## APPENDIX ONE: APPLICATION FORMS

### **APPLICATION FORM**

# **BUSINESS DEVELOPMENT FUND**

### Part: A TYPE OF ASSISTANCE APPLYING FOR:

 (Please tick (√) ONLY one box)
Market Research
Exploration Visit
Exhibition/Conference Participation
Product Development
Product Quality & Standards
Promotional Material
Business Development & Capacity Building & Training Employees

#### **APPLICANT DETAILS**

Name of the Company:	
Contact Person:	
Position in the Company:	
Company Address:	
Contact Details:	Phone:

	Fax:
	Email:
Country:	

#### Part B: PURPOSE OF THE REQUEST

(Kindly note that this is a guideline, all applications must be typed out clearly using the outline provided)

Т	itle:	

**Objective:** 

Business Background: Provide information on the following but <u>not limited to</u>:

- 1. Year business commenced.
- 2. No. of employees (part/full time)
- 3. Average Net Income
- 4. Services and/or products the business provides
- 5. Please declare other business interests

Project Description: Provide information on the following but <u>not limited to</u>:

- 1. Date of Project
- 2. Objectives of the Project
- 3. Methodology/Undertaking
- 4. Describe the benefits that are expected from the project:
  - a. Company and the Industry
  - b. Community
  - c. Environment
  - d. Gender & Youth
- 5. How will you measure/gauge the success of this project to your company i.e. what are your Key Result Areas (KRAs) or Key Performance Indicators to show the impact of this activity on your business i.e. the attainment of the benefits described above?

### **Additional Information:**

Provide information on the following but <u>not limited to</u>:

- 1. Meeting/training schedules or programmes (if required)
- 2. Samples/Design *(if required)*
- 3. Cost Comparison table for quotes sorted *(if required)* Also indicate reasons for choosing appropriate suppliers
- 4. Bank Account Details (applicant):

Bank Name: Bank Address: Account Number: SWIFT Code: BSB Number:

Account Name:

Funding Alternatives: Provide information on the following but not limited to:

- 1. Are you currently funded by an organisation? If yes, please provide the name of the organisation.
- 2. Are you seeking additional funds from elsewhere for this project? If yes, from which organization and advise on the status of your proposal.
- 3. Have you been assisted with funding by any other organization for other projects aside from this? If yes, please provide the name (s) of the organisation

## **Current Financial Status**

Please provide either of the following: The **most recent** Annual Financial Statements **OR** Statement of Receipts & Payments for preceding **2** years **OR** Tax Returns for previous **2** years, **OR** simple Income Statement for the preceding **2** years.

#### Part C: PROJECT COSTS:

Provided below are broad categories of the costs that can be applied for. The support is provided on a cost-sharing basis. **Kindly note that the BDF funding does not cover costs for per diems or accommodation allowances.** 

Provide detailed breakdown of the cost of project. Where travel is included, provide a copy of confirmed flight itinerary with airfare, cost of airfreight (if applicable), and fees (if applicable). Kindly note that all costs applied for under the applications **must** be accompanied by evidence of all the quotations sought.

**Note** – failure to provide the above detailed costs will delay the assessment and approval process. Provide breakdown of cost where applicable.

Breakdown of Cost					
Cost	Total Costs of the Project	Amount to be supported by PIPSO			
	(FJD)	(FJD)			
TOTAL COSTS:					
%					

# TOTAL FUNDING APPLYING FOR: \$\_\_\_\_\_

# Part D: DECLARATION

Applicant's Declaration
I hereby certify that the information provided is true and correct to the best of my knowledge. In the event that my application for BDF is approved, I hereby declare that I will undertake to submit a <u>report within three weeks</u> of completing the approved activity.
Name:
Signature:

E1.2	Endorsement by National Private Sector Organisation:	
	Name:	
	Signature:	
	Designation:	
	Names and Signature(s) of applicant(s). Please stamp here with the NPSO Stamp:	