

# The African Union Economic Development Program (AUEDP)

# GRANT FUNDING APPLICATION FORM

2025

## ENTREPRENEUR'S NAME:

ENTERPRISE NAME:

## COUNTRY OF RESIDENCE AND NATIONALITY:

|   |  | YES | NO | IF YES  |
|---|--|-----|----|---|
| 1 | Is the entity 100% African owned and managed?      |     |    | Attach an authenticated                           |
|   |  |     |    | document of ownership                             |
| 2 | Is the entity legally registered                   |     |    | Attach certified copy of                          |
|   |  |     |    | registration                                      |
|   |  |     |    | certificate/Incorporation                         |
|   |  |     |    | Certificate                                       |
| 3 | Does the entity pay tax?                           |     |    | Attach a Tax certificate                          |
| 4 | Is the entity owned by majority youth and/or women |     |    | Attach list of owners with age and gender details |

(Note: Applicant to fill blank boxes, AUEDP Staff will update shaded areas (NA) after the site visit).

| Country:   |   |         |             |         | Name o   |         |            |   |          |      |                     |
|--|---|---------|-------------|---------|----------|---------|------------|---|----------|------|---------------------|
|  |   |         |             |         | Busines  | s:      |            |   |          |      |                     |
| Estimate of  | Funding   |         | l Currency  |         |          |         |            |   |          |      | Investment Type: NA |
| Request:   |   | U.S. 1  | \$ equivale | nt:     |          |         |            |   |          |      |                     |
| Length of Project  |   |         |             | Exchang | ge Rate: |         | NA         |   |          |      |                     |
| (months)   |   |         |             |         |          |         |            |   |          |      |                     |
| Legal Name of Applicant:   |   |         |             |         |          |         |            |   |          |      |                     |
| Other Names Applicant is known by  |   |         |             |         |          |         |            |   |          |      |                     |
| or does bus  |   |         |             |         |          |         |            |   |          |      |                     |
| Legal Status   | s Type of A   | \pplica | Int         |         |          |         |            |   |          |      |                     |
| (Citizen/For   | eigner/Le   | gal Res | sident):    |         |          |         |            |   |          |      |                     |
| *For Enterp  | orise: Num  | ber of  | Full        | Male    | 2        |         | Female     |   | Тс       | otal |                     |
| Time Emplo   | oyees   |         |             |         |          |         |            |   |          |      |                     |
| *For Enterp  | orise: Num  | ber of  | Part -      | Male    | ÷        |         | Female     |   | Тс       | otal |                     |
| Time Emplo   | oyees   |         |             |         |          |         |            |   |          |      |                     |
| *For Entern  | orise: # of   |         |             | Male    | e        |         | Female     |   | Тс       | otal |                     |
| Suppliers/F  | armers or   | Enter   | orises      |         |          |         |            |   |          |      |                     |
| Supplying R  | aw Materi   | ials .  |             |         |          |         |            |   |          |      |                     |
|  |   |         |             | Male    | è        |         | Female     |   | Тс       | otal |                     |
| /Beneficiari   |   |         |             |         |          |         |            |   |          |      |                     |
| service  |   | -       | -           |         |          |         |            |   |          |      |                     |
|  |   |         |             |         | Applican | t Conta | ct Points: | _ |          |      |                     |
| Name of Primary  |   |         |             |         |          |         |            |   |          |      |                     |
| Contact:   |   |         |             |         |          |         |            |   |          |      |                     |
| Position:  |   |         |             |         |          |         |            |   |          |      |                     |
| Telephone:   |   |         |             |         |          |         |            |   |          |      |                     |
| E-Mail:  |   |         |             |         |          |         |            |   |          |      |                     |
| Location of  | the Organ   | izatio  | n/Business  | 5:      |          |         |            |   |          |      |                     |
| Physical Ad  |   |         |             |         |          |         |            |   |          |      |                     |
| Mailing Add  |   |         |             |         |          |         |            |   |          |      |                     |
| City or town   |   | 1:      |             |         |          |         |            |   |          |      |                     |
| ,<br>Village [if ru  | -   | ,       |             |         |          |         |            |   |          |      |                     |
| Nearest Tov  | -   | 1]:     |             |         |          |         |            |   |          |      |                     |
| Event:   | App.  |         |             |         |          |         |            |   | Grant Da | ate  |                     |
|  | Rcvd.   |         |             |         |          |         |            |   |          |      |                     |
| Date   | NA  |         |             |         |          |         |            |   |          |      | NA                  |
| SIGN-OFF   |   |         |             |         |          |         |            |   |          |      |                     |
| I understand that a material misstatement or the omission of material facts may stop the United Nations Economic Empowerment Program   |   |         |             |         |          |         |            |   |          |      |                     |
| from providing funding, may require the termination of any funding that is awarded, and may give cause for legal action by the Foundation. I confirm that I have necessary authority to act for and on behalf of the company in making the foregoing statements and that they are correct, |   |         |             |         |          |         |            |   |          |      |                     |
| -  |   | -       |             |         |          |         |            |   |          |      |                     |
| -  | to the best of my knowledge and belief, and that no statements of fact are omitted from this questionnaire which are necessary in order to make the statements herein not misleading. |         |             |         |          |         |            |   |          |      |                     |
| Applicant  |   |         | uuniy.      |         |          |         |            |   |          |      |                     |
|  |   |         |             |         |          |         |            |   |          |      |                     |

\* Suppliers/Farmers/Enterprises currently impacted over the past two years

• Members OR non-members of a cooperative that receive trainings from the applicant enterprise / cooperative

• Members OR non-members gaining access to revolving loan or input funds planned in the proposed project

• Full time or part time employees funded through activities related to the proposed project

\*Please be sure NOT to double count beneficiaries who will receive multiple benefits from the proposed project.

\*\* Based on applicant's sales records, the number of customers who purchased goods/services directly from the applicant

**NOTE TO APPLICANT:** The Project Funding Application includes four sections below:

- A. Organization Information
- B. Current Financial Situation
- C. Project Proposal Information
- D. Project Budget
- E. Supporting Documents

Please follow this outline in developing your application request. The answers to the questions below **<u>should</u> <u>be brief and to the point not exceed 10 pages</u>.** If your application is accepted, additional details will be required.

## APPLYING FOR AN UNEEP GRANT IS FREE, THERE IS NO FEE ASSOCIATED WITH A GRANT APPLICATION.

#### A. ORGANIZATION INFORMATION

1) The organization was established in \_\_\_\_\_ (year)

Date of Legal Registration (Month / Day / Year) \_\_\_\_\_mm\_\_\_\_/\_day\_\_\_\_\_ / \_Year\_\_\_\_\_

- 2) Please state the mission or purpose of your organization or enterprise. Limit response to one paragraph.
- 3) Provide a short description of the most significant achievements your organization has made in the past three years. Limit response to 1 page or less. Include total annual operating income for each year.

| Year | Achievement | Annual Income |
|------|-------------|---------------|
| 2023 |             |               |
| 2022 |             |               |
| 2021 |             |               |
| 2020 |             |               |

4) Provide a short description of how the organization or enterprise generates its revenues. Limit response to one paragraph.

5) Indicate the current number of <u>Employees</u>:

| Total Full Time:          | <br>Men | Women |
|---------------------------|---------|-------|
| Total Part-Time/Seasonal: | <br>Men | Women |

#### B. CURRENT FINANCIAL SITUATION

1) List any loans (amounts, term, provider), and other liabilities attached to the organization?

| Loan/Liability Type/Term/Provider | Value | Balance Due |
|-----------------------------------|-------|-------------|
|                                   |       |             |
|                                   |       |             |
|                                   |       |             |
|                                   |       |             |

Other:

2) A) List all sources, amounts, and dates of any donor, government or other outside funding received.

| Donor Name | Date | Type (Loan / Grant) | Value (USD) |
|------------|------|---------------------|-------------|
|            |      |                     |             |
|            |      |                     |             |
|            |      |                     |             |
|            |      |                     |             |

B) Have you requested any other funding (grants or loans) support from other donors, NGOs, government, private companies, or banks that are still being considered? If yes, please list details below.

| Donor Name | Date | Type (Loan / Grant) | Value (USD) |
|------------|------|---------------------|-------------|
|            |      |                     |             |
|            |      |                     |             |

C) **Reasons for loan/grant approval delay:** Provide details of why the loan(s)/grants is/are not yet approved and any conditions given to the enterprise for the loan(s)/grants approval to be made.

D) Have you applied for a loan from a financial institution and the request denied? Yes/No

If yes, please list details below

| Financial Institution | Date when the request was | Amount of loan requested |
|-----------------------|---------------------------|--------------------------|
|                       | made                      | (USD)                    |
| 1.                    |                           |                          |
| 2.                    |                           |                          |
| 3.                    |                           |                          |

E) What reasons did the financial institution give for declining the loan request?

3) Identify future funding opportunities.

A) Did you apply for USAID or USADF funding: Y/N?

If yes, please provide 1) the loan amount(s) applied for and (if not yet approved), 2) details on why the loan(s) is not yet approved and any conditions given to the enterprise for the loan(s) approval to be made.

4) Does the organization or enterprise have a trained accountant or bookkeeper? Yes / No

If yes, what is his/her qualifications?

- 5) (i) Does the organization or enterprise have two years of financial statements? Yes / No
- 6) (i) Does the organization or enterprise operate a bank account for business transactions? Yes/No (ii) If yes provide name and branch of the bank and the period this account has been operated

| Bank name | Branch | When the account was opened |  |
|-----------|--------|-----------------------------|--|
|           |        |                             |  |
|           |        |                             |  |
|           |        |                             |  |

#### C. PROJECT PROPOSAL INFORMATION

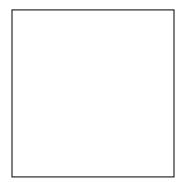
- 1) What specific constraint(s) is/are preventing the enterprise from accessing commercial investment?
- 2) How will this grant allow your organization or enterprise to address the constraint(s) identified in (1) above?

#### D. GRANT BUDGET

Amount requested from AUEDP: \_\_\_\_\_ (in USD)

#### E. SUPPORT DOCUMENTS

- 1) Provide a copy of your organization or enterprise registration document and articles of incorporation. (Required)
- 2) If available provide copies of the past two years of financial statements.
- 3) If applicable, provide copies of business bank statements for the last 12 months and/or business mobile money transfer statements for the same period
- 4) If available provide a copy of your most recent business plan.
- 5) Provide authenticated document of ownership e.g. shareholding certificate
- 6) Attach a passport size photo of the Applicant.



- 7) Provide a tax certificate.
- 8) Provide applicant identity document e.g. National ID Card, Driving License, Passport