



# BUSINESS DEVELOPMENT SERVICES FUND

## APPLICATION FOR A GRANT TO 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 6. Mankata Close, Airport Residential Area, P. O. Box KIA 30284, Accra Ghana. Tel +233-0302 776198/ 302 7012440-2 Fax 233-302 772332 [info@bdf.org.gh](mailto:info@bdf.org.gh)

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 three Service Providers. Please indicate which of these you prefer.
  - A Business Plan (if available, or when the grant requested exceeds \$10,000).
  - 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: \_\_\_\_\_

Fax: \_\_\_\_\_ 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	2008	2009	2010
	_____	_____	_____

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?

2008	2009	2010
_____%	_____%	_____%

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. Percentage private equity: \_\_\_\_\_ %

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

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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?

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

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

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

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**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?**

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**26. How long after technical assistance has been received do you expect these benefits (in 25) to occur?**

*Please indicate when each of the benefits (or group of benefits) will be realised*

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**27. Name the consultant(s) from which you received Technical & Financial proposal(s):**

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

**E: OTHER FINANCIAL SUPPORT**

**28. 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.**

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