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 Katima Mulilo

		FOR OFFICE USE:
		Received by:
		Date:
		Signature:
	APPLICATION FORM FOR MICRO-F FY	
	SECTION1: GENERAL INFORMATION	
1.	Name of the Project/Business:	
2.	Registration number of the business/project if already registered	d:
3.	Project Location (Village):	
4.	Constituency:	
5.	Type of the Project/Business Sector: (please tick appropriate bo	x)
	Agriculture  Craft  Retailer  Mining  Tourism  Manufacturia  Hospitality  Others (Spec	
6.	Does the project already exist? Yes No  6.1 If yes when was it is established?	

	6.2 Does the project need	startup capita	l or supplen	nentary fund	ds?		
,	Startup capital						
	Supplementary funds						
;	SECTION2: PROJECT	MEMBERSE	HIP AND BI	ENEFICIR	IES' DETA	AILS	
2.1	Name of Project Manager:						
2.2	Manager Address:						
2.3	Project Manager`s contact I	No:					
2.4	Project manager have  If yes, please explain:	_		_		No	
2.5 If	Do you have a business yes, please i			No and	type	of par	rtnership
2.6	Total number of Project me	mbers					
		Female	Male	Total			
	Unemployed						
	Employed						
	Marginalized group						
	People with disability						
	Total						
27	Who initiated the project	business?	1	<b>-</b>			
<b>4.</b> /	Individual/s	ousiness:					
-	The community						
-	Government						
}	Others( please specify)						
	others ( picase specify)						

2.8 Does any of the project members have skills and/or technical experience on activities to be implemented? Yes No
If yes, how many members and what type of experience/skills (please attach their curriculum vitaes)
2.9 Do project beneficiaries make contribution to the project? Yes No
If yes, from what kind of contribution?  Money In Kind
2.10 Has your business benefited from any grant before? Yes No  2.11 If yes from which institution?
2.12 Which year?  2.13 Type of support the business need  Material  Financial  Technical
SECTION 3: PROJECT INFORMATION
3.1 Project background (please give a brief background of 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 ha	ve any significant negat	ive impact on the enviro	nment?
If yes, ple	ase explain			
3.5 Project be who and h		rect and indirect benefic	iaries through the projec	t activities
	BUSINESS DESCRIF		project/business:	
4.2 Equip	ment (what facilities, ma	achines and tools have y	ou obtained for the prod	uction)?
SECTION 5	: FINANCIAL INFOR	MATION		
	sold products in the last ase indicate the sales ma		Nos	
Items	Quantity	Unit price	Sub total	

5.3 Expenditure in the past 12 months

Items	Quantity	Unit price	Sub total

SE	CTION 6: MARKET INFORMATION
6.1	Where will you be selling your products/services?
6.2	Who are the buyers/customers of your products/services?
	CTION 7: BUSINESS PLAN  7.1 The expected output (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 reason for why you need the support

## NB:

- (a)Completion of this application form does not necessarily mean that you are successful
- (b) Please attach three (3) quotations, ID copies and any other necessary supporting documents.
- (c) Attached business plan/project proposal

Provision of false information will lead to disqualification

10. Declaration:				
I/We	and		on behalf of	
equipment/materials and technical adhere to the conditions that the Rethat the information here given is tregister, open business/project accommonths.	support for our progional Council may rue and correct to the	oject benefit. I/We impose from time ne best of my/our	e further decla to time. I/ We knowledge. I/V	re to diligently further declard We undertake to

	Signature	Date	Place
Project Manager			
Witness			
Witness			

## **For Office Use:**

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

## 11. Details of Project Members:

Name & Surname	I.D No	Sex M/F	Contact Number	Residential Address/Village	Positions/role
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					