Tool P3.S2.T5 Application form for MEs support

(To be adapted and completed by the candidates to the ME project following the requirements in the Call for Proposals)

# Personal data

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| **Name** | **First name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| **Family name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | | | **ID** |  |
| **Current Address** |  | | | | | | |
| **Locality** |  | | Rural  Urban  Peri-urban  | | | | |
| **Municipality** |  | **District/Province/Region** | | |  | | |
| **Phone number(s)** | +(\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ +(\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Sex** |  Male  Female | **Age** | | |\_\_|\_\_| | | | |

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| **Type of property/**  **ownership** | | Owner Rented Guest Shared Other | | **Type of housing** | | Apartment  House   Room  Other  |
| **Disability** |  Yes  No | | **Type of disability** | | Physical Disability Visual Disability.   Hearing Disability  Mental Health Disability  Other  | |

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| **Women HoH** |  Yes  No | **Household size**  *(total family members living in the same house, including HoH)* | Total |\_\_\_\_\_\_\_\_|  Males |\_\_\_\_\_\_| Females |\_\_\_\_\_\_\_|  Children 0-14 |\_\_\_\_\_\_\_|  HH members with disability |\_\_\_\_\_\_\_|  Elders > 60 years old |\_\_\_\_\_\_\_|  Pregnant/lactating women|\_\_\_\_\_\_\_| |

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| **Marital status** |  Married (spouse present)   Married (spouse not present)   Divorced   Single   Widow   Separated | **Level of education** |  No formal education/illiterate   Primary school   High school   University   Other |

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| --- | --- | --- | --- | --- | --- | --- |
| **Legal status (only for Migration project)** | | | Resident (host community)  IDP  Returnee  Refugee  | | | |
| **Year of arrival to locality (only for Migration project If not a member of the host community).** | | |\_\_|\_\_||\_\_|\_\_| | | **From where did you return/displaced/fled (only for Migration project If not a member of the host community).** | | District/Province/Region  |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Country  |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **Main occupation/profession**  ***(before shock/crises or abroad/away in case of IDP, returnees/refugees)***  ***(adapt to common professions in the area)*** | * Livestock breeding * Poultry farming * Dairy farming * Fishing * Fish farming (aquaculture) * Agriculture * Market gardening (horticulture) * Beekeeping * Forestry * Petty trade * Grocery shop/Mini-market (drinks, food items, hygiene, house non-food items) * Food shop * Bakery * Butcher | | | * Food processing (Canning, packing, pickling, drying...) * Clothing/Accessories shop * Snack house/coffee shop * Restaurant/catering * Hotel/guest house * Spare part shop * Hardware store * Electronics shop * Miscellaneous items shop * Mobile phone/cards shop * Wholesale trade * Grinding Mill service * Tailor/Garment * Mason * Blacksmith * Carpentry | | * Painting * Welding * Carpenter * Shoemaker * Plumber * Arts & crafts * Mechanic * Beauty parlor, massage, wellness... * Barbershop/ Hair salon * Transportation (minibus, Taxi, Auto, Moto, bicycle...) * DTP/Internet/Telephone repairs * Security/housekeeping * Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * I don’t have a profession. |
| **Do you have a certificate or diploma for the above profession?** | | | | | Yes  No  | |

# Household economy - income and expenditure

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| --- | --- | --- | --- |
| **Main current source of the HH** |  Salary from employment   Self-employed (no ME supported by the project)   ME supported by the project   Daily labour   Aid from international organizations/ NGO   Remittances from friends and family abroad   Personal savings   Loan from family and relatives   Agriculture   Livestock   Family support   No income source | **Second source of income of the HH** |  Salary from employment   Self-employed (no ME supported by the project)   ME supported by the project   Daily labor   Aid from international organizations/ NGO   Remittances from friends and family abroad   Personal savings   Loan from family and relatives   Agriculture   Livestock   Family support   No income source |

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| **TOTAL expenditures last month for the HH** (food, hygiene items, healthcare/medicines, utilities (gas, fuel, water, electric, etc.), rent, education) | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| |
| **TOTAL income last month for the HH** (from all income sources: salary from employment, Self-employed, Daily labor, Aid from international organizations/ NGO, Remittances from friends and family abroad, Personal savings, Loans) | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| |

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| **Do you get remittance?** | |  Yes  No |
| **If YES, how much?** | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| **Do you get enough income to cover your basic needs /expenditures?** | |  Yes  No |
| **If NO, what coping mechanism(s) are you resourcing to?** |  | |

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| **Do you have savings?** | |  Yes  No |
| **If YES, how much?** | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| **Do you have debts?** | |  Yes  No |
| **IF YES, how much?** | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| **IF YES, to whom you owe the money?** |  | |
| **Describe how you have been affected by < crisis / disaster / shock...> in your HH economy and/or business.** |  | |

*Add as many questions as needed to pre-assess eligibility and vulnerability criteria*

