**GHANA ENTERPRISES AGENCY**

**GHANA ECONOMIC TRANSFORMATION PROJECT (GETP)**

**COVID-19 RESPONSE GRANT (CRG) PROGRAMME – PHASE TWO**

**Application Form for Small and Medium Enterprises**

The Ghana Enterprises Agency is implementing the second phase of the COVID-19 Response Grant programme to provide liquidity and support for Small and Medium Enterprises (SMEs) to enable SMEs to adjust, and to grow out of the COVID-19 crisis in selected sectors of the economy. The nationwide grant programme will focus on only the SMEs most impacted by the COVID-19 pandemic, as well as those who showed resilience during the pandemic. The grant programme is expected to spur the economic recovery of SMEs.

Kindly read through the grant application manual provided, to provide guidance in the completion of this form, the documentary requirements, target sectors, and to determine your eligibility following which you may apply for the grants.

## Details of Business Owner

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*First Name: |  | \*Last Name: |  | Other Names: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \*Owner’s Residential Address: | |  | | | | |  |
| \*GPS Address: | |  | | | | |  |
|  | |  | | | | |  |
| \*Owner’s Postal Address: | |  | | | | |  |
| \*Nearest Landmark: | |  | | | | |  |
| \*Personal Phone 1 |  | | Personal Phone 2: |  | Email address: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Town: |  | \*District: |  | \*Region: |  |

**\*Table 1: Mode of identification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ID Type: (please tick one ) | Ghana Card [ ] | Passport [ ] | Driver’s License [ ] | Voter’s ID Card [ ] |
| ID Card Number |  | | | |

**\*Table 2: Gender of Business Owner**

|  |  |  |
| --- | --- | --- |
| Gender: | Female [ ] | Male [ ] |

\*Date of Birth of Owner/Principal Shareholder: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)

**Table 3: Age Category of Owner/Principal Shareholder**

|  |  |
| --- | --- |
| Less than 18 years | [ ] |
| 18 – 35 years | [ ] |
| 36 – 45 years | [ ] |
| 46 years and above | [ ] |

\*Is the business/enterprise owner a person with disability? Yes [ ] No [ ]

Please specify type of disability …………………………………………………….

\*Is the person completing this application form same as the business owner? Yes [ ] No [ ]

If answer to above question is no, please provide name and position of person other than the owner completing this application form in table 4 below.

**Table 4: Details of Authorized Representative Completing Application Form – complete if different from owner.**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone Number |  |
| Email Address |  |
| GPS Address/Physical Address |  |

**Table 4.1: Authorized Representative’s Mode of Identification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ID Type: (please tick one ) | Ghana Card [ ] | Passport [ ] | Driver’s License [ ] | Voter’s ID Card [ ] |
| ID Card Number |  | | | |

## Business Details

\*Registered Business Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Business TIN: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*State **month** and **year** business commence operation: **MM/YYYY\_\_\_\_\_\_\_\_\_\_\_**

\* **How long has your business been in operation? Tick as applicable:**

**Table 5: Number of years in operation**

|  |  |
| --- | --- |
| **Year in operation** | **Select** |
| 0 - 1 year | [ ] |
| 2 - 5 years | [ ] |
| 6 - 9 years | [ ] |
| 10+ years | [ ] |

\*Are you currently operating or shut down?

Operating at date of application [ ] Shut down at date of application [ ]

**\*Table 6: Current Employee size (That is, at date of completing this Application Form)**

|  |  |
| --- | --- |
| Indicator | Year - 2022 |
| 1. Employee size disaggregated by Gender at Date of Application | *Full-time male:*  *Full-time female:*  *Part-time male*:  *Part-time female*:  Total current employees: |
| 1. Age Disaggregation of Employees as at Date of Application: (Please State the number of employees from the above total that fall within the following age categories?) | *Less than 18 years:*  *18 – 35:*  *36 – 45:*  *46 years and above:*  *Total current employees:* |

**\*Table 7: Type of Business Registration**

|  |  |
| --- | --- |
| Sole Proprietorship | **[ ]** |
| Limited Liability Company | **[ ]** |
| Partnership | **[ ]** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \*Business Location Address: | |  | | | | |  |
| \*Town: |  | | \*District: |  | \*Region: |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \*GPS Address: | |  | | | | |  |
|  | |  | | | | |  |
| \*Postal Address: | |  | | | | |  |
| \*Nearest Landmark  State number of Business Branches (if any)  Physical Location of branch(es) | |  | | | | |  |
| Business \*Phone 1: |  | | Other Phone 2: |  | \*Email address: |  | |

**\*Table 8: Select your business sector:**

|  |  |
| --- | --- |
| Agriculture/Agro-processing | **[ ]** |
| Manufacturing | **[ ]** |
| Textile and Garment | **[ ]** |
| Food and Beverage | **[ ]** |
| Pharmaceuticals/companies in the production of Personal Protective Equipment (PPE) | **[ ]** |
| ICT | **[ ]** |
| Education | **[ ]** |
| Trade/Commerce | **[ ]** |
| Construction | **[ ]** |
| Transport & Logistics | **[ ]** |
| Tourism & Hospitality | **[ ]** |
| Other: | **[ ]**  **Specify: ……………………………..** |

