



THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
THE MINISTRY OF COMMERCE TRADE AND INDUSTRY, ZAMBIA
2024

ENTREPRENEUR'S

NAME:

ENTERPRISE NAME:

COUNTRY OF RESIDENCE AND NATIONALITY:

		YES	NO	IF YES
1	Is the entity 100% African owned and managed?			Attach an authenticated document of ownership
2	Is the entity legally registered in Zambia			Attach certified copy of registration certificate/Incorporation Certificate
3	Does the entity pay tax?			Attach a Tax certificate
4	Is the entity owned by majority youth and/or women			Attach list of owners with age and gender details

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(Note: Applicant to fill blank boxes, USAID Staff will update shaded areas (NA) after the site visit).

Country:		Name of Business:				
Estimate of Funding Request:	Local Currency:				Investment Type: NA	
	U.S. \$ equivalent:					
Length of Project (months)		Exchange Rate:	NA			
Legal Name of Applicant:						
Other Names Applicant is known by or does business as:						
Legal Status Type of Applicant (Citizen/Foreigner/Legal Resident):						
*For Enterprise: Number of Full Time Employees	Male		Female		Total	
*For Enterprise: Number of Part - Time Employees	Male		Female		Total	
*For Enterprise: # of Suppliers/Farmers or Enterprises Supplying Raw Materials	Male		Female		Total	
**For Enterprise: # of Customers /Beneficiaries Purchasing a good or service	Male		Female		Total	
Applicant Contact Points:						
Name of Primary Contact:						
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]:						
Event:	App. Rcvd.					Grant Date
Date	NA					NA
SIGN-OFF						
<p><i>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 company 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.</i></p>						
Applicant						

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* *Suppliers/Farmers/Enterprises currently impacted over the past two years*

- *Members OR non-members of a cooperative that receive trainings from the applicant enterprise / cooperative*
- *Members OR non-members gaining access to revolving loan or input funds planned in the proposed project*
- *Full time or part time employees funded through activities related to the proposed project*

**Please be sure NOT to double count beneficiaries who will receive multiple benefits from the proposed project.*

** *Based on applicant's sales records, the number of customers who purchased goods/services directly from the applicant*

NOTE TO APPLICANT: The Project Funding Application includes four sections below:

- A. Organization Information
- B. Current Financial Situation
- C. Project Proposal Information
- D. Project Budget
- E. Supporting Documents

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

APPLYING FOR AN USAID GRANT IS FREE, THERE IS NO FEE ASSOCIATED WITH A GRANT APPLICATION.

A. ORGANIZATION INFORMATION

1) The organization was established in _____ (year)

Date of Legal Registration (Month / Day / Year) ____mm____ / _day____ / _Year_____

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

3) Provide a short description of the most significant achievements your organization has made in the past three years. Limit response to 1 page or less. Include total annual operating income for each year.

Year	Achievement	Annual Income
2023		
2022		
2021		
2020		

4) Provide a short description of how the organization or enterprise generates its revenues. Limit response to one paragraph.

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5) What is the primary commodity(ies) or product(s) that the organization or enterprise produces for revenues? Limit response to one paragraph.

6) If applicable, describe the Ownership Structure:

List of current Owners

Name	Gender	If youth give age	Citizenship	% Ownership

7) If applicable, describe the Governing Structure:

List of Board Members

Name	Gender	If youth give age	Citizenship

8) If applicable, describe the Management Structure:

List of Executive Committee members and top Managers and Senior Staff

Name	Qualifications	Years with Organization

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9) Indicate the current number of Employees:

Total Full Time: _____ Men _____ Women _____

Total Part-Time/Seasonal: _____ Men _____ Women _____

B. CURRENT FINANCIAL SITUATION

1) List any loans (amounts, term, provider), and other liabilities attached to the organization?

Loan/Liability Type/Term/Provider	Value	Balance Due

Other:

2) A) List all sources, amounts, and dates of any donor, government or other outside funding received.

Donor Name	Date	Type (Loan / Grant)	Value (USD)

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

Donor Name	Date	Type (Loan / Grant)	Value (USD)

C) Reasons for loan/grant approval delay: Provide details of why the loan(s)/grants is/are not yet approved and any conditions given to the enterprise for the loan(s)/grants approval to be made.