# Project proposal

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| **Business Name**: | |  | | | | | | | | |
| **Sector:** | |  Agriculture  Manufacturing  Services  Trade | | | | | | | | |
| **Subcategory** | * Livestock breeding * Poultry farming * Dairy farming * Fishing * Fish farming (aquaculture) * Agriculture * Market gardening (horticulture) * Beekeeping * Forestry * Petty trade * Grocery shop/Mini-market (drinks, food items, hygiene, house non-food items) * Food shop * Bakery * Butcher | | | | * Food processing (Canning, packing, pickling, drying...) * Clothing/Accessories shop * Snack house/coffee shop * Restaurant/catering * Hotel/guest house * Spare part shop * Hardware store * Electronics shop * Mobile phone/cards shop * Miscellaneous items shop * Wholesale trade * Grinding Mill service * Tailor/Garment * Mason | | | * Blacksmith * Carpentry * Painting * Welding * Carpenter * Shoemaker * Plumber * Arts & crafts * Mechanic * Beauty parlor, massage, wellness... * Barbershop/ Hair salon * Transportation (minibus, Taxi, Auto, Moto, bicycle...) * DTP/Internet/Telephone repairs * Security/housekeeping | | |
| **If other, subcategory, specify?** | |  | |  | | | | | | |
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| **Will it be a business group?** | |  Yes  No | | **If YES, number of members,** | | | | | |\_\_|\_\_| | |
| **Briefly describe your project**  Brief information about you as an entrepreneur/group and your **motivation** to undertake this project. Summarize the important aspects of your business and the activity that you are going to develop, highlighting the **differentiating value** of your business idea. | |  | | | | | | | | |
| **Brief description of the products and services**  Indicate a brief description of the products and services that you are going to offer and what need it meets in the market. Explain the strengths by reporting the advantage over the competition. | |  | | | | | | | | |
| **Brief description of the marketing aspects** (clients, suppliers, sales channel: physical shop, home delivery, e-commerce, etc. competitors.**)** | |  | | | | | | | | |
| **Briefly describe what are the main risks/obstacles** of the business **and mitigation measures** | |  | | | | | | | | |
| **This proposal is for:** | | Start new business  Recovery  Strengthening of existing business | | | | | | | | |
| Do you have experience in this type of project, If YES for how long? | | Yes No  | | **How long**: | | | | | | |
| Do you have knowledge and basic skills to run the project, If YES what are they exactly? | | Yes No  | | **Exact skills**: | | | | | | |
| Do you have the place to run the business, if YES where? | | Yes No  | | **If yes: Where:**  **IF NOT, from where would you like to get the work place?**   Family   Government   Rented place   Other \_\_\_\_\_\_\_\_\_\_\_\_  : | | | | | | |
| Do you already have any assets that can/will be used to start the project? | | Yes No  | | **IF YES, what are they?** | | | | | | |
| Total amount needed for the intended project: | | **<CURRENCY>** | | | | | | | | |
| Amount requested from <National Society>: | | **<CURRENCY>** | | Applicants financial contribution: | | | | | **<CURRENCY>** | |
| What is the < Weekly/Biweekly (every 15 days)/Monthly/Quarterly (3 months)/Half-yearly (6 months)/Annual> income you expect from this project: | | | | | | | **<CURRENCY>** | | | |
| What is the < Weekly/Biweekly (every 15 days)/Monthly/Quarterly (3 months)/Half-yearly (6 months)/Annual> expenses you expect to spend in this project: | | | | | | | **<CURRENCY>** | | | |
| **What is the current status of the ME ?**  (only for recovery/strengthen MEs projects) | | |  Not started  Stopped   Partially running  Fully running | | | | | | | |
| **Business performance**  (only for recovery/strengthen MEs projects) | | **Monthly income (selling)**  <CURRENCY>  |\_\_|\_\_|\_\_|\_\_|\_\_| | | | | **Monthly expenditures**  <CURRENCY>  |\_\_|\_\_|\_\_|\_\_|\_\_| | | | | **Net monthly profit (gains)**  <CURRENCY>  |\_\_|\_\_|\_\_|\_\_|\_\_| |

# List of necessary items for the project

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| --- | --- | --- | --- | --- |
| **Type of item** | **Unit** | **Units needed** | **Price per unit**  **<CURRENCY>** | **Total price**  **<CURRENCY>** |
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| **Total** | | | | **<CURRENCY>** |

# Other considerations

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| You need training for the management of your business | Yes No  |  | What type of training?  Management business training  Others: |
| Did you receive similar support from other/local organization? | Yes No  | When: | What type of assistance: |
| Comments and additional notes on the planned modality of launching and running the business: | | | |

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Applicant's signature Date and place

**Office purpose:**

Verified by: ………………………………………..……………… Date:…………………………………………….

**Observations:**

To be visited: YES  NO 