Are you part of a trade or business association or Union? Yes [ ] No [ ]

If yes, please state name of association or Union: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Is your business female-majority owned? Yes [ ] No [ ]

**\*Table 9: Shareholding structure: (insert as many rows as needed)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No.: | Full Name | Ghana Card Number | Gender (please select) | | Ownership/Shareholding percentage (%) | Nationality  (Ghanaian or non-Ghanaian) |
|  |  |  | Male | Female |  |  |
|  |  |  | [ ] | [ ] |  |  |
|  |  |  | [ ] | [ ] |  |  |
|  |  |  | [ ] | [ ] |  |  |
|  |  |  | [ ] | [ ] |  |  |
|  |  |  | [ ] | [ ] |  |  |
|  |  |  | [ ] | [ ] |  |  |
|  | Total (***must sum up to 100%***) |  |  |  |  |  |

**Table 10: Business Bank Details**

|  |  |
| --- | --- |
| Bank Name |  |
| Bank Account Number |  |
| Bank Account Name |  |
| Year bank account was opened |  |

## Business Information: Failure to provide detailed Business Information as requested in the guidelines below (B1 to B6), may lead to non-consideration of your application.

**B1: Background:**

Tell us about your enterprise. What you produce, production capacity, and current volume of production, product lines, target market and size, profit projections, exports (if any) and export destinations. **(500 words or more)**

|  |
| --- |
|  |

**B2: Challenges**:

What challenges does your enterprise currently face? Is the challenge historical or just surfaced because of the pandemic? Is it an existing challenge but worsened by the pandemic? How would you resolve the challenges identified? **(500 words or more)**

|  |
| --- |
|  |

**B3: Impact of COVID-19 on the business:**

How did the pandemic negatively affect your business? What are your plans to fully recover from the effects of the pandemic and enhance the growth of the company?

If your business was not affected negatively, kindly indicate areas where the business showed resilience? How can GEA SME Grant Programme support your growth process and resilience? **(500 words or more)**

|  |
| --- |
|  |

**B4: Grant Support and Expected Impact:**

How will the COVID-19 Grant support help alleviate your challenges identified above? What immediate results should the GEA expect when the business is supported with grant? How would grant support impact or lead to job creation, increase in production, revenue, and exports (if applicable)? **(500 words or more)**

|  |
| --- |
|  |

**B5: Risks and Mitigation**

What are the key risks involved in operating your business? How has the pandemic worsened the existing risks involved in operating your business?

What measures have you already put in place to mitigate operational risks identified? **(500 words or more)**

|  |
| --- |
|  |

**B6:** **Grant Request Justification**

Explain why the GEA should support your business with grants linking your grant request justification to the impact, (negative or positive/resilience) of COVID-19 on your business. **(500 words or more)**

|  |
| --- |
|  |

**Performance Indicators**

*Both the negatively impacted as well as resilient, well-performing SMEs will be supported so long as the applicant is shortlisted and passes the minimum selection criteria. We therefore expect that applicants will present accurate business performance information and data in response to this application form.*

\***Table 11**: Did your business export in any of the following years?

|  |  |  |
| --- | --- | --- |
| **Year** | **Yes** | **No** |
| 2019 | [ ] | [ ] |
| 2020 | [ ] | [ ] |
| 2021 | [ ] | [ ] |

**\*Table 12: Historical Performance Indicators**

|  |  |  |  |
| --- | --- | --- | --- |
| Indicator | 2019 | 2020 | 2021 |
| 1. Sales/Turnover (GHS) |  |  |  |
| 1. Employee size disaggregated by Gender at December 31st | *Full-time male:*  *Full-time female:*  *Part-time male*:  *Part-time female*:  Total employees: | *Full-time male:*  *Full-time female:*  *Part-time male*:  *Part-time female*:  Total employees: | *Full-time male:*  *Full-time female:*  *Part-time male*:  *Part-time female*:  Total employees: |
| 1. Age Disaggregation of Employees: (Please State the number of employees from the above total that fall within the following age categories?) | *Less than 18 years:*  *18 – 35:*  *36 – 45:*  *46 years and above:*  *Total employees:* | *Less than 18 years:*  *18 – 35:*  *36 – 45:*  *46 years and above:*  *Total employees:* | *Less than 18 years:*  *18 – 35:*  *36 – 45:*  *46 years and above:*  *Total employees:* |
| 1. Exports[[1]](#footnote-1) (GHS) |  |  |  |

**Table 12.1: Domestic and Exports data: complete this table if applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Domestic Market (%) | Indirect Exports (%) (sold domestically to a third party that exports) | Direct Exports (%) | Total (%) |
| 2019 |  |  |  |  |
| 2020 |  |  |  |  |
| 2021 |  |  |  |  |

\*Has your business been negatively impacted by COVID-19? Yes [ ] No [ ]

If you answered yes to above question, what challenges due to the coronavirus/COVID-19 outbreak and related restrictions did you face? [select all that apply]

[ ] Temporary production shut-down due to government-mandated closures.

