**ANNEX 1: APPLICATION FORM**

## **I. APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Call Number:  |  |
| 1. Name of Private Company, Organization or Consortium:
 |   |
| Contact Person:  | Name:  | Telephone:  |
| Email:  |
| Address in Nigeria:    |   |
| 1. Registration Type:
 |   | Registration Number:  |   |
| 1. Description of company/organization
 | (Describe type of business, target sectors, types of products and services). |
| 1. State(s)/LGAs of coverage
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

## **II. APPLICATION**

1. ***Current Business Model (max 1 page)***

Insert here

1. ***Technical Approach (max 2 page)***

Insert here

1. ***Activities & Impact (max 2 pages)***

Insert here

1. ***Past Performance (1 pages)***

Insert here

|  |  |
| --- | --- |
| 1. Number of farmers served by the business
 |  |
| 1. Geographical commercial footprint by the company
 |  |
| 1. Type of services/products traded by the company
 |  |
| 1. Product distribution and retail models applied by the company
 |  |
| 1. Historical performance data on product volume and value of sales
 |  |
| 1. Experience working with donor funding
 |  |
| 1. Type of embedded services provided to customers
 |  |
| 1. Experience working with women-led agribusinesses
 |  |

1. ***Monitoring and evaluation***

How will you know that your project was successfully implemented? What criteria will you use to measure the achievements of your project?

Insert here

|  |  |
| --- | --- |
| **Activities** | **Indicator**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Sustainability/Resiliency**

|  |  |
| --- | --- |
| **Risk** | **Mitigation** |
|  |  |
|  |  |
|  |  |

How will you ensure that your proposed intervention positions beneficiary farmers for increased resiliency and empowerment as market actors?

1. **Project activity and timeline (workplan) – based on activity proposed under Section II, Item 6.**

## **VII. STATEMENT OF LIABILITY**

I, the undersigned, being the person responsible in the applicant organization for this project, certify that the information given in this application is true and accurate.

|  |  |
| --- | --- |
| Name and surname:  |   |
| Position:  |   |
| Signature & stamp:  |   |
| Date and Place:  |   |