

***VALUE4HER: Strengthening Women-Led Agribusinesses in Africa***

**Innovation Grant**

**Catalyzing Women-Women supply chains**

**GRANT APPLICATION FORM**

**OFFICIAL TEMPLATE**

**Grant Reference-Nr.: SP/GEN/01/2021**

**Deadline for Submission of Proposals:**

**July 17, 2021, before 23:59 HRS (EAT)**

**General Information**

Interested women-led/owned agribusinesses in Africa are invited to submit their proposals for the VALUE4HER Innovation Grant (IG). The **official** application form including annexes **must be used** by all businesses wishing to apply for the Innovation Grant. Submissions should be sent as attachments to the email provided below. The **email subject** should be stipulated as follows <NAME OF COMPANY> followed by <APPLICATION FOR VALUE4HER GRANT>

The **application envelopes (zipped folders)** should be submitted as **one** **email** and clearly labelled as follows <Name of company> followed by <Envelope A – Statutory documents>; <Name of company> followed by <Envelope B – Technical Documents>

**Copies of Administrative Documents**

1. **Envelope A – Statutory Documents (copies of originals)**
2. Grant Application Form (Annex 1)
3. Company registration certificate
4. Proof of nationality and gender of owner(s) (e.g. scanned copy of passport page)
5. Signed declaration (Annex 2)
6. Certified bank statements for either 2019 or 2020 (01 January to 31 December 2019 or 01 January to 31 December 2020 ) or recent bank certificate showing the financial situation of the Applicant (dated less than 90 days before the submission date).
7. **Envelope B - Technical Documents (originals and copies)**
8. Technical Proposal (Annex 3) detailing:
* Why your company is best placed to implement this scheme (adding 20 new women suppliers into your company supply chain)
* Innovative women to women supply chains activities for which the innovation grant will be used
* The implementation plan
* The expected impact – short- and medium-term
* The budget summary (clearly showing own contribution of 10%)
1. Detailed Budget form (Annex 4)
2. Details of the service provider to be engaged (Annex 5) – not mandatory

All administrative requirements must be met for the technical proposal to be evaluated by the Evaluation Committee.

Any questions and requests for clarification regarding the **VALUE4HER INNOVATION GRANT** call should be submitted to rfcn@agra.org on or before July 7, 2021. A reply to all questions will be provided up to 5 calendar days before the deadline for submission of proposals. The questions and answers will be posted online and made available to all other applicants.

The complete set of **documents (scanned copies)-** the application form including annexes and supporting documents (PDF, Word and Excel format) must be sent to the following email address – rfcn@agra.org on /or before **July 17, 2021, at 23:59 HRS (EAT)**.

**Annex 1: Applicant Information - Envelope A: Administrative Documents***.*

**Title of the Proposal: *(include the title of the proposed action)***

***Name of Applicant: (insert company’s name)***

|  |  |
| --- | --- |
| 1. **Name of Company / Applicant**
 |  |
| 1. **Type of Company**

N.B. *(check the relevant category/ box)*  | * Sole Proprietorship
* Partnership
* Limited Liability Company
* Public Limited Company (< 20& government-owned)
* Other, specify ………………………………..
 |
| 1. **Country of Registration and Registration Number**
 |  |
| 1. **Ownership (list principal owners)**
 | Name: | Nationality | Ownership % |
|  |  |  |
| 1. **Country of Operation**
 |  |
| 1. **Year Established**
 |  |
| 1. **Number of Employees (full time & part-time)[[1]](#footnote-1)**
 |  |
| 1. **Annual Turnover (specify currency - USD, Euro or national currency e.g. KSH)**
 | Fiscal Year (2019/2020) | Turnover | Currency |
|  |  |  |
| 1. **Physical Address**
 |  |
| 1. **Postal Address**
 |  |
| 1. **Phone (Fixed)**
 |  |
| 1. **Phone (Mobile)**
 |  |
| 1. **E-mail**
 |  |
| 1. **Website**
 |  |
| 1. **Contact Person (Name and Position)**
 |  |
| 1. **Is the business leader/owner a member of #VALUE4HERConnect**
 | Yes[ ] No [ ]   |

|  |
| --- |
| 1. **Company Description (maximum one page)**
 |

*Provide a brief introduction to your business, products traded or service offered, main clients and markets (domestic and export) served; experience working with women farmers and small scale agripreneurs, Indicate the number of women farmers and women agripreneurs in your supply network; volume( tons) of produce/products supplied by women.*

