

# THE UNITED STATES AFRICAN DEVELOPMENT FORUM (USADF) EMPOWER AFRICAN ENTREPRENEURS CHALLENGE APPLICATION FORM

ENTREPRENEUR'S NAME:

PR	OJECT NAME:			<u></u>
EN	TERPRISE NAME:			<u> </u>
CC	OUNTRY OF RESIDENCE AND NATIONALITY:			
AP	PLICATION INSTRUCTIONS: Fill this application form	using an	INK F	PEN
		YES	NO	IF YES
1	Is the entity African owned and managed?			Attach an authenticated document of ownership
2	Is the entity legally registered in the country of residence			Attach certified copy of registration certificate
3	Does the entity have management or audited accounts for the last 2 years?			Attach copies of the management or audited accounts for the last 2 years
4	Has the entity operated bank accounts for the last 12 months?			Attach copies of bank statements for the period.
	Applicant Contact I	Paints		
Name of Pr	imary Contact:	Olites.		
Position:				
Telephone:				
E-Mail:				
Location of	f the Organization/Business:			
Physical Ad	dress:			
Mailing Ado				
City or town				
Village [if r				
Nearest Tov	vn [if rural]:			
	SIGN-OFF			
providing functions for the confirm that the the confirm the the confirm the confirm the confirm the confirm the confirmation for the c	that a material misstatement or the omission of material facts ading, may require the termination of any funding that is awarded I have necessary authority to act for and on behalf of the company we knowledge and belief, and that no statements of fact are omitted for the most misleading.	d, and mo in making	ay give g the fo	cause for legal action by the Organization. I regoing statements and that they are correct, to
Applicant	•			

**NOTE TO APPLICANT:** The Project Funding Application includes four sections below:

- A. Organization Information
- B. Current Financial Situation
- C. Project Proposal Information
- D. Project Budget
- E. Supporting Documents

Please follow this outline in developing your application request. The answers to the questions below **should be in INK PEN and brief and to the point.** If your application is accepted, additional details will be required.

A <u>.</u>	ENTERPRISE/ORGANIZATION INFO	<u>ORMATION</u>		
1)	The enterprise/organization was establish	ed in	(	vear)
	Date of Legal Registration (Month / Day	/ Year:		
2)	Please state the mission or purpose of you	ur organization or ent	erprise. Limit response	to one paragraph.
3)	Provide a short description of how the orgone paragraph.	ganization or enterpri	se generates its revenues	s. Limit response to
4)	What is the primary commodity(ies) or primary response to one paragraph.	roduct(s) that the org	anization or enterprise pi	oduces for revenues?
5)	Indicate the current number of Employee  Total Full Time:	<u>s</u> : Men	Women	
	Total Part-Time/Seasonal:	Men	Women	

# **B.** CURRENT FINANCIAL SITUATION

A) Have you requested any other funding (grants or loans) support from other donors, or banks that are still being considered? If yes, please list details below. If not applicable, indicate NA.

Donor Name	Date	Type (Loan / Grant)	Value

1 \	D 4h	/	NT.
1)	Does the organization or enterprise have a trained accountant or bookkeeper?	res /	INO

- 2) (i) Does the organization or enterprise have two years of financial statements? Yes / No
  - (ii) Are the statements audited? Yes / No
  - (iii) If yes, attach copies of the most recent audited accounts for the same period.
- 3) (i) Does the organization or enterprise operate a bank account for business transactions? Yes / No (ii) If yes provide name and branch of the bank and the period this account has been operated

Bank name	Branch	When the account was opened

## C. PROJECT PROPOSAL INFORMATION

2) What specific constraint(s) is/are preventing the enterprise from accessing commercial investment for the above project?

3) How will this grant allow your organization or enterprise to address the constraint(s) identified in (2) above?

4)	Briefly highlight the socioeconomic impacts of your project on the community and if the project will
ben	efit a given section of the community, (for example, the elderly, people with disabilities, youth, families
etc.	

# D. GRANT BUDGET

1.	Total amount of grant	ou are requesting? (Min USD 1,000 – Max USD 1,000,000):

2. Estimate the budget needed to make the enterprise investment ready as discussed under (C) above. Please fill in the budget template below. (Attach a proposed budget with narrative using the template provided at the end of this application form).

### E. SUPPORT DOCUMENTS

- 1) Provide a copy of your organization or enterprise registration document and articles of incorporation.
- 2) Provide copies of the past two years of financial statements.
- 3) Provide copies of business bank statements for the last 12 months and/or business mobile money transfer statements for the same period
- 4) If applicable, provide a copy of your most recent business plan/project proposal.
- 5) Provide authenticated documents of ownership e.g. shareholding certificate, If Applicable

# PROJECT BUDGET

	Name of Project	
		Costs
Category	Description	in USD*
A		
A.1		
A.2		
	Sub-Total	
В		
B.1		
B.2		
	Sub-Total	
C		
C.1	used for:	
C.2	used for:	
	Sub-Total	
	Grand Total	