

**The Micro-Funding Stimulus Package**

*Application Form*

**Section 1: PERSONAL INFORMATION**

Name: \_\_\_\_\_

Mobile 1: \_\_\_\_\_ Mobile 2: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Section 2: BUSINESS/ORGANIZATION DETAIL**

1. Name of organization/business \_\_\_\_\_

2. When did you start this business? \_\_\_\_\_

3. Business address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone number: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. What kind of business?

i. Registered with CAC (\_\_\_)

ii. Registered with any other government registration body (\_\_\_)

iii. Not registered (\_\_\_)

iv. Other \_\_\_\_\_

7. What is the primary product/service offered by the business/organization?  
\_\_\_\_\_

8. How many staff works with the organization? \_\_\_\_\_

9. What was the average monthly revenue for the business? \_\_\_\_\_

**Section 3: IMPACT OF COVID-19**

1. How has the COVID-19 outbreak affected your business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Is the organization still operational since the COVID-19 outbreak? \_\_\_\_\_
  
3. Is staff still working in the business since the COVID-19 outbreak?
  - i. Yes (\_\_\_)
  - ii. No (\_\_\_)
  - iii. Pay Cut (\_\_\_)
  - iv. Laid off some staff (\_\_\_)
  - v. Other: \_\_\_\_\_
  
4. Did you receive any palliative/financial support during or after the lockdown?  
Yes (\_\_\_) No (\_\_\_)  
If yes, from where? \_\_\_\_\_
  
5. What kind of assistance do you require to kick-start the business again?  
Cash (\_\_\_)  
Equipment /Tools (\_\_\_)  
Training (\_\_\_)  
Other \_\_\_\_\_

**Section 4: TRAINING NEEDS ASSESSMENT**

1. How do you build your capacity in your business? \_\_\_\_\_
  
2. What business skills do you feel you require most? \_\_\_\_\_  
Are you willing to be trained in it? \_\_\_\_\_
  
3. If your application were successful, would you be willing to participate in a 1/2- day training on business development and entrepreneurship? Yes (\_\_\_) No (\_\_\_)  
If no, please give your reasons \_\_\_\_\_  
\_\_\_\_\_

**Section 5: FUNDING APPLICATION DETAILS**

1. Please outline your plans to revitalize/restart your business in the table below

Activity	Requirements	Timeline

2. Please outline the budget for your business revitalization using the table below

Activity	Cost	Comment/Budget note

**Section 6: OFFICIAL USE ONLY**

<p><b>Interview:</b> _____</p> <p>_____</p> <p>_____</p>
<p><b>Recommendation:</b> _____</p> <p>_____</p> <p>_____</p>
<p><b>Monitoring &amp; Evaluation:</b> _____</p> <p>_____</p> <p>_____</p>