



THE UNITED STATES AFRICAN DEVELOPMENT FOUNDATION STANBIC KENYA FOUNDATION 2022

Entrepreneur's Name:	
PROJECT 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 Kenya			Attach certified copy of
				registration certificate
3	Does the entity have management or audited accounts			Attach copies of the
	for the last 2 years?			management or audited accounts
				for the last 2 years
4	Has the entity operated bank accounts for the last 12			Attach copies of bank statements
	months?			for the period Jan 21 to Jan 22
5	Has the entity applied for and denied a commercial loan			Attach a statement providing the
				name of the financial institution
				and reasons for the loan request
				decline
6	Is the entity owned by majority youth and/or women			Attach list of owners with age
				and gender details

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

Country:					Name of						
Estimate a	£	Tas	al C		Project	:					I
Estimate o	_		al Curren	_ ·	BT A						Investment Type:
Funding R	_	U.S.	. \$ equiva	lent:	NA	D 4		NT A			NA
Length of (months)	Project			Exchange Rate: NA							
Legal Nam	e of Appli	icant									
Other Nan	nes Applic	ant is	s known								
by or does	business a	as:									
Legal Stat	us Type of	App	licant:								
*For Enter				Mal	e NA		Femal	e NA		Total	NA
Employees	-										
*For Enter	rprise: # o	f Par	t -Time	Mal	e NA		Femal	e NA		Total	NA
Employees											
*For Enter	rprise: # o	f		Mal	e NA		Femal	e NA		Total	NA
Suppliers/	Farmers o	r Ent	terprises								
Supplying	Raw Mate	erials									
**For Ent	erprise: #	of Cu	stomers	Mal	e NA		Femal	le NA		Total	NA
/Beneficiar	ies Purch	asing	a good								
or service											
				1	Applican	t Conta	ct Poin	ts:			
Name of P	rimary										
Contact:											
Position:											
Telephone:											
E-Mail:											
Location o	f the Orga	niza	tion/Busir	ess:							
Physical A	ddress:										
Mailing Ad	ldress:										
City or tow	n [if urban	:[]									
Village [if	rural]:										
Nearest To	wn [if rura	1]:									
Event:	App.								Grant	t Date	
	Rcvd.										
Date	NA										NA
					S	IGN-O	FF				
											n Development Foundation
											l action by the Foundation. atements and that they are
											ire which are necessary in
order to make	the statemen	ts here	in not misled	ıding.					1		
Applicant											
			1			1			1		

- 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.

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

^{**} 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 USADF GRANT IS FREE, THERE IS NO FEE ASSOCIATED WITH A GRANT APPLICATION.

ORG	GANIZATION INFORMATION	
The	organization was established in (year)	
Dat	e of Legal Registration (Month / Day / Year)mm /_day / _Year_	
Plea	ase state the mission or purpose of your organization or enterprise. Limit response to o	ne paragraph.
ar	Achievement	Annual Income
18		
		imit response to
	Proof three ar 21 20 9 8	21 20 21 21 22 23 24 24 25 25 25 25 25 25

6) If applicable, describe the <u>Ownership</u> Structu	re:				
List of current Owners					
Name	Gender	If youth give age	Citi	zenship	% Ownership
7) If applicable, describe the <u>Governing Structu</u> List of Board Members	re:				
Name		Gender	If youth give age	Citiz	enship
8) If applicable, describe the <u>Management</u> Struc	eture:				
List of Executive Committee members and top M	anagers an	d Senior Sta	ıff		
Name		Qualification	ons	Years with C	Organization
9) Indicate the current number of <u>Employees</u> :					
Total Full Time:	Men_		Women	_	
Total Part-Time/Seasonal:	Men_		Women	_	

B. CURRENT FINANCIAL SITUATION

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

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

- 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

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

What reasons did the financial is	nstitution give for declining the loan reques	st?
	e e i	

- 3) Identify future funding opportunities.
 - A) Did you apply for Stanbic 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 Stanbic, 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

Does the organization or en	terprise have a trained	accountant or bookkeeper?	Yes / No
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If yes, what is his/her qualifications?

- 5) (i) Does the organization or enterprise have two years of financial statements? Yes / No
 - (ii) Are the statements audited? Yes / No
 - (iii) If yes, attach copies of the most recent audited accounts together with copies of management letters and if not audited, attach copies of the management accounts for the same period.
- 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

C. PROJECT PROPOSAL INFORMATION

What specific constraint(s) is/are		

2) How will this grant allow your organization or enterprise to address the constraint(s) identified in (1) above?

3) List the primary activities that must be completed to make the enterprise investment ready.

1

2

3

- 4) What is the biggest risk facing your organization or enterprise and the success of this project? Limit response to one paragraph.
- 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?

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 USADF:	(in local currency)
*Enterprise contribution:	(in local currency)

*Contribution from the proposing enterprise. May be in cash donations or in kind, including, but not limited to, supplies, infrastructure, volunteer labor, office, storage and meeting space, and organization operating costs not covered by the grant.

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

Provide three references contacts. (Required)

Please list the three references outside your organization:

Name	Relationship	Telephone	E-mail

6) Provide a list of main suppliers (if a processor) or buyers (if a supplier).

Name	Address	Telephone	E-mail

	Name of Project	
		Costs
Category	Description	in KES <u>*</u>
A	TRAINING	
A.1		
A.2		
	Sub-Total	
В	TECHNICAL ASSISTANCE	
B.1		
B.2		
	Sub-Total	
C	ADMINISTRATIVE SUPPORT	
C.1	used for:	
C.2	used for:	
	Sub-Total	
	Grand Total	

^{*}KES = Kenyan Shilling