**ANNEX A – GRANT APPLICATION FORM**

**SUPPORT TO BUSINESS SERVICE PROVIDERS TO DEVELOP AND INTRODUCE FINANCIAL CONSULTING SERVICES**

1. General Information

Submission of this grant application is FREE OF CHARGE. Applicants are solely responsible for submitting applications. The USAID Resilient Communities Program will not reimburse expenses associated with the preparation and submission of application materials. CNFA and USAID reserve the right to decline any application received.

Completed applications with all required annexes must be emailed to [grants@cnfageorgia.org](mailto:grants@cnfageorgia.org). Handwritten applications will not be accepted. Incomplete applications will not be considered for evaluation.

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| Date of Submission: |  |
| **Basic Information** | |
| Name of Organization: |  |
| Organization’s Legal Status: |  |
| Date of Registration |  |
| Registration ID Number |  |
| Partners/Founders:  (Provide information on founders/partners, board of directors, and advisory board, if any) |  |
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|  |
| Contact person |  |
| Tel: |  |
| Address: |  |
| Grant Requested (USD): |  |

1. Project design & Activities
   1. Describe the business consulting services available for the MSMEs in the regions, including information about the challenges and demand on the market. If you offer business consulting service outline the main challenges you face in terms of better penetrating the regions or sectors. Additionally, please explain how the proposed project will (1) expand your current consulting activities (2) enhance your regional network.

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* 1. Describe the business environment in the proposed area of intervention. Include information about the main industries that are currently developed and those that have the potential to grow in the area. Additionally, provide information about the sources of business financing available in the region and any constraints related to MSMEs' access to financial resources and if there is a need for the consulting services

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2.3 Describe the methodology and process for carrying out the proposed intervention. Provide a detailed description of the services that will be provided, including what actions will be taken. How will you identify MSMEs that require financing, please describe your approach. Provide details on the data sources that will be used to identify eligible MSMEs.

Please also describe your approach to engaging financial institutions (FIs) to participate in the program. Include details on how you will identify and work with potential partners.

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2.4. Please describe how the impact of the grant activity will be sustained after the grant assistance is completed. Provide details on the strategies that will be used to ensure that the consultancy business will continue to operate and grow after the grant period ends.

Additionally, please describe the business model that you intend to introduce after the grant finishes. Explain how this business model will enable the continued provision of support to MSMEs in the proposed area of intervention and ensure the sustainability of the program's impact over the long term.

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4 Technical Experience, Capabilities, and Qualifications

Please provide a description of the organization's and key personnel's past experience, relevant to the proposed activity. Include information on similar projects or activities that your organization has successfully implemented in the past, and any relevant experience or expertise that your key personnel possess.

In addition, please describe your organization's capacity to implement the proposed activity. Include details on the resources that your organization will bring to the project, such as staff, infrastructure, and technology. Explain how your organization's capacity will enable it to successfully carry out the proposed activities and achieve the desired outcomes.

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| Position | Name | Field of expertise | Key Tasks |
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6. Project timeline and targets

6.1 Considering the award amount and potential business environment in the target area, please provide a target of the proposed intervention

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| Potential financial instrument | Municipality | Capital accessed (Estimated in GEL) | Number of businesses assessed/consulted | Number of businesses with approved fund |
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Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* An Application Form (Annex A)
* Attachment 1: Applicant Certification Letter
* Attachment 2: Organization registration document (issued by the Public Registry available at [www.napr.gov.ge;](http://www.napr.gov.ge/))

**ATTACHMENT 1. APPLICANT CERTIFICATION LETTER**

*The following letter must be placed on letterhead and completed/signed/stamped by a representative authorized to sign on behalf of the applicant:*

To: The USAID Resilient Communities Program

#47 Merab Kostava Street, 0179 Tbilisi, Georgia

Reference: APS № 001

To Whom It May Concern:

We, the undersigned, hereby provide the attached application to perform all work required to complete the activities and requirements as described in the above-referenced APS. Please find our application attached.

We hereby acknowledge and agree to all terms, conditions, special provisions, and instructions included in the above-referenced APS. We further certify that the below-named firm—as well as the firm’s principal officers, and all commodities and services offered in response to this APS—are eligible to participate in this procurement under the terms of this solicitation and under USAID regulations.

Furthermore, we hereby certify that, to the best of our knowledge and belief:

* We have no close, familial, or financial relationships with any USAID, CNFA, CNFA implementing partner subcontractors, or USAID Resilient Communities Program, project staff members;
* We have no close, familial, or financial relationships with any other applicants submitting applications in response to the above-referenced APS; and
* The prices in our offer have been arrived at independently, without any consultation, communication, or agreement with any other applicant or competitor for the purpose of restricting competition.
* All information in our application and all supporting documentation is authentic and accurate.
* We understand and agree to CNFA’s prohibitions against fraud, bribery, and kickbacks.
* We understand and agree to CNFA’s prohibitions against funding or associating with individuals or organizations engaged in terrorism or trafficking in persons activities.

We hereby certify that the enclosed representations, certifications, and other statements are accurate, current, and complete:

Authorized Signatory:

Name and Title of Signatory:

Date:

Company Registration Number: