

MSME PROJECT

BUSINESS DEVELOPMENT SERVICES FUND

APPLICATION FOR A GRANT FOR ASSOCIATIONS

<i>For office use only</i>	Received on: _____	Reviewed by: _____	Application N°: _____
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The purpose of this form is to help us obtain a clear picture of your business and how your consulting project will help it become more competitive within the short to medium term.

Please type or complete clearly in black ink and deliver by hand, fax or e-mail to the BDS Fund Office at No 24 Nii Amoah Loop, East Legon. P O Box CT1890, Accra

If there is not enough space on the form, use additional sheets.

- Please ensure you have read this form fully and have understood it before you start filling it in.
- All questions must be answered.
- This form must be accompanied by the following:
 - Technical and financial proposals from Service Provider. (If the total cost of the assignment for which you are applying for grant is **more than** \$20,000, three technical and financial proposals are required).
 - **Financial Statements for the last three years** or **Statement of Affairs**
 - Proof of registration of your organisation (as in provision of certified copy of certificate of incorporation and commencement of business or certificate of registration of business name and Form A – in the case of a sole proprietorship)

A: APPLICANT DETAILS:

1. Association's name: _____

If the association does not trade under this name, please give the normal trading name:

2. Association's physical address

3. Association's postal address

4. Association's contact details:

15. How many people does your association employ? _____

16. Of these, what number are in management? _____

C. PROJECT INFORMATION

17. What is the business problem that requires technical assistance?

18. What technical assistance is required to solve the business problem (identified above)?

19. What skills are required to deliver such technical assistance?

20. When will the provision of the technical assistance start?

21. When will the provision of the technical assistance end? _____

22. What benefits do you expect to receive upon the completion of the technical assistance?

Result	Number	When Expected
Increase in sales	_____	_____
New market(s) secured	_____	_____
Increase in gross Operating Profit	_____	_____
Increase in capacity utilisation	_____	_____
Increase in number of employees	_____	_____
Increase in productivity	_____	_____
Decrease in percentage rejects	_____	_____
Other(s) <i>pls specify</i>	_____	_____

23. Name the three consultants from which you received proposals (if the cost of the technical assistance exceeds \$20,000):

24. Which is your preferred consultant?

25. Why do you prefer the consultant (in 24) above?.

26. What is the cost of the technical assistance for which you are applying for grant?

(Please ensure you have submitted the Registration Forms and relevant CVs for each of the Service Providers.)

D: OTHER FINANCIAL SUPPORT

27. Are you in receipt of, or have you applied for, financial support from any other source for the activities for which you are applying for support from the BDS Fund?

Yes ____ No ____

(Please ensure you your consultants have submitted their Registration Forms and relevant CVs to the BDS Fund)

Name:

Position held:

Date:

Signature:

PLEASE NOTE: SIGNATURE OF THIS FORM IS ALSO A FORMAL DECLARATION THAT THE APPLICANT IS NOT RECEIVING FINANCIAL SUPPORT FROM ANY OTHER SOURCE FOR THE ACTIVITIES APPLIED FOR.

<p>Please note that applications cannot be processed unless all the relevant information has been received.</p>
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