



REPUBLIC OF NAMIBIA

ZAMBEZI REGIONAL COUNCIL

Tel: +264 66- 261700
Fax: +264 66- 252650

Ngoma Road
Govt. Building

Private Bag 5002
Katima Mulilo

FOR OFFICE USE:

Received by:

Date:

Signature:

APPLICATION FORM FOR REGIONAL SPECIFIC ACTION PLAN-FOOD SECURITY PROGRAMME FY _____

SECTION 1: GENERAL INFORMATION

1. Name of the Project/Business: _____
2. Registration number of the business/project if already registered: _____
3. Project Location: _____
4. Constituency: _____
5. Type of the Project/Business:

Horticulture	
Agronomy	
Value addition	
New farming techniques	
Livestock Farming	

Poultry farming	
Small Scale irrigation	
Aquaculture	
Others (please specify	

6. Year the Project was Established: _____
7. Status of the project/business:

Not started (An idea)	
In Progress	
On hold	
Operational	
Others (please specify)	

SECTION 2: MEMBERSHIP AND BENEFICIARIES' DETAILS

2.1 Project Manager's Name: _____

2.2 Manager Physical Address: _____

2.3 Project Manager's Contact No: _____

2.4 Do you have a business partner (s)? Yes ☐ No ☐

2.4.1 If yes, please indicate the name and type of partnership

2.5 Project Manager has experience in project management? Yes ☐ No ☐

If yes, please attach the Curriculum Vitae

2.6 Does the any of the projects members have skills and/or technical experience on activities to be implemented? Yes ☐ No ☐

2.6.1 If yes, how many members and what type of experience/skills?

Please attach their Curriculum Vitae

(People should state their experience on trainings and attach proof)

2.7 Total number of project members

Female	
Male	
Total	

	Female	Male
Marginalized group		
People living with disability		
Youth		
Total		

2.8 Who initiated the project/business?

Individual/s	
The community	
The government	
Others (please specify)	

2.9 Do project beneficiaries make contributions for the project? Yes ☐ No ☐

2.9.1 If yes, what kind of contributions?

Money	
In Kind (Please specify)	

2.9.2. Has your business benefited from any grant before Yes ☐ No ☐

2.9.2.1 If yes, from which institution/s? _____

2.9.2.2 Which year? _____

2.9.3 Type of support the business need

Material	
Financial	
Technical	

If financial, how much? _____

SECTION 3: PROJECT INFORMATION

3.1 Project background (Please give a brief background about your project/business)

3.2 Project Purpose: (What are the objectives of your project/business?)

3.3. Project Activities (Describe the main activities of the project)

3.4. Does the activity of the project have any significant negative impact on the environment?

If yes, please explain

5.1.1 If yes, please indicate the sales made in the past 12 Months

[illegible]

5.2 Expenditure in the past 12 Months

Items	Quantity	Unit Price	Sub Total

SECTION 6. MARKET INFORMATION

6.1 Where will you be selling your products/services?

6.2 Who are the buyers/customers of your products/services?

SECTION 7: BUSINESS PLAN

7.1 The expected outcome (Describe what the project intend to achieve after a year)

7.2 Type of support (Describe the kind of support you are requesting) this can be technical, finance or material

7.3 Explain reasons for why you need the support

NB: In support of your application, kindly attach the following documents:

1. Up-to date Business Plan
2. Applicant Identification Documents
3. Membership list, board of directors/ trustees
4. Up-to-date financial statement (indicating sources of funding and expenditures) and annual report (If available)
5. Organizational structure (If available)
6. Registration Documents (If available)
7. Constitution (including Mission Statement if available)

Please note that submitting this application form does not guarantee selection

Provision of false information will lead to disqualification

2 Declaration:

I/We.....and..... on behalf ofproject do solemnly declare that I/We apply for financial, equipment/materials and technical support for our project benefit. I/We further declare to diligently adhere to the conditions that the Regional Council may impose from time to time. I/ We further declare that the information here given is true and correct to the best of my/our knowledge. I/We undertake to register, open business/project account and submit the document to the Regional Council within six months.

.	Signature	Date	Place
Applicant			
Witness			
Witness			

For Office Use:

Recommendations	Recommended	Not recommended	Comments and technical observations	Date	Signature
Constituency Development Committee					
Remarks by Technical Committees					
Approval	Approved	Not approved			
Chief Regional Officer					