Recruit Them* |
| Youth |  |
| Disabilities |  |
| Other |  |
| Sales Growth | *How Will Your Sales Grow?  What Are The New Markets Your Will Explore?* | | |
| Beneficiaries | *How Will Benefit From This Project (Direct And Indirect )* | | |
| Sustainability | *What Do You Consider Sustainability Of The Project* | | |

## Cost & Counterpart Contributions

|  |  |  |
| --- | --- | --- |
| **Expense** | **Requested from/Covered by** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | |  |