**TEKKI-FII AGRO GRANT APPLICATION FORM AND BUSINESS PLAN TEMPLATE**

*This form should be electronically filled, printed, signed, and put in a sealed envelope with all the supporting documents clearly marked “Application for Tekki Fii Grants” and submitted to NACCUG or scanned and sent by email to minigrantschemegambia@gmail.com*

***Attention:*** *Alternatively, applications can be submitted to the following venues: NACCUG Head Office in Kanifing, Credit Union Shared Branching Offices located in GTUCCU Regional Offices in Brikama (next to Youth Centre), Soma, Basse and Farafenni, Foni Kansala Cooperative Credit Union (Bwiam), Sabunyima Cooperative Credit Union (Bansang), and Kerewan Fangdema Cooperative Credit Union (Kerewan NBR). Forms should be completed using clear legible hand writing in capital letter. The completed signed application with all the supporting documents can be submitted at the same credit union offices or may also be scanned and sent by email to minigrantschemegambia@gmail.com*

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| --- | --- | --- | --- | --- |
| 1. Date of Application
 |  |  |  |  |
|  |  |
| 1. Name of Business
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|  |  |
| 1. Name of Owner
 |  | 1. Gender
 |  |
|  |  |
| 1. Date of Birth
 |  | 1. ID Number
 |  |
| 1. Name of Financial Service Provider
 |  | 1. Account Type
 |[ ]  Current |
| 1. Account Number (if any)
 |  |  |[ ]  Savings |
|  |  |
| 1. Name of Guarantor and Contact Details
 |  |
|  |  |
| 1. Business Address
 | 1. Regions

***Tick appropriate region*** | CRR | NBR |
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|  |  |  |  |
|  |  |
|  | 1. Telephone No.
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|  |  |
|  | 1. Email
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| 15. | 1. a. Number of employees in the business if any
 | ***Full Time*** |  | 1. Legal Status
 |[ ]  Registered |
|  |  | ***Part Time*** |  |  |  |  |
|  | b. How Many employees would you have in the business in the next 3 years? |  |  |[ ]  Not Registered |
|  |  |
| 17. |  Summarize your business  |
|  |  |
|  |  |
| 18. | Have you received any form of grants or financial assistance for your business in the past/present? If so please give details |
|  |  |
| 19. | Who are your customers and how will acquiring the Agro-Grant help your product or service satisfy the customers’ needs? |
|  |  |
| 20. | Describe the features and benefits of the products or services you sell.  |
|  |  |
| 21. | What makes your business different? Why are your products and services unique compared to other competitors? |
|  |  |
| 22. | Summarize why do you need the Agro-Grant and how would this improve your business? (how will grant increase the profitability/quality of your business?) |
|  |  |
| 23. | How would you use the Agro-Grant if provided? Please indicate by filling the table below |
| Description | Unit Price (GMD) | QTY | Total |
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|  24.  | Description of owner’s financial contribution to the business |
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|   25. | How would you expect the Agro-Grant to help improve the marketability of your products and services? |
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| 26. Previous expenses in year before receiving  Agro-Grant (BREAK IT DOWN) | 27. Previous revenue in year before receiving Agro-Grant (BREAK IT DOWN) |
|  |  |
|  |  |
| 28. Expected expenses in first year (12 months)  after receiving the Agro-Grant (BREAK IT  DOWN) | 29. Expected revenue in first year (12 months)  after receiving the Agro-Grant (BREAK IT  DOWN) |
|  |  |
|  30.  | Please specify in what ways the Agro-Grant will help your business to become more sustainable. |
|  |  |
| 31. | Documents to be attached by the applicant* Business Registration (if any)
* National Identification (ID, Passport, Driving License)
* Business/TVET Training Certificate
* Statement of Accounts (if any)
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| 32.  | **Declarations****a. Applicant**I declare that to the best of my knowledge, all information provided in this application is correct and complete. I am aware that any false information may lead to my application being rejected.**b. Guarantor**I confirm that the information contained in the application and the accompanying documents are correct and complete. As the Guarantor to this applicant, I understand that if the grant is not used for the purpose for which it was approved, I will be responsible for refunding the full amount.  |
| **Applicant’s Signature (For Group Applications three signatures are required)** |  | **Guarantor’s Signature** |
| **Date:****Date:****Date:**  |  | **Date:** |

**APPENDIX A: ELIGIBILITY CRITERIA TO ACCESS TEKKI FII AGRO GRANT**

1. Beneficiaries must be Gambian youth between the ages of 18-35 years
2. Business must be registered business located in NBR AND CRR with proof of business transaction and additional evidence of scalability and potential for job creation
3. The individual or association must already be engaged in Agribusiness within the project intervention area.
4. The individual should have the necessary experience in implementing the selected activity.
5. Should have some level of savings or commit to making regular savings in a financial service provider of his or her choice
6. Must provide a business plan using the application template
7. Agree to maintain in a professional manner the record of the business and be open to be monitored.
8. Must provide a guarantor before disbursement to indicate that the grant will be

used for the intended purpose. Failure of doing so implies that the amount of the grant will be refunded in full by the guarantor.

1. Must provide proof of attendance or certificate that they have received entrepreneurship or vocational training
2. Beneficiaries must attend other trainings as and when required
3. Activity/ Business must not be illegal or detrimental to the environment
4. Business plans that show high level of innovation will be an advantage
5. The Grant Coordinating Committee reserves the right to approve or not to approve any proposal received
6. The maximum eligible amount is GMD250, 000.00

**APPENDIX B: PREVIOUS TEKKI-FII MINI GRANT BENEFICIARIES**

1. Can only apply at least 12 months after receipt of Mini-Grant.
2. Meet all the existing eligibility criteria applied to the agro grant applicants
3. Evidence of operations during the period of 12 months (via statement of business account of any financial institution, plus at least 2 employees- owner plus one employee either full-time or part-time.

**APPENDIX C: ADDITIONAL CRITERIA FOR GROUP APPLICATION**

1. Association or Kafo members must be Gambians
2. Beneficiaries must include 50% Gambian youth between the ages of 18-35 years
3. Minimum membership of 4
4. At least two members must provide proof of attendance or certificate that they have received entrepreneurship or vocational training
5. Business must be registered in the Association/Kafo’s name.
6. At least 3 members of the executive should be signatories.

**APPENDIX D: ELIGIBILITY CRITERIA TO SERVE AS A GURANTOR**

1. He/she must be a Gambian
2. He/she must provide a valid Gambian identification document
3. He/she must not be less than 25 years of age
4. He/she must be willing to serve as adviser to the beneficiary
5. He/she must be willing to accept to serve as guarantor to beneficiary and hereby agree to refund to the full grant amount in the event that the beneficiaries misuse/mismanage the grant plus any damages relating to the recovery of the amount.