**TEKKI-FI MINI GRANT APPLICATION FORM AND BUSINESS PLAN TEMPLATE**

*This form should be electronically filled, printed, signed, and put in a sealed envelope with all the supporting documents clearly marked “Application for Tekki Fii Mini Grant” and submitted to NACCUG or scanned and sent by email to minigrantschemegambia@gmail.com*

***Attention:*** *Alternatively, applications can be submitted to the following venues: NACCUG Head Office in Kanifing, Credit Union Shared Branching Offices located in GTUCCU Regional Offices in Brikama (next to Youth Centre), Soma, Basse and Farafenni, Foni Kansala Cooperative Credit Union (Bwiam), Sabunyima Cooperative Credit Union (Bansang), and Kerewan Fangdema Cooperative Credit Union (Kerewan NBR). Forms should be completed using clear legible hand writing in capital letter. The completed signed application with all the supporting documents can be submitted at the same credit union offices or may also be scanned and sent by email to minigrantschemegambia@gmail.com*

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| 1. Date of Application | | |  | | | | | | |  |  | | |  | | | | | | | | | | | | | | | |
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| 1. Name of Business | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Name of Owner | | |  | | | | | | | | | | | | | | | | 1. Gender | | | | | |  | | | | |
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| 1. Date of Birth | | |  | | | | | | 1. ID Number | | | | | | | |  | | | | | | | | | | | | |
| 1. Name of Financial Service Provider | | |  | | | | | | | | | | | | | 1. Account Type | | | | | | | | | |  | | Current | |
| 1. Account Number (if any) | | | | |  | | | | | | | | | | |  | | Savings | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name of Guarantor and Contact Details | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Business Address | | | | | | | | | | | | 1. Regions   ***Tick appropriate Region*** | | | GBA | | | WCR | | | LRR | | | | CRR | | NBR | | URR |
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| 1. Telephone No. | | | | | | | | | |  | | | | | | | |
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| 1. Email | | | |  | | | | | | | | | | | | | |
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| 14 | 1. a. Number of employed in the business if any | | | | | ***Full Time*** | |  | | | | 1. Legal Status | | | | | | | |  | | | Registered | | | | | | |
| ***Part Time*** | |  | | | |
| b. How Many employees would you have in the business in the next 3  years? | | | | |  | | | | | |  | | | Not Registered | | | | | | |
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| 16 | | Summarize your Business or your Business Idea (Maximum 300 words) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 17 | | Business Objectives (Maximum 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What do you want to achieve in your first year of business? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | What needs will the business address? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19 | | Describe the products and services you plan to sell (Maximum 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 20 | | What makes your Business Different? Why are your products and services unique compared to others? (Maximum 150 words) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 21 | | Why do you need the Mini Grant and how would this change your business? (Maximum 200 words) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 22 | | How would you use the Mini Grant if provided? Please indicate by filling the table below | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | | | | Unit Price (GMD) | | | | | | | |  | QTY | | | | | | | | | | | Total | | | | | |
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| 23 | | Owner’s Contribution | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Please indicate your contribution to the business | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | Marketing Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | How would you market your products and services? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Expected Expenses in one year( BREAK IT DOWN) | | | | | | | | | | | |  | Expected Revenues in one year ( BREAK IT DOWN) | | | | | | | | | | | | | | | | |
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|  | | Please specify three key things that you will achieve with the grant | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Documents to be attached by the applicant   * Business Registration (if any) * National Identification (ID, Passport, , Driving License) * Business/TVET Training Certificate * Statement of Accounts (if any) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **28. Declarations**  **a. Applicant**  I declare that to the best of my knowledge, all information provided in this application is correct and complete. I am aware that any false information may lead to my application being rejected.  **b. Guarantor**  I confirm that the information contained in the application and the accompanying documents are correct and complete. As the Guarantor to this applicant, I understand that if the grant is not used for the purpose for which it was approved, I will be responsible for refunding the full amount to NACCUG. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Signature** | | | | | | | | | | | |  | **Guarantor’s Signature** | | | | | | | | | | | | | | | | |
| **Date:** | | | | | | | | | | | |  | **Date:** | | | | | | | | | | | | | | | | |

**APPENDIX A: ELIGIBILITY CRITERIA TO ACCESS TEKKI FII MINI GRANTS**

1. Beneficiaries must be Gambian youth between the ages of 18-35 years
2. Should have some level of savings or commit to making regular savings in a financial service provider of his or her choice
3. Must provide a business plan using the application template
4. Agree to maintain in a professional manner the record of the business
5. Must provide a guarantor before disbursement to indicate that the grant will be

used for the intended purpose. Failure of doing so implies that the amount of the grant will be refunded in full by the guarantor.

1. Must provide proof of attendance or certificate that they have received entrepreneurship or vocational training
2. Must provide proof of attendance or certificate that they have received either entrepreneurship or vocational training/apprenticeship. This can be waived if beneficiaries can demonstrate adequate experience in a particular trade to the site visit team.
3. Beneficiaries must attend other trainings as and when required
4. Activity/ Business must not be illegal or detrimental to the environment
5. Business must be registered before disbursement
6. Business plans that show high level of innovation will be an advantage
7. The Grant Coordinating Committee reserves the right to approve or not to approve any proposal received
8. The maximum eligible amount is **GMD50, 000.00**