Dear Applicant,

Thank you for your interest in a potential partnership with the USAID Enterprise Competitiveness Project. Since all decisions on the selection of grant-recipients must be made on pre-specified rigorous criteria, would you please willing to fill out the following checklist, before you go further with grant application:

|  |  |  |  |
| --- | --- | --- | --- |
| # | **Criteria for eligibility to access Project Fund support** | Yes | No |
| 1 | Is your business registered as a private entrepreneur/voluntary patent/legal entity |  |  |
| 2 | Your business has track record of successful business performance more than three years |  |  |
| 3 | You are ready to co-invest minimum 50% in long-life assets (equipment only).If you plan constructions, you have all permission documents, and these works include light repairs. Please note, that construction costs are not counted as leverage, but will be regarded as part of your overall contribution. Only equipment is counted as leverage. |  |  |
| 4 | Your business activity is implemented in the Kyrgyz Republic  |  |  |
| 5 | Business owner(s) is/are citizens of the Kyrgyz Republic  |  |  |

If you responded “Yes” to all check boxes, we encourage you to apply and we look forward to receiving your full application data as per forms attached.

Should you need any further information, please do not hesitate to contact us.

Sincerely,

Project Fund team

**USAID ENTERPRISE COMPETITIVENESS PROJECT**

**GRANT APPLICATION TEMPLATE**

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| Date of submission: |  |
| Name of applicant:  |  |
| Name of the enterprise: |  |
| Owner of the enterprise | Name: |
| [ ]  Male [ ]  Female |
| [ ]  Age more than 29 [ ]  Age 15- 29 |
| Manager (if different from the owner) | Name: |
| [ ]  Male [ ]  Female |
| [ ]  Age more than 29 [ ]  Age 15- 29 |
| Sector of the enterprise |  |
| Contact information | Address, email, phone: |

1. **ELIGIBILITY CHECK**

*Please check all applicable boxes and provide details as requested*

|  |
| --- |
| **[ ]**  Registered as a business (patent or legal entity)*Date of registration:* |
| ***The following information is mandatory****Please provide clear information about the legal form of a business, ownership structure, including names and stakes of owners (if multiple):**Please provide information about the citizenship of owner (owners):* |
| **[ ]**  Proponent (business or person/s) has track record of successful business performance (> 3 years)*Please provide brief description of your organization from establishment to current moment: legal form, founders/owners, management, major operations/products/services, target markets and clients, competition and competitors, your organization’s position in the market and competitive advantages:****If business*** *please provide information on: sales turn-over in last three years or size of investments/loan portfolio, markets/customers and number of employees:****If Business Service Providers (BSP) please provide:*** *name of clients, size of contracts, significant accomplishments from previous work, number of employees:* |
| **[ ]** Commitment for substantial cash contribution (existing assets of your enterprise such as real estate, land, equipment, etc. are considered as in-kind contribution and will note be accepted as cash contribution to mandatory 50-50 co-investment requirement)*Please specify (the numbers you provide below should match numbers you present in separate budget file in Excel):**Applicant’s cash contribution to the activity (in KGS), which consists of two categories below:* *Fixed assets investment (in KGS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Operating/Working capital (in KGS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Source:* **[ ]** *Loan* **[ ]** *External investor* **[ ]**  *Own funds**Please describe (what and indicate the value) if you have any in-kind contribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Requested Grant from USAID Enterprise Competitiveness Project (in KGS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Purpose of Grant:* **[ ]**  *Equipment* **[ ]**  *Technical support* **[ ]** *Marketing support* **[ ]**  *Others**If it’s for “Others” please explain:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **[ ]** Activity implementation in Kyrgyzstan*Please specify location or locations (ayil-okmotu/city, rayon, oblast):* |
| Are you able to attract debt financing from financial and/or non-banking institution(s)?**[ ]  Yes [ ]  No***If yes, please explain why you are interested in receiving grant assistance from USAID instead of approaching commercial financial resources:**If no, please provide explanation why (in case of outstanding debt, please describe lender(s), duration, initial and outstanding amounts, regular repayments, etc.):*Please specify if you are interested in assistance with approaching financial and non-banking financial institutions to receive debt and/or equity financing:**[ ]  Yes [ ]  No** |
| Are you a former grant beneficiary?**[ ]  Yes [ ]  No***If yes, please describe how the grant was utilized and the outcome in terms of additional sales, new markets and new jobs:* |
| **[ ]**  Activity is aligned with objectives of USAID Enterprise Competitiveness Project*Please refer to Background Section of the Call for Applications and explain how the proposed activity will contribute to specific objectives (identify which objective) of USAID Enterprise Competitiveness Project (reference specific objectives without describing your proposed project):* |
| Do youcommit to submit regular monthly reports to USAID Enterprise Competitiveness Project based on indicators to which you proposed to contribute to? **[ ]**  Yes, I commit **[ ]** No, I cannot commit |
| *Please check if your organization represents or is related to any of the following groups:***[ ]** Political parties, groupings, or institutions or their subsidiaries and affiliates[ ]  Organizations promoting anti-democratic policies or illegal activities[ ]  Faith-based organizations whose main deliverables for the activity is of a religious nature |

