

**SKILLS DEVELOPMENT AND ENTREPRENEURSHIP PROJECT SUPPORTING WOMEN AND YOUTH**

**(SDEP-SWY)**

**APPLICATION FORM**

**BUSINESS LOAN- ETHANOL PROCESSING PLANT AT MONGU INDUSTRIAL YARD**

**DISTRICT: MONGU**

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| Project Identification Number |  |

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| **Type of Project** : AGRO PROCESSING |
| ETHANOL PRODCUTION FROM AGRO COMMODITIES (CASSAVA, SWEEET POTATO, ETC) |

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| **Date of Application** |  |

**SPECIFIC INFORMATION TO THE APPLICANT**

The Citizens Economic Empowerment Commission (CEEC) is inviting targeted citizens and companies to apply for a business loan to establish a medium size ethanol processing plant at Mongu Industrial Yards in one of the general industrial workshops. The Commission has set aside **USD300, 000.00** as business loan for this enterprise.

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| **DISTRICT** | **Facility** | **No** | **LOCATION** |
| Mongu | General workshop | 1 | Mongu Industrial Yard, 12km from CDB along Lusaka Rd |

The facility comes serviced with ZESCO grid electricity, water reticulation, common user restaurant, common user toilets, garbage collection services and general security services.

Successful applicant will be eligible for the ethanol processing plant business loan from CEEC. The business to be awarded will produce ethanol for supply to MSMEs producing alcohol based hand sanitizers and other sanitizing agents used in the control of the spread of Covid 19.

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| **1.0 APPLICANT INFORMATION** |  |
| **1.1 Name of Business or Person Applying** |  |
| * 1. Current business activities, if any | |
| * 1. Legal Form of Applicant (e.g. Limited Company, Cooperative, etc.) Attach copy of certificate if registered. |  |
| * 1. Copy of business registration certificate | Yes No |
| * 1. Physical address of Applicant |  |
| * 1. Contact Number(s) for Applicant |  |
| * 1. Next of Kin and their physical address and Phone |  |

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| **1.2 Shareholders of the Business:** | | | | | | | |
| **No.** | **Full Names** | **Nationality** | **NRC/**  **Passport No. (provide copy of ID)** | **% share holding** | **Position in the Business** | **Physically Challenged (Disabled)** | |
| **Yes** | **No** |
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| **1.3 Authorized Representative**  (*to act on behalf of the Applicant and respond to any questions regarding the Concept Note)* | | |
| Name of Contact Person | | |
| Position in the Business |  | |
| Contact Number(s) | Cell: | Telephone: |
| Email |  | |
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| **1.4 Previous CEEC Funding** |  | |
| Is Applicant or any of its shareholders already a beneficiary of CEEC Empowerment Fund? | Yes No | |
| If Yes give details: |  | |
| Name of Business |  | |
| Type of Registration of Business |  | |

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| **1.5Financial Data** (*Please provide Financial data for your business).* | |
| What is the Monthly Income of the business? | **ZMW** |
| What is the Monthly Expenses of the business? | **ZMW** |
| How much have you invested in the business? | **ZMW** |
| **20. MARKET OVERVIEW** | |
| **2.1 Trends in Demand** (describe the market demand for product/service) | |
| **2.2 Trends in Supply**(describe the supply situation in the market of your product/service) | |
| **3.0 DESCRIPTION OF PROPOSED PROJECT** | |
| **3.1 Business** **Operations** | |
| How is your business going to compete in terms of the following: | |
| **a)What products and/or services will you be selling to your customers?** | |
| **b)Technology/Equipment and cost of production**   1. **Briefly explain how your business will operate from Production, Processing up-to Marketing** 2. **What kind of equipment will be needed for the operations** 3. **What will such types of equipment be used for in the operations** 4. **Where will you secure raw materials from and how?** 5. **What will be your cost of production per month** | |
| 1. **Price of products and income:**   **i) What will be the price of your products/services**  **ii) What will be your income per month from the business operations** | |
| **e) Sales Volumes**  **i) What will be your level of production per month or year**  **ii) Who will be your major competitors in terms of supplying the same products/services and why do you think you will survive the competition** | |

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| **3.3 Proposed Management Team** | | | |
| *[Please indicate names, positions, qualification and relevant experience of key members of the management team that will implement and run the proposed business. StartUp businesses may only include positions]* | | | |
| **No.** | **Full Name** | **Management Position** | **Management Qualification and Experience** |
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| **3.4 What will be the Business Impact?** In not more than a sentence on each, please indicate the positive impact this business will have on the following: | | | | | | |
| 1. How will your **customers** benefit from your business? |  | | | | | |
| 1. How will your **suppliers** benefit from your business? |  | | | | | |
| 1. Number of Workers: |  | **Women** | **Men** | **Total** | **Of which** | |
| **Youth** | **Physically Challenged (Disabled)** |
| **Before CEEC Funding** |  |  |  |  |  |
| **After CEEC Funding** |  |  |  |  |  |

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| **4.0 PROJECT BUDGET** | | | | |
| **No.** | **Item** | **Quantity** | **Cost (ZMW)** | **Total (ZMW)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| **Total Budget** | | | |  |

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| **4.1 CLIENT CONTRIBUTION** | | | | |
| Will any of the above items be financed by the Business? If so, list below. | | | | |
| **No.** | **Item** | **Quantity** | **Cost (ZMW)** | **Total (ZMW)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| **Total Budget** | | | |  |

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| **4.2 The Loan** | |
| The Loan for Ethanol Processing Plant falls under the Project Finance Business Loan Category and requires collateral. | |
| **Please list collateral (e.g. house, farm, etc)** | **Estimated Value of Collateral (in K)** |
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| **4.3 Project Implementation** | | | | | |
| If you are funded, when would operations start? | | Within 1-2 months Within 3-4 months  Within 5-6 months More than 6 months | | | |
| **Signature** |  | | **Date** |  |

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| **FOR CEEC USE ONLY** | | | | | | | | | | | | |
| **Target Group** | **Youth** |  |  | **Women** |  |  | **Physically Challenged** |  |  | **Men** |  |  |

**Review Date Stamps:**

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| **Signature** | **CHAIRPERSON**  **PROVINCIAL EVALUATION COMMITTEE** | **Signature** | **HEAD QUARTERS CHAIRPERSON**  **EVALUATION**  **COMMITTEE** |