



Matching Grants Program Windows 2 Application Form for Business Enterprises

A. Basic Information			
1. Business Trading Name <i>(Use the name on the Business License Certificate)</i>			
2. Phone Number(s):		3. Email address:	
4. Postal address for business:		5. Location (village) of main office:	
6. Date of Business registration with Ministry of Customs & Revenue (MCR): <i>(Please state the date you received your first business license from MCR)</i>			
7. Full Name of Business Owner <i>(Please state the name of the person who owns the business, eg. CEO, Founder, Managing Director, General manager, etc)</i>			
Contact details for main Person of Contact (POC) for this application:			
8. Name of Person for Contact (POC):		9. Designation of POC:	
10. Phone Number(s) for POC:		11. Email address of POC:	
12. Nature of Business/Business Activities <i>(Please list all your business activities)</i>			
13. How many employees do you have?			
14. What are your annual sales, profits and assets belonging to your business?			
15. Level of Business Enterprise <i>(Please tick the level that best describes your business, identified by the number of your current registered employees)</i>	<input type="checkbox"/> Micro Business Enterprise (less than 5 employees) <input type="checkbox"/> Small Business Enterprise (5-9 employees) <input type="checkbox"/> Medium Business Enterprise (10-25 employees) <input type="checkbox"/> Large Business Enterprise (25+ employees)		
16. Do you have a valid business license? <i>(Tick your answer)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
17. Has your business been operational for the past 12 months? <i>(Tick your answer)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
18. Does your business have a bank account under your business trading name? <i>(Tick your answer)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
19. Do you have any relatives within the Ministry of Agriculture and Fisheries? <i>(Tick your answer)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		



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<p>20. Please list the names of your relatives working within the Ministry of Agriculture and Fisheries. <i>(Only answer if you answered Yes to previous question)</i></p>	
<p>21. What is the current enterprise you wish to seek support from SAFPROM? <i>(Tick your answer)</i></p>	<p><input type="checkbox"/> Crops <input type="checkbox"/> Livestock <input type="checkbox"/> Fisheries</p>
<p>22. Tick the expected outcomes(s) from your proposed project <i>(You can tick 1 or more outcome options)</i></p>	<p><u>Crops & Livestock related projects ONLY</u>: My project's main outcome will be to:</p> <p><input type="checkbox"/> To increase production <input type="checkbox"/> To increase sales <input type="checkbox"/> To improve efficiency, quality and enhanced food safety <input type="checkbox"/> To improve access to identified domestic markets <input type="checkbox"/> To improve access to identified international markets <input type="checkbox"/> To strengthen linkages between farming households and other value-chain actors. <input type="checkbox"/> To improve management and development of the above resources by adopting new technologies and improved practices.</p> <p><input type="checkbox"/> Other: specify _____</p>
<p>23. Tick the items that best applies to your proposed project <i>(You can tick 1 or more options)</i></p>	<p><input type="checkbox"/> Machinery (e.g. grinder, etc) <input type="checkbox"/> Heavy duty vehicles (e.g. excavators, trucks, bobcat, etc.) <input type="checkbox"/> Technology <input type="checkbox"/> Tools and equipment <input type="checkbox"/> New infrastructure or building structure <input type="checkbox"/> New Innovations <input type="checkbox"/> Other: specify _____</p>



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B. Proposed project Information and Details

Please explain and describe your proposed project for which you are seeking funding

Explain how your proposed project aligns with your expected outcomes ticked from A.22

Explain how your current business demonstrates contractual arrangements or value chain linkages with subsistence, semi-subsistence, semi-commercial farmers or with community groups or producer associations?

Estimated duration for your proposed project:

(How many months/years for the implementation of your proposed project – from start to finish?)



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C. Financing/Cost Information

1. Financing breakdown by income and expenditure

Use Form 1: Proposed budget breakdown to provide your financing breakdown on your project income and expenditure

There is a sample budget attached to Form 1 you can use for reference.

2. Will you require a loan for your proposed project?
(Note: the loan will be part of your contribution to the project and won't be paid by the SAFPROM project)
(Tick your answer)

YES

NO

3. Estimated total budget cost for your proposed project:
(Please provide an estimated budget for your overall proposed project)

D. Supporting documents required to be submitted with this application form

- Tick if document is attached

- Scanned copy of Business License from MCR
- Map indicating the location of the proposed project (if applicable)
- Estimated budget for your proposed project (**Form 1: Proposed budget breakdown form**)
- ID for business owner (scanned copy)
- Audited Financial statements for the past 12 months or Financial statements for past 6-12 months for your business
- Baseline details for your business (**Form 2: Baseline details form**)
- Results of environmental and social risk screening (**Form 3: Safeguard assessment form**)

I, the undersigned, certify that to the best of my knowledge and belief, that this application correctly outlines the details of my business. I understand that any misstatement or misrepresentation described herein may lead to the disqualification or dismissal of my application by the Ministry of Agriculture and Fisheries.

Signature of Business Owner:

Date of signature:



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COPY for MAF office

FOR APPLICANT TO FILL DURING SUBMISSION:

Signature of person submitting application:	
Name of person submitting application:	
Date submitted to MAF office:	

OFFICE USE ONLY:

Date received by Office:	
Name of Receiving Officer:	
Position of Receiving Officer:	
Signature of Receiving Officer:	
Has applicant attached all supporting documentation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Location of application drop-off: <i>Please state the location of application drop-off</i>	FOR UPOLU: <input type="checkbox"/> TATTE Building Level 1 <input type="checkbox"/> TATTE Building Level 4 <input type="checkbox"/> Nu'u office (Crops division) <input type="checkbox"/> Avele office (APHD division) <input type="checkbox"/> Fisheries Main Office (Apia) FOR SAVAI: <input type="checkbox"/> Salelologa office <input type="checkbox"/> Asau office <input type="checkbox"/> Nu'u office (Crops division) <input type="checkbox"/> Other: specify _____
COMMENTS:	



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COPY for Applicant

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Signature of person submitting application:	
Name of person submitting application:	
Date submitted to MAF office:	

OFFICE USE ONLY:	
Date received by Office:	
Name of Receiving Officer:	
Position of Receiving Officer:	
Signature of Receiving Officer:	
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Location of application drop-off: <i>Please state the location of application drop-off</i>	FOR UPOLU: <input type="checkbox"/> TATTE Building Level 1 <input type="checkbox"/> TATTE Building Level 4 <input type="checkbox"/> Nu'u office (Crops division) <input type="checkbox"/> Avele office (APHD division) <input type="checkbox"/> Fisheries Main Office (Apia) FOR SAVAI: <input type="checkbox"/> Salelologa office <input type="checkbox"/> Asau office <input type="checkbox"/> Nu'u office (Crops division) <input type="checkbox"/> Other: specify _____
COMMENTS:	