1. **PROJECT DECRIPTION**

|  |
| --- |
| * 1. **Purpose of activity**
 |
| *Please describe what the proposed activity aims to achieve, i.e. what project/activity you propose, what exactly USAID will support, why it is important for you and USAID, who in addition to your organization will benefit from proposed activities and how:* |
| * 1. **Statement of additionality**
 |
| *Please explain why USAID’s contribution is important and why without USAID’s assistance you will not be able to implement proposed activities:* |
| * 1. **Narrative description of activity**
 |
| *Please briefly describe your strategy to address issues or respond to opportunities to achieve growth in sales and jobs; how you are going to implement proposed activities, including the ones which will be supported by USAID:* |
| * 1. **Specific details (to be provided if applicable)**
 |
| *3.4.1 Please describe anticipated expansion of the business (increase in annual sales in KGS in 2020-2022 compared to initial baseline sales; provide specific numbers broken down by each year, not percentage; if you provide total projected annual sales, please specify increase in sales compared to baseline sales, i.e. before you started project with USAID):**Please describe methodology of your sales projections and justification of why you think these sales will take place (planned new markets, new products, buyers, contracts/agreements, etc.):* |
| *3.4.2 Please provide expected number of new jobs, annually in 2020-2022 (broken down by each year) that will be created (we have to understand increase in jobs at your enterprise and your partners/suppliers which will happen annually as a result of our joint activities); you must indicate share of women and share of youth in newly created jobs:**Please describe methodology of your projections of increase in jobs and justification of why you think these new jobs will be needed (categories of labor, amounts, roles and responsibilities, etc.):* |
| *Please describe particular advantages and strengths of your organization to implement proposed activities:* |
| *Please provide evidence-based assessment of market potential and business viability of proposed activity:* |
| *Is this activity supported by other donors?* **[ ]  Yes [ ]  No** *If yes, please explain what the support from the USAID Enterprise Competitiveness Project will achieve that cannot be achieved by existing support from other donor/s.* |

1. **Project Workplan**

*Please present the activities step-by-step in logical and chronological sequence. As a start date of activities in the plan below, please use the date of three months after you plan to submit this application (e.g. you plan to submit application in May, your planned starting date of activities should be not earlier than August). Add rows as necessary:*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Activities** | **Timeline** | **Milestone/deliverable** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

1. **Project Outcomes & Impact**

*Please provide targets to relevant partnership performance indicators, you can rename titles of the year to specific time periods (e.g. June 2020 – June 2021)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** | **Year 1** | **Year 2** | **Year 3** |
| Increase in USD Sales of firms benefiting from USG assistance\* |  |  |  |
| Number of jobs created with USG assistance\*\** # of Seasonal workers and # of months/days worked
* # of full-time employees (at least one-year contract)
 |  |  |  |
| Number of individuals benefiting from USG Assistance |  |  |  |
| Number of Households benefiting from USG Assistance |  |  |  |
| Total Contribution of the Applicant to the activity (USD) |  |  |  |

*\* These numbers have to correspond to data, which you provided in Section 3.4.1 of this application*

*\*\* These numbers have to correspond to data, which you provided in Section 3.4.2 of this application*

*For* ***Business Service Providers****, additional indicators*

|  |  |  |  |
| --- | --- | --- | --- |
| Number of firms receiving USG funded technical assistance for improving business performance  |  |  |  |
| # of Firms that have accessed new markets  |  |  |  |

|  |
| --- |
| *Please describe a plan to monitor/measure the project outcomes and impact (quantitatively and qualitatively):* |

1. **Project Financial Information**
2. *Please prepare a detailed budget using the sample format in ANNEX 1 (Excel spreadsheet). Please specify requested contribution from USAID Enterprise Development Project and contribution from Applicant. Project budget should correspond to activities described in Section 4 above.*
3. *Please prepare a 5-year Cash Flow forecast using the sample format in ANNEX 2 (Excel spreadsheet).*
4. *Please prepare a 5-year Profit & Loss forecast using the sample format in ANNEX 3 (Excel spreadsheet).*

**7. References**

*Please attach at least two references from your clients, buyers or suppliers*

**8. Certification of Receipt of the “Note to Stakeholders” from USAID**

**I hereby certify that I have received the “Note to Stakeholders” from USAID**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Applicant Signature**