

Micro-Enterprise Startup Support Initiative (MESSI)

Starter Kit Application Form, Phase II, Volume I

1. Name of Applicant			2. Date of Application	
3. Are you a migrant returnee	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you return and from where?		
4. Date of Birth	5. ID Number		6. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
7. What is your current address? (town/village; district, region)			Tel. number/email if any	
8. Are you applying as a group or individual	<input type="checkbox"/> Individual <input type="checkbox"/> Group	If group, how many members? Provide list of members with age, gender and phone number. Attach copy of ID card of all listed members.		
9. State your current occupation				
10. Do you currently own a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of business and where is it physically located? For instance, if it is in GBA, state where in GBA? <div style="text-align: right;">GBA LRR URR</div> <div style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>		
11. Number of employees in the business if any	Full time		Is the business registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Part time			
12. Name of financial service provider or bank (if any)			11. Account Type	Current <input type="checkbox"/> Savings <input type="checkbox"/>
13. In a few words, tell us about your business idea in one of the value chains (fishery, horticulture, or poultry).				

14. List not more than three business objectives you have for the next 3 years

15. Describe the products or services you plan to provide

16. What makes your business different? Why is your product or service unique compared to others?

17. Have you or any member of your group received a mini-grant before for business support?

Yes. No.

If yes, from where or which project?

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When and how much?

18. Why do you need the MESSI starter kit grant?

19. What type of equipment (Kits) would you need to start your business? Please indicate by filling the table below and identify those prioritised for project support (please note that this is just an indicative list; we may not be able to provide the exact items or the quantity you request)

Description	Quantity needed	Unit Cost (GMD)	Total cost (GMD)	Select priority for MESSI support

20. Owners Contribution (please note that the project may not provide grant for operating expenses).
How will you finance other business costs?

