**SMEs/cooperatives call for applications**

1. **Administrative details**

Please give the company details

* Company name:
* Representative:
* Company physical address: **Sector:………………………………….**

**District**:…………………………………

* Company registration

Yes No

* RRA Tin/Pin number:
* Primary contact

|  |  |  |
| --- | --- | --- |
| **Names** | **Phone number** | **Active email** |
|  |  |  |

1. **Company experience (years):………………………………**
2. **Company staff**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Total staff** | **Male** | **Female** | **Youth** | **Disabled** | **Permanent** | **Casual** |
|  |  |  |  |  |  |  |

1. **Premises**

|  |  |  |  |
| --- | --- | --- | --- |
| **Residential** | **Customized** | **Factory designed** | **Open space** |
|  |  |  |  |

1. **Utilities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tap water** | **Tank water** | **Water from kiosk** | **Electricity** |
|  |  |  |  |

1. **Equipment and tools details, please give and tick (√) if calibrated**

|  |  |  |
| --- | --- | --- |
| **S/N** | **Equipment** | **Calibration status** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

1. **Business sectors and subsector, tick (√) all that apply**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sector** | **Agro processing** | **Light manufacturing** | **Service** |
| **Subsector** | Fruits and vegetables | Soaps & Detergents | Beauty salons |
| Dairy | Skin and hair products |  |
| Cereals | Wood and furniture |  |
| Meat | Textile and garment |  |

1. **Company/cooperative/association expected turnover (Gross revenue)**

|  |  |
| --- | --- |
| **2017** | **2018** |
|  |  |

1. **Company/cooperative/association actual turnover**

|  |  |
| --- | --- |
| **2017** | **2018** |
|  |  |

1. **Products and ingredients details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Product** | **Main ingredients** | **Country of origin** | **Suppliers names** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. **Packaging materials, if applicable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Product** | **Packaging material name or category** | **PM specifications** | **Country of origin** | **Suppliers names** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. **Production capacity, monthly and annually**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Product** | **Production, monthly** | **Production, annually** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

1. **Market share, in percentage (%)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Product** | **Local market, (%)** | **Export market, (%)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

1. **Are applicable standards available?:**YesNo
2. **Are some or all staff trainings trained:** YesNo
3. **Product distribution**

Cold chain: Yes No Not applicable

1. **Business financing**

|  |  |  |
| --- | --- | --- |
| **Own money** | **Credits/loan** | **NGO grants** |
|  |  |  |

1. **Support requesting, please tick (√) all that apply**
2. Premises inspection
3. Product reformulation
4. Product/service standards specifications.
5. Good Hygienic Practice
6. HACCP requirements
7. Documentation based on HACCP