**Note to Applicant:** On the cover sheet, please to fill in the blank boxes. USADF Staff will update areas labeled NA after a site visit.

|  |  |  |  |
| --- | --- | --- | --- |
| **Country:** |  | **Name of Project:** |  |
| **Estimate of Funding Request:** | **Local Currency:** | **NA** | **Investment Type: NA** |
| **U.S. $ equivalent:** | **NA** |
| **Length of Project (months)** | **NA** | **Exchange Rate:** | **NA** |
| **Legal Name of Applicant:** |  |
| **Other Names Applicant is known by or does business as:** |  |
| **Legal Status Type of Applicant:** |  |
|  | **Males** | **Females** | **Businesses** | **Total** |
| **All Applicants** | **# of Full Time Employees funded through proposed project** | **NA** | **NA** |  | **NA** |
| **# of Part Time Employees funded through proposed project** | **NA** | **NA** |  | **NA** |
| **For Enterprises** | **# of Suppliers** | **NA** | **NA** | **NA** | **NA** |
| **# of Individuals Receiving Training** | **NA** | **NA** |  | **NA** |
| **For Cooperatives** | **# of Individuals Supplying Raw Materials or Receiving Training or Loans\*** | **NA** | **NA** |  | **NA** |
| **Applicant Contact Points:** |
| **Name of Primary Contact Person:** |  |
| Position: |  |
| Telephone: |  |
| E-Mail: |  |
| **Location of the Organization/Business:** |
| Physical Address: |  |
| Mailing Address: |  |
| City or town [if urban]: |  |
| Village [if rural]: |  |
| Nearest Town [if rural]: |  |
|  | **SIGN-OFF** |
|  | *I understand that a material misstatement or the omission of material facts may stop the United States African Development Foundation from providing funding, may require the termination of any funding that is awarded, and may give cause for legal action by the Foundation. I confirm that I have necessary authority to act for and on behalf of the enterprise or cooperative in making the foregoing statements and that they are correct, to the best of my knowledge and belief, and that no statements of fact are omitted from this questionnaire which are necessary in order to make the statements herein not misleading.* |
| Applicant’s signature: |  |

*\*This includes members OR non-members of a cooperative who have sold raw materials to the cooperative within the past two years, and members or non-members who will receive trainings from the cooperative, or gain access to revolving loan or input funds through the proposed project*

**NOTE TO APPLICANT:** This project funding application includes five sections:

1. Organization Information
2. Current Financial Situation
3. Project Proposal Information
4. Project Budget
5. Supporting Documents

Please follow this outline in developing your application request. The answers to the questions below **should be brief and not exceed 10 pages.** If your application is accepted, additional details will be required.

**APPLYING FOR A USADF- SIRP GRANT IS FREE. THERE IS NO FEE ASSOCIATED WITH THIS GRANT APPLICATION.**

**A. ORGANIZATION INFORMATION**

A.1. The organization was established in what year? \_\_\_\_\_\_\_\_

Date of Legal Registration (Month / Day / Year) \_\_\_\_mm /\_\_\_\_day / \_\_\_\_year

A.2. Please state the mission or purpose of your organization or enterprise. Limit response to one paragraph.

A.3. Provide a short description of the most significant achievements your organization has made in the past three years. Limit response to less than half a page.

|  |  |
| --- | --- |
| **Year** | **Achievement**  |
| **2020** |  |
| **2019** |  |
| **2018** |  |

A.4. What is the primary product that your organization or enterprise sells for revenues? Limit response to one paragraph.