1. **Supporting Documents (included with this form)**

|  |  |
| --- | --- |
| 1. **Supporting Documents**
 | **Enclosed** |
| Company Registration Certificate  | Yes/ No |
| Proof of Nationality | Yes/ No |
| Certified bank statement(s) for either 2019 or 2020 (01 January to 31 December 2019 or 01 January to 31 December 2020 ) | Yes/ No |
| Signed bank declaration that the company is in good financial standing  | Yes/ No |

**I declare that all information provided is accurate and that I am authorized to sign.**

**Name: Position:**

**Organisation/Company:**

**Signature: Date and Place:**

**Annex 2: Declaration Letter - Envelope A: Administrative Documents**

**Title of the Proposal: *(insert the title of the proposed action)***

**Name of Applicant: *(insert company’s name)***

The applicant, represented by the undersigned, being the authorised signatory of the organisation, hereby declares that;

* The applicant has received and studied the guidelines for the grant, and accepts all the instructions and conditions therein;
* The applicant has the sources of financing and professional competence to manage the grant and meet its obligation of the 10% own budgetary contribution (cash and in-kind);
* The applicant is **NOT** in any of the following situations that may exclude participation in this IGF call for proposals:
* A state of bankruptcy, liquidation, judicial settlement, discontinuance of activity, or in any such like situation;
* Guilty of gross professional negligence or misconduct or of making any false statements concerning ownership;
* No conflict of interest, even a potential one, exists between the applicant and any subcontractors (e.g. service providers). The applicant understands that any false declaration will result in the immediate cancellation of the application.

**Name: Position:**

**Organisation/Company: Date and Place:**

**Signature:**

**Annex 3: Technical Proposal – Envelope B: Technical Documents**

**Title of the Proposal: *(insert the title of the proposed action)***

**Name of Applicant: *(insert company’s name)***

|  |
| --- |
| 1. **Justification/explanation as to why your company is best suited to implement this innovation (maximum one page)**
 |

*Describe in detail why your company is best suited to implement this innovation, including prior experiences in working with women suppliers in agriculture. Explain women suppliers currently working within your supply network, the opportunity you see and the challenges you anticipate, indicate how you will respond to those challenges.*

|  |
| --- |
| 1. **The Innovation (maximum one page)**
 |

*Describe how you will bring on board at least 20 new women suppliers into your supply network. Indicate the specific inputs (e.g. technology, equipment, service or training) you will need to do that, clearly show the methodology you will use in identifying them and how they benefit your business. Clearly indicate how you will sustain relationships with the women suppliers beyond this project*

|  |
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| 1. **The Plan (maximum two pages)**
 |

*Outline in a step-like manner how the project will be implemented over the 12 months.*

* *Aim(s) and objective(s),*
* *Activity (activities)*
* *Expected results / deliverables / key milestones*
* *Timelines/ schedules/ deadlines.*

|  |
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| 1. **Impact (maximum one page)**
 |

* *Describe the expected impact (short-, medium- and long-term). Include indicators (e.g., increase in production/ productivity, new products/services, increase in sales/employment/ exports and how smallholder farmers/fishers/ farming communities (women and youth) will benefit.*
* *Sustainability - How will your company build on the actions after the IGF grant.*

|  |
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| 1. **Budget (maximum half a page)**
 |

*Describe how the budget including your contribution will be used.*

|  |
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| **6. Service Providers (maximum half a page)** |