D) Have you applied for a loan from a financial institution and the request denied? Yes/No

If yes, please list details below

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Financial Institution	Date when the request was made	Amount of loan requested (USD)
1.		
2.		
3.		

E) What reasons did the financial institution give for declining the loan request?

3) Identify future

funding opportunities.

A) Did you apply for USAID funding: Y/N?

If yes, please provide 1) the loan amount(s) applied for and (if not yet approved), 2) details on why the loan(s) is not yet approved and any conditions given to the enterprise for the loan(s) approval to be made.

B) List the name(s) of credible* potential financing organizations, other than USAID, you have identified. (*Credible potential financing means: The group has contacted the source of follow-on financing and understands the requirements to obtain financing from this source.)

Financer Name	Type (Loan / Grant)	Value (USAID)

4) Does the organization or enterprise have a trained accountant or bookkeeper? Yes / No

If yes, what is his/her qualifications?

5) (i) Does the organization or enterprise have two years of financial statements? Yes / No

6) (i) Does the organization or enterprise operate a bank account for business transactions? Yes/No
 (ii) If yes provide name and branch of the bank and the period this account has been operated

Bank name	Branch	When the account was opened

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5) If this project is successful and the enterprise qualifies for follow-on investment to address productive activities:

- i) What quantifiable results will the project achieve with the follow-on investment for the target customers, suppliers, and/or other beneficiaries? What will the development impact be? How will you measure success? Provide at least two tangible measures that you can measure.

Examples:

- *XYZ agribusiness will utilize new food processing and packaging equipment to increase production by 25%, from 40 tons of product to 50 tons.*
- *300 plantain farmers in northern Ghana will increase their incomes by 33%, from \$2.50 a day to \$3.75, by selling 50% of their crops to the applicant's agribusiness company.*
- *300 farmers will be trained on best practices for irrigation, composting, and mulching, to reduce their cost of commercial fertilizers by 20%.*

ii) How will Sales Revenues increase over the next four years with the follow-on investment?

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

6) Do you plan to introduce an innovative solution, now or during the follow-on investment, to a current problem you face? This includes but not limited to digitization, information technology, agricultural solutions using renewable energy.

7) Six Month Work Plan:

Please provide a month-by-month workplan for the next six months for your business. What do you need to do in the next six months to ensure your business is best suited for success?

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D. GRANT BUDGET

- 1) Estimate the budget needed to make the enterprise investment ready as discussed under (C) above. Please fill in the budget template below.

(Attach a proposed budget with narrative).

- 2) What will the organization contribute to make the enterprise investment ready (e.g., cash (including loans), land, labor, existing infrastructure, etc.)

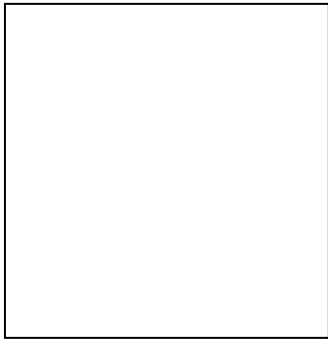
Amount requested from USAID: _____ (in USD)

- 3) Will any other groups be involved in providing technical support or funding for this project? If so, list the organization and the nature of the support.

E. SUPPORT DOCUMENTS

- 1) Provide a copy of your organization or enterprise registration document and articles of incorporation. (Required)
- 2) If available provide copies of the past two years of financial statements.
- 3) If applicable, provide copies of business bank statements for the last 12 months and/or business mobile money transfer statements for the same period
- 4) If available provide a copy of your most recent business plan.
- 5) Provide authenticated document of ownership e.g. shareholding certificate
- 6) Attach a passport size photo of the Applicant.

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- 7) Provide a tax certificate.
- 8) Provide applicant identity document e.g. National ID Card, Driving License, Passport
- 9) Provide three reference contacts. (Required)

Please list the three references outside your organization:

Name	Relationship	Telephone	E-mail

USAID PROJECT BUDGET TEMPLATE (Optional)

		Name of Project		
			Costs	
	Category	Description	in Local Currency	
	A	INFRASTRUCTURE		
	A.1			
	A.2			
		Sub-Total		
	B	EQUIPMENT PURCHASES		

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	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	

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			Grand Total		
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