A.5. If applicable, describe the Ownership Structure:

List of Owners or Founders (add rows as needed or provide on a separate page if more rows are needed)

|  |  |  |
| --- | --- | --- |
| Name | Citizenship | % Ownership |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

A.6. If applicable, describe the Governing Structure:

List of Board Members or Executive Committee

|  |  |  |
| --- | --- | --- |
| Name | Citizenship | Title |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

A.7. If applicable, describe the Management Structure:

List of top five Managers and Senior Staff

|  |  |  |
| --- | --- | --- |
| Name | Qualifications | Years with Organization |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

8. For cooperatives, your cooperative has made up of \_\_\_\_\_\_\_\_­­­\_ active, paid up members (\_\_\_\_\_\_ male \_\_\_\_\_\_ female).

How many members are between age 15 and 35? \_\_\_\_\_\_\_\_\_\_\_

What are the requirements for membership?

**B. CURRENT FINANCIAL SITUATION**

B.1. List any loans (amounts, term, provider), that your organization has received in the last five years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Loan Provider | Loan Amount | Date Loan Issued | Term | Balance Due |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

B.2. List all sources, amounts, and dates of any donor, government or other outside support (not loans) that your organization has received in the last five years.

|  |  |  |  |
| --- | --- | --- | --- |
| Donor Name | Date Received | Type (Grant, Training, In-kind Donation of Assets) | Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

B.3. Have you requested any other funding (grants or loans) from other donors, NGOs, government, private companies, or banks that are still being considered? If yes, please list details below.

|  |  |  |  |
| --- | --- | --- | --- |
| Loan Provider / Donor Name | Date Requested | Type (Loan, Grant, Training, In-kind Donation of Assets) | Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

B.4. After the USADF- SIRP grant has ended, if your organization is in need of further funding for working capital or expansion, where do you expect to seek loans or other sources of funding? If you do not, why not? Limit response to one paragraph.

B.5. List the name(s) of credible\* potential follow-on financing organizations you have identified. Follow-on financing means financing that you apply for and receive during or after the USADF- SIRP grant. \*Credible means you have contacted the source of financing and understand the requirements to obtain financing from this source.

|  |  |  |  |
| --- | --- | --- | --- |
| Financer Name | Type (Loan / Grant) | Value | Requirements to Receive Financing |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

B.6. Does your organization or enterprise have a trained accountant or bookkeeper? Yes / No

What are their qualifications and years of experience?

B.7. Does your organization or enterprise have 2 years of financial statements? Yes / No

Are the statements audited? Yes / No

**C. PROJECT PROPOSAL INFORMATION**

C.1. List the three largest challenges or constraints to growth that your organization or enterprise faces. List them in priority order.

1.

2.

3.

C.2. Who are currently the main buyers of your product or service? Please list specific names of individuals or organizations. Indicate if you have signed purchase contracts with your buyers.

C.3. What is the additional market opportunity that your organization or enterprise is trying to capture? Provide the names of the buyers associated with this market opportunity. Limit response to one paragraph.

C.4. How will this grant allow your organization or enterprise to increase its sales revenues? Please highlight any direct relationships to farmers or activity that will increase farmers’ incomes.

For example…

-"The USADF- SIRP -funded warehouse will improve storage conditions of our produce. Spoilage will be reduced (increasing *quantity*), and hygienic storage conditions will improve produce's *quality* (increasing sales price)."

-"Purchase of two boats will triple the quantity of fish we catch."

-"The requested input loan fund will allow farmers to purchase improved seeds. That combined with grant-funded agricultural training, will increase farmers’ yields. We will purchase and market all of the farmers’ additional production."

C.5. List the three main activities that you must complete in a USADF- SIRP -funded project to increase your organization’s revenues and/or improve farmer incomes.

1.

2.

3.

C.6. What is the biggest risk to the success of this project? Limit response to one paragraph.

C.7. If this project is successful, how many farmers will have improved incomes? \_\_\_\_\_\_\_\_

C.8. Please provide projections showing how farmers’ incomes will increase over the next four years as a result of this project. Your projections should be based on your response to question C.4 above. Briefly describe how you reached your projections.

For example, if your organization purchased 100 tons of maize from farmers in the baseline year, how much maize will your organization purchase from farmers in years 1, 2, 3 and 4 of the USADF- SIRP grant? Multiply the tons of maize times the price per ton of maize to determine yearly revenues to farmers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Baseline Farmer Incomes | Year 1 | Year 2 | Year 3 | Year 4 |
|  |  |  |  |  |

C.9. How will sales revenues increase over the next four years? Your projections should be based on your response to question C.4 above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Baseline Annual Sales Revenues  | Year 1 | Year 2 | Year 3 | Year 4 |
|  |  |  |  |  |

C.10. What innovative approaches to agricultural and economic development have you tried? This includes but is not limited to digitization, information technology, and agricultural solutions using renewable energy. How would you use these or other innovative approaches in implementing a USADF- SIRP -funded grant? Limit response to one paragraph.

**D. GRANT BUDGET**

D.1. Please complete the budget template found on the last page of this application.

**Amount requested from USADF- SIRP** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in local currency)

**Organization contribution**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in local currency)

The contribution from your organization may be in cash donations or in kind, including, but not limited to, supplies, infrastructure, equipment, labor, office, storage and meeting space, and organizational operating costs not covered by the grant.

D.2. Please list what your organization will contribute to the project (see the examples above).

D.3. How many hectares of land will be under cultivation for this project? \_\_\_\_\_\_\_\_\_\_

D.4. Will your organization contribute land to the project for infrastructure or other activities?

If yes, how many hectares? \_\_\_\_\_\_\_\_\_

D.5. Will any other groups be involved in providing technical support for this project? If so, list the organization and the nature of the support.

**E. SUPPORT DOCUMENTS**

E.1. Please provide a copy of your organization’s or enterprise’s registration document. (Required)

E.2. If available, provide copies of the past two years of financial statements.

E.3. If available, provide a copy of your most recent business plan.

E.4. Please provide contact information for three references. References should be from outside of your organization, and should be familiar with the activities of your organization. (Required)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Telephone | E-mail |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

E.5. For enterprises (not cooperatives), please provide contact information for 3 – 5 of your suppliers.

|  |  |  |
| --- | --- | --- |
| Name | Telephone | E-mail |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**USADF- SIRP PROJECT BUDGET TEMPLATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |   | **Name of Project**  |   |   |
|   |  | **Costs** |   |
|   | **Category** | **Description** | **in Local Currency** |   |
|   | **A** | **INFRASTRUCTURE**  |   |   |
|   | A.1 |   |   |   |
|   | A.2 |   |   |   |
|  |  |  |  |  |
|  |  | **Sub-Total** |  |  |
|   |   |  |  |   |
|   | **B** | **EQUIPMENT PURCHASES** |  |   |
|   | B.1 |  |  |   |
|  | B.2 |  |  |  |
|  |  |  |  |  |
|   |   |  **Sub-Total** |  |   |
|  |  |  |  |  |
|   | **C** | **WORKING CAPITAL / INPUTS** |  |   |
|   | C.1 |  |  |   |
|   | C.2 |  |  |   |
|  |  | **Sub-Total** |  |  |
|   |   |  |  |   |
|   | **D** | **TRAINING**  |  |   |
|   | D.1 |   |  |   |
|   | D.2 |   |  |   |
|  |  |  |  |  |
|  |  | **Sub-Total** |  |  |
|  |  |  |  |  |
|   | **E** | **TECHNICAL ASSISTANCE** |  |   |
|   | E.1 |  |  |   |
|  | E.2 |  |  |  |
|  |  |  |  |  |
|   |   |  **Sub-Total** |  |   |
|  |  |  |  |  |
|   | **F** | **ADMINISTRATIVE SUPPORT** |  |   |
|   | F.1 |   |  |   |
|   | F.2 |   |  |   |
|  |  |  |  |  |
|   |  |  **Sub-Total** |  |   |
|  |  | **Grand Total** |  |  |