*Explain why you have chosen the service provider(s).*

**I declare that all information provided is accurate and that I am authorized to sign.**

**Name: Position:**

**Organisation/Company:**

**Signature: Date:**

**Annex 4: Budget – Envelope B: Technical Documents**

**Title of the Proposed Action: *(insert the title of the proposed action)***

***Applicant: (insert company’s name)***

|  |  |  |
| --- | --- | --- |
|  |  | BUDGET **1** |
|  | **Activity** | **Unit** | **Nr. of Units** | **Cost per Unit(in USD)** | **Total Budget(in USD)** | **Budget Narrative (Reason for Expenditure)** | **Clarifying Notes** |
| **A** | **Company personnel 4 (Applicant Staff Time)** |   |   |   |   |   | **Maximum 10% of Total Budget** |
| A.1 | Staff member (Applicant's employees) - Specify Name and Position | Hours | 0 | 0 | 0 |  | Employment contract or salary payslips, etc. required for staff who will be assigned to the project. |
| A.2 | Staff member 2 (Applicant's employees) - Specify Name and Position | Hours | 0 | 0 | 0 |  |
|   | (add rows as needed) |   |   |   |   |   |
|   | Sub-Total A |  |  |  | 0 |   |   |
| **B** | **Service Providers 5 (Consultant/ Organisation)** |   |   |   |   |   | **Minimum 60% of Total Budget** |
| B.1 | Service provider - Specify Name  | (specify) | 0 | 0 | 0 |  | Include cost estimates for service providers. |
| B.2 | Service provider 2 - Specify Name | (specify) | 0 | 0 | 0 |  |
|   | (add rows as needed) |   |   |   |   |   |  |
|   | Sub-Total B |  |  |  | 0 |   |   |
| **C** | **Direct Expenses 6** |   |   |   |   |   | **Maximum 20% of Total Budget** |
| C.1 | Travel (Lumpsum Item) **7** | (trips) | 0 | 0 | 0 |  | Maximum budget allowed for travel is 1,000 USD. |
| C.2 | Equipment **8** | (specify) | 0 | 0 | 0 |  | Maximum budget allowed for equipment is 2,500 USD. |
| C.3 | Other (specify) | (specify) | 0 | 0 | 0 |  |  |
|   | Sub-Total C |   |   |   | 0 |   |   |
| **D** | **Administrative Costs 9** |   |   |   |   |   | **Maximum 7% of A+B+C** |
| D.1 | Administrative Costs (Lumpsum item) |  |  |  | 0 |   | 7% of the sum of A+B+C.  |
|   | Sub-Total D |   |   |   | 0 |   |   |
|  | **Total Budget** |   |   |   | **0** |   |   |
|  | **Requested IG Funding2 (Maximum 80% of the Total Budget)** | **0** |   |   |
|  | **Applicants Own Contribution3 (Minimum 20% of the Total Budget)** | **0** |   |   |

**Notes to the Budget:**

1. The budget should be presented in USD (all grant payments are made in USD).
2. Maximum grant amount is USD 10,000
3. Own contribution can be in cash or in-kind contribution (minimum 10%) of the total budget. Any in-kind contribution should be able to be evaluated, verified and certified (e.g. salary paid to staff, allocation of office space, logbook in a vehicle, etc.).
4. The cost of staff members is calculated at actual costs (i.e. actual cost paid to the employee, including salary, benefits and taxes).
5. The maximum amount allocated to **a single** service provider should be **no more than USD10,000** inclusive of all costs payable to the service provider (e.g. fees, travel and other direct expenses, taxes, etc.).
6. Direct expenditures made by the Applicant.
7. Maximum allowed budget for travel related to training/capacity building or mentorship support is USD **1,000.**
8. Only **brand new** equipment for a total amount of less than USD **2,500**. Purchase of second-hand equipment is not allowed.
9. Administrative costs include all communication, postal, and other administrative costs; **no other operating costs will be considered**.

**I declare that all information provided is accurate and that I am authorized to sign.**

**Name: Position:**

**Organisation/Company:**

**Signature: Date:**

**Annex 5: Service Providers – Envelope B: Technical Documents**

**Title of the Proposed Action: *(insert the title of the proposed action)***

***Name of Applicant: (insert company’s name)***

|  |
| --- |
| **Service Provider**  |
| 1. **Type of Service Provider**
 | * Individual Consultant
* Organization

*(check the relevant category)*  |
| 1. **Name of Consultant/ Organisation**
 |  |
| 1. **Country in which based**
 |  |
| 1. **Name and Position of Main Contact Person**
 |  |
| 1. **Short CV (s)**
 | *(summary of qualifications, the main area of expertise and experience including working with SMEs).*  |
| 1. **Registered in the IG Database**
 | Yes / No |

*(Use one form for each Service Provider)*

**I declare that all information provided is accurate and that I am authorized to sign.**

**Name: Position:**

**Organisation/Company:**

**Signature: Date:**

1. Full Time Equivalent (FTE) is a unit to measure employed persons. A person who works all day for the designated number of hours (e.g. 40 hours per week) is given a score of 1 FTE, while a part-time worker gets a score in proportion to the hours he/she works. For example, a part-time worker employed for 20 hours a week, is counted as 0.5 FTE. [↑](#footnote-ref-1)