Concept Note

Application For Grant

Skills Development Fund

Name of Applying Organization /Association *

Before you start completing this form, please tell us how you heard about the Skills Development Fund *

- Newspapers
- SDF Website
- Trade Association
- Radio Advert
- Television
- SDF Workshops & Exhibitions
- Others

Project Title *

In one short sentence, state the title of your grant application.

In which sector do you operate? *

Please do not tick more than one box applicable to you.

- Agribusiness
- Tourism & Hospitality
- Construction
- Research, Education and Training
- Renewable Energy
- ICT
- Manufacturing
1. Information on applicant

Name of Organisation or Association applying for Grant *

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Name and Job Title of Head of organisation or Association *

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Gender of Head of Organisation or Association *

- [ ] Male
- [ ] Female

Which Year was the organization established *

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With which authority is your organisation registered? *

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Have you renewed your business registration?  Yes/No

- [ ] Yes
- [ ] No

If yes attach evidence

Tick who are your bankers *  (Tick boxes to be provided here)
ADB Bank, ACCESS Bank, Atlantic, Barclays, CAL Bank, Ecobank, Fidelity bank, GCB Bank, GT Bank, Universal Merchant Bank, National Investment Bank, Stanbic, Stanchart, Zenith Bank, Republic Bank, Rural Bank (specify Branch )

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Branch of your bank *

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Total number of paid staff

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Did you arrange any training for your members/staff last year? *

- [ ] Yes
- [ ] No

What is the nature of the training you arranged for your members/staff? *

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THIS SECTION IS APPLICABLE TO ASSOCIATIONS, CLUSTERS AND GROUPS ONLY

Number of members

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Number of dues-paying members

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Main objectives of association

Total income of association last year

GH₵
2. Office location of applicant

Community/Village/Town *

Region *

Metropolis/Municipal/District *

Postal address *

Street address (Physical address) *

E-mail address *

Phone number *

3. Details of contact persons

Please complete for Head of Organisation and at least two other persons.

Name and Last name *   Position / Job Title *   Gender *

Phone number *   E-mail address *

Name and Last name *   Position / Job Title *   Gender *

Phone number *   E-mail address *

Name and Last name *   Position / Job Title *   Gender *

Phone number *   E-mail address *
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<tr>
<td>Phone number *</td>
<td>E-mail address *</td>
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4. What is the main challenge or problem with the business, which is the reason you are applying for a grant to solve? *

5. What is the proposed solution to the problem(s) identified? *

6. How would you carry out the proposed activities? *

7. What is expected final result of the proposed solution? *

8. What measures will you take to ensure the lasting effects of the support on your organisation? *
   1. Please ensure measures proposed are realistic and implementable.

9. Tick the preferred funding window under which your business is applying for a grant
   a) Companies cannot apply for window 1 and window 4 at the same time.
   No options
   b) The upper grant ceiling for each window is the highest amount which may be approved under each window notwithstanding the total project cost.
<table>
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<tr>
<th>Window</th>
<th>Upper Ceiling For Each Grant</th>
<th>Maximum Grant Element</th>
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<tbody>
<tr>
<td>Win 1</td>
<td>GHS 400,000</td>
<td>60 %</td>
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<tr>
<td>Win 2</td>
<td>GHS 80,000</td>
<td>80 %</td>
</tr>
<tr>
<td>Win 3</td>
<td>GHS 500,000</td>
<td>70 %</td>
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<tr>
<td>Win 4</td>
<td>GHS 100,000</td>
<td>75 %</td>
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Select the funding window *
- Win 1 - Formal Sector Training Grants for formal sector companies
- Win 2 - Informal Sector Training Grants for Association, groups and clusters
- Win 3 - Training Innovation Grants for training institutions
- Win 4 - Formal Sector Coaching of Management and Supervisory staff for enterprises and companies with staff strength of more than 20 people

10. State the estimated total cost of your grant project? *

- <GHS 10,000
- GHS 10,000 - GHS 25,000
- GHS 25,000 - GHS 50,000
- >GHS 50,000

Signature

Name of Head of Organisation *

Position/Job Title *

Date *

Signature *