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**CEEC CONCEPT NOTE**

**APPLICATION FORM**

**FOR**

**CASHEW PROCESSING**

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| **Type of Empowerment Product - Cashew Processing** |
| Cashew Processing |

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| **THE GRANT** | |
| Indicate the Grant amount applied for | **ZMW** |

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| **Date of Application** |  |

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| **1.0 APPLICANT INFORMATION** | | |  | | | | | | |
| **1.1 Name of Business (MSME) Cooperative or Person Applying** | | |  | | | | | | |
| * 1. Legal Form of Applicant (e.g. Limited Company, Cooperative, etc.) Attach copy of certificate | | |  | | | | | | |
| * 1. Business/ Cooperative Registration Number | | |  | | | | | | |
| * 1. Social Distribution (majority composition of business) (please tick where applicable) | | | Youth-Female | | Youth- Male | Persons with Disability | | Women | Men |
|  | |  |  | |  |  |
| * 1. ZRA Tax Payer Identification Number (TPIN ) | | |  | | | | | | |
| * 1. Province |  |  | | Village and Name of Headman/Induna | | |  | | |
| * 1. District |  |  | | Physical Address | | |  | | |
| * 1. Ward |  |  | | Contact Number(s) for Applicant | | |  | | |

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| **1.2 Shareholders of the Business** | | | | | |
| **No.** | **Full Names** | **Nationality** | **NRC/ Passport No. (provide copy of ID)** | **% share holding**  **where applicable** | **Position in the Business** |
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| **1.3 Authorized Representatives (Provide two Names)** | | |
| **1. Name of Contact Person** | | |
| Position in the Business |  | |
| Contact Number(s) | Cell: | Telephone: |
| Email |  | |
| Physical Address ( Residential Address) |  | |
| **2. Name of Contact Person** | | |
| Position in the Business |  | |
| Contact Number(s) | Cell: | Telephone: |
| Email |  | |
| Physical Address (Residential Address) |  | |

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| **1.4 Previous CEEC Funding/ Grant** |  |
| Is Applicant or any of its shareholders already a beneficiary of CEEC? | Yes No |
| If Yes ,  Enter name of the project funded :  Enter outstanding loan amount | |  | | --- | |  | | K | |

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| 2.0 Business information |
| |  |  | | --- | --- | | 1. Date business was formally established: |  | |  |  | | 1. Economic sector of business: |  | |  |  | | 1. State business product/service |  |  1. Briefly describe the nature of business and its operations.  |  | | --- | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. Is the business currently operational? | Yes |  |  | No |  |  |  |  | | --- | --- | | 1. If business is not currently operational, state reasons for this: |  |  1. What challenges does your current business face? (e.g., meeting the demand, working capital, skills, technological, etc.) Please provide brief explanation.  |  | | --- | |  |  1. If funded, clearly explain how your business will operate from Production, Processing up to Marketing.  |  | | --- | |  |  1. List all the essential equipment that will be required in the manufacturing of the products as provided below.  |  |  |  |  | | --- | --- | --- | --- | | **Description** | **Source/ country** | **Value of Machinery** | | | **ZMW** | **USD** | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Total** |  |  |  |  1. Give a brief description on what your innovation will be and what problem it will solve or the process it will improve.  |  | | --- | |  |  1. Explain how your innovation will generate income for you or others or how it can assist in improving operations of your business.  |  | | --- | |  |  1. Clearly explain how you will address the following in your production processes;  |  |  |  | | --- | --- | --- | | **No** | **Description** | **Explanation** | |  | Hygiene |  | |  | Occupational Health and Safety |  | |  | Environmental Protection |  | |  | Product Quality and Standard |  | |

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| **3.0 MARKET INFORMATION** |
| 1. Which market are you currently servicing? Include market location where applicable  |  | | --- | |  |  1. If funded, what will be your target market for your processed products?  |  | | --- | |  |  1. Where will you secure raw materials?  |  | | --- | |  |  1. State any backward linkages in the supply of raw materials.  |  | | --- | |  |  1. Who will be your major competitors, and why do you think you will survive the competition?  |  | | --- | |  |  1. State the location of your project and its advantage for business.  |  | | --- | |  | |

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| **4.0 FINANCIAL INFORMATION** | |
| 1. What is will be your production volume (capacity) per month once funded? | **KG/LITERS** |
| 1. What will be the price of your products? | **ZMW** |
| 1. How much will be your monthly revenue? | **ZMW** |
| 1. What will be the total direct cost of production per month? | **ZMW** |
| 1. How much will be your monthly gross profit? | **ZMW** |
| 1. How much did you spend to start your business? i.e. Capital | **ZMW** |

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| **5.0 Proposed Management Team** | | | |
| *[Applicant to indicate names, positions, qualification and relevant experience of key members of the management team that will implement and run the proposed business.* | | | |
| **No.** | **Full Name** | **Management Position** | **Management Qualification and Experience** |
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| **6.0 BUSINESS IMPACT**  **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. Benefit to **customers** |  | |
| 1. Benefit to **suppliers** |  | |
| 1. Revenue Generation | **Before CEEC Funding** | **ZMW** |
| **After CEEC Funding** | **ZMW** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Number of Workers |  | **Women** | | **Men** | **Youth (Male)** | **Youth (Female)** | **Total** |
| **Before CEEC Funding** |  | |  |  |  |  |
| **After CEEC Funding** |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
|  | | | **Before CEEC Funding** | | | **After CEEC Funding** | |
| 1. Market Penetration (Market Share %) | | |  | | |  | |
| 1. Access to export markets i.e. value of exports (ZMW) | | |  | | |  | |
| 1. Social contribution i.e. business benefit to the community | | |  | | |  | |

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| **7.0 PROJECT BUDGET** |

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| **7.1 TOTAL BUDGET FOR INVESTMENT**  [Please indicate all the items needed to operationalize your business including raw materials and working capital | | | | |
| **No.** | **Item** | **Quantity** | **Cost (ZMW)** | **Total (ZMW)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| **Total Budget** | | |  |  |
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| **7.2 FINANCE REQUESTED FROM THE CIDP MATCHING GRANT (WHAT IS THE GRANT EXPECTED TO FINANCE)** | | | | |
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| **No.** | **Item** | **Quantity** | **Cost (ZMW)** | **Total (ZMW)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| **Total Budget** | | | |  |

**Please summarize the Following:**

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| --- | --- | --- |
| **FINANCIAL CONTRIBUTIONS TO THE PROJECT** | **ZMW** | **%** |
| 1. APPLICANT |  |  |
| 1. CIDP MATCHING GRANT |  |  |
| **TOTAL** |  | **100%** |

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| **3.2 The Matching Financing** |
| Please note that you will be required to provide proof of your 50 percent matching contribution either in cash or in kind. The required proof for cash will be in form of bank transfer to the CEEC-CIDP Investment Account of your contribution within 90 days of approval of your Matching Grant. The asset (in kind) contribution may be in form of assets specifically to be used towards the Cashew project e.g. Land, Oxcart, equipment, Storage Structure etc.  Disbursements of and/or consultants for the approved project will be done directly from the CEEC-CIDP Investment Account against valid invoices. |

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| **9.0 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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| --- | --- |
| **10.0 CHECKLIST ( Please check and tick all the necessary documents that must be submitted** | |
| Proof of 50% cash or asset contribution (Attach bank statement in case of cash and Certificate of Title or land ownership from the area Chief and confirmation of residence from Induna Silalo , copy white book, list of equipment being pledged as contribution (including estimated value) in case of immovable and movable assets |  |
| For Limited Company and Cooperative ( Attach valid copy of certificate) |  |
| For Cooperatives ( Attach valid list of paid up members) |  |
| For Limited Company ( Attach copies of NRC for Shareholders) |  |
| For Cooperatives ( Attach copies of NRC for Chairperson, Vice Chairperson, Secretary and Treasurer and Two Committee Members) |  |
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