



MINI GRANTS SCHEME APPLICATION FORM AND BUSINESS PLAN TEMPLATE

This form must be electronically filled, printed, signed and put in a sealed envelope clearly marked "Application for Mini Grant"

1. Date of Application		FSP =	Financial Service Provider (6)			
2. Name of Business						
3. Name of Owner						
4. Date of Birth		5. ID Number				
6. Name of FSP		7. Account Type	<input type="checkbox"/>	Current		
8. Account Number (if any)			<input type="checkbox"/>	Savings		
9. Name of Grantor and Contact Details						
10. Business Address		11. Region Priority Regions: CRR, Greater Banjul and NBR	GBA	CRR	NBR	Other
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		12. Telephone No.				
		13. Email				
		14. Legal Status	<input type="checkbox"/>	Registered		
<input type="checkbox"/>	Not Registered					
15. Summarize your Business or your Business Idea (Maximum 300 words)						



16. Business Objectives (Maximum 3)

What do you want to achieve in your first year of business?

17. What needs will the business address?

18. Describe the products and services you plan to sell (Maximum 100 words)

19. What makes your Business Different? Why are your products and services unique compared to others? (Maximum 150 words)

20. Why do you need the Mini Grant and how would this change your business? (Maximum 200 words)

21. How would you use the Mini Grant if provided? Please indicate by filling the table below			
Description	Unit Price (GMD)	QTY	Total
22. Owners Contribution			
Please indicate your contribution to the business			
23. Marketing Activities			
How would you market your products and services?			
24. Expected Expenses		25. Expected Revenues	

26. Please specify three key things that you will achieve with the grant

Documents to be attached by the applicant

- Business Registration (if any)
- National Identification (ID, Passport, Birth Certificate, Voters Card, Driving License)
- Business Training Certificate
- Statement of Accounts (if any)

27. 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 Grantor 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 to NACCUG.

Applicant's Signature

Guarantor's Signature

Date:

Date:

APPENDIX A: ELIGIBILITY CRITERIA TO ACCESS YEP MINI GRANTS S CHEMEME - GAMBIA

1. Beneficiary must be a Gambian youth (15-35 years)
2. Should have some level of savings or commit to making regular savings in a financial service provider of his or her choice
3. Must provide a business plan using the template developed by the Grant Coordinating committee
4. Agree to maintain in a professional manner the record of the business
5. Provide a guarantor before funds are disbursed to indicate that the funds will be used for the intended purpose failure of which it will be refunded in full.
6. Must have received entrepreneurship or vocational training by providing proof of attendance/certificate.
7. Beneficiaries must attend other trainings as and when required
8. Activity/ Business must not be illegal or detrimental to the environment
9. Business must be registered
10. Business plans that show high level of innovation will be an advantage
11. The Grant Coordinating Committee reserves the right to approve or not to approve any proposal received
12. The maximum eligible amount is **GMD47, 000.00**