

MSME PROJECT

BUSINESS DEVELOPMENT SERVICES FUND

APPLICATION FOR A GRANT FOR COMPANIES

<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. Company's name: _____

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

2. Company's physical address

3. Company's postal address

4. Company's contact details:

Telephone: _____ **Fax:** _____

Website: _____ **Email:** _____

5. Name of contact person: _____ **Position:** _____

6. Business Registration Number: _____

7. Date of Registration: _____

8. Date of business start-up: _____

9. Your Bank? Name _____

Address _____

Contact person _____

Years with the bank _____

B: BUSINESS DETAILS

10. State the nature of your business

11. What was your annual turnover for the last three years?

Year **200_** **200_** **200_**

12. What was last year's turnover for your three major products/services?

	Product/Service	Turnover
1	_____	_____
2	_____	_____
3	_____	_____

13. What percentage of your turnover was exported for the last three years?

200_	200_	200_
___%	___%	___%

14. What are your export markets?

1: _____

2: _____

3: _____

15. How many people do you employ? _____

16. Of these what number are in management? _____

C: OWNERSHIP:

17. Who are the owners of the company and what percentage of shares does each hold?

18. If the business is not 100% privately owned, please specify the source/s of other shareholding.

19. If the business is a service provider, is it in receipt of any government funding towards its regular operating costs? Yes: ____ No: ____

D. PROJECT INFORMATION

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

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

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

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

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

25. What benefits do you expect to receive when the technical assistance has been received by company? When?

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) *pls specify* _____

26. Name the consultant from which you received proposals (Three consultants if the cost of your assignment will exceed \$20,000):

27. Which is your preferred consultant?

28. Why do you prefer the consultant (in 27) above?.

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

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

E: OTHER FINANCIAL SUPPORT

30. 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 be aware that dual funding of the activity, or grant assistance from more than one source, is not permitted and may result in cancellation of the grant.)

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.

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