[ ] Loss in demand

[ ] Difficulties in accessing suppliers due to mobility restrictions imposed by government

[ ] Reduction in the availability and/or price increases for the main inputs

[ ] Worker absenteeism arising from mobility restrictions imposed by the government

[ ] Worker absenteeism arising from other reasons

[ ] Managers or executive personnel absenteeism arising from mobility restrictions imposed by the government

[ ] Managers or executive personnel absenteeism arising from other reasons

[ ] Securing access to finance (e.g. banks are closed or operate at restricted capacity)

[ ] Depreciation of productive capital due to inactivity

[ ] Difficulties in accessing customers due to mobility restrictions imposed by government

[ ] Other, please specify in box below:

[ ] No particular challenge, things have proceeded as normal

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Skip this portion if you answered yes to the question about negative COVID impacts.***  Has your business performance improved because of the COVID-19 pandemic? Yes [ ] No [ ]  If you answered yes to the above question, which of the following might have caused your company’s improved performance?  Introduction of new products/services [ ] Transition to digital/virtual work [ ]  Improvement in skillset of staff [ ] Improvements in productivity [ ]  Other reasons (please specify in box below)   |  | | --- | |  |   How did any of the above listed innovations translate to improved sales and profitability? Please explain in box below:   |  | | --- | |  | |  |  |

## Financing

In 2020, did your company try/apply to raise capital on the formal credit market (eg. Bank loan) or informally (eg. loans from friends and family, drawing down from savings)?

Formal only [ ] Informal only [ ] Both [ ] I did not apply to raise any capital [ ]

Was the company successful in raising the capital it applied for?

[ ] Yes, it raised all that it applied for

[ ] No, it was not successful at all

[ ] It raised half (50%) or more

[ ] It raised less than half (50%)

Is the business currently servicing any credit facility (eg loan, overdraft, letter of credit etc)?

Yes [ ] No [ ]

If yes to above question, kindly indicate if you have defaulted in servicing the credit facilities.

Yes [ ] No [ ]

## Grant Request

|  |  |
| --- | --- |
| \*Requested Grant Amount (GHS) |  |
|  |  |

**(Grant Amount requested should be same as total expected expenditure in table 9 below).**

What is the proposed or expected use of the grants? Enter in Table 9 below.

**\*Table 13: Expected Grants Expenditure:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Item** | **Quantity** | **Unit Cost (GHS)** | **Amount (GHS)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Total Expected Expenditure** |  |  |  |

**NB**: For all proposed capital expenditure items exceeding GHS5,000 such as machinery and equipment, applicants **MUST** submit/upload **THREE (3)** proforma invoices from separate vendors.

Where applicant is procuring **raw materials, at least ONE proforma invoice** must be submitted to support the Expected Grant Expenditure captured in Table 13.

Has your business benefited from any grant program?

Yes [ ] No [ ]

If ‘Yes’, state name of the Grant Awarding Organization, amount received and year when the grant was received

|  |
| --- |
|  |

## Expected Results of Grants Support

How will grant support affect your performance indicators:

**\*Table 14: Expected Grants Results/Impacts**

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Indicators** | **Pre-grant support (that is, current state)** | **Post-grant support (expected incremental changes)** | **In this column, please explain how grant support will translate into the expected incremental changes** |
| Sales/Turnover |  |  |  |
| Employee size (full-time plus any part-time/casual only) |  |  |  |
| Exports (if applicable) |  |  |  |
| Others (include here and insert as many rows as needed any additional measurable indicators that grant support would directly impact incrementally. |  |  |  |

## Technical Assistance Needs

\*Do you need Business Development Services? Yes [ ] No [ ]

In which of the underlisted areas do you need business development training or advice? (Please select maximum of 3)

Records and Bookkeeping [ ] Business Management [ ] E-Commerce [ ] Costing and Pricing [ ] Raising Money for Business [ ] Budgeting [ ] Website Development [ ] Product Development [ ]

Social Media Marketing [ ] Business Strategy Development [ ] Other [ ]

\*How Did You Hear About The COVID-19 Response Grants? (Select all that applies)

TV [ ] Radio [ ] Family [ ] BACs/BRCs [ ] Internet [ ] Trade Association [ ]

Friends [ ] Employees [ ] Customers [ ] Competitors [ ] Suppliers [ ] Other [ ]

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that any false or misleading information, documents or submissions in my application may result in criminal prosecution for fraud.

I understand that by submitting this application I expressly give the Ghana Enterprises Agency (GEA) permission to:

* Request my financial records from the commercial banks and the Credit Reference Bureau.
* Validate and verify my identity documents with the specified issuing agency.
* Validate and verify my company registration details with the Registrar General’s Department of Ghana.
* