# Expression of Interest (EOI)/Concept Note

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| Dear Applicant,  The Grant Expression of Interest form, it is exclusively for Women and Minority-owned businesses with documented proof of operation. Your business must meet the following criteria to be eligible: owned and operated by women or minorities, operating for at least one year, able to provide documented proof, and demonstrate a need for funding.  The form will help us assess your eligibility and funding needs.  Please provide accurate and complete information!  If you have any questions or need assistance please contact us in the following e-mail address: [grants@kcdf.org](mailto:grants@kcdf.org).  Good Luck! |

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| Name and Surname of Legal Representative: | |
| Name of the Business:  Acronym: | |
| Activity: | |
| Date of Registration: | |
| Business and fiscal number: | |
| Ethnicity: | |
| Business Address:  Municipality:  Phone/e-mail & website: | |
| 1 | Describe your business. What do you do? What do you produce? |
| 2 | What is the legal status of your business? (Is it trade, individual, partnership, L.L.C., etc.)? |
| 3 | Who are the owners of the business? |
| 4. | Is it seasonal or continuous work? |
| 5. | How many employees do you currently have?  Permanent workers:  Female:  Youth:  Minority:  People with Disabilities:  Seasonal workers: |
| 6. | Products/services (which products/services are you selling? What are expectations for your products/services in the future?) |
| 7. | Who are your customers? (Who do you sell to?) List if you have agreements or regular contract with a company that you usually supply. |
| 8. | Please provide data on your sales for the years 2020, 2021 and 2022. |

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| 9. What do you need the grant for? What equipment/tools are you planning to buy? (List the equipment that you are planning to buy if you receive a grant?*).*  **Note**: Used equipment are not allowed. |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Equipment/tool | Quantity | Price per quantity | Total price | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  | |  | **TOTAL** |  |  |  | |
| 10. Describe the problem that will be resolved by grant support? |
| 11. What specific results will you achieve if you receive this grant? (provide quantitative data about production, sales, import substitution, job creation, etc.) |
| 12. How many employees are you planning to hire if you receive a grant? (please specify the position, ethnicity and gender) |

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| 13. What is the cost of the equipment/tool that you are planning to buy? |
| Total cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount of grant requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Personal Contribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14. Where are you planning to buy the equipment/tools? |
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| 15. Do you need training in the business field that you are in, if **yes** please specify what type of training? |
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| 16. Have you ever received any assistance from NGOs, associations or other donor? If yes, describe! |
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*I hereby certify that information provided is true and correct and I am aware that I may be disqualified from the process if it is proved different.*

Signature of the business legal representative: ……………………………………………………..

Date: ……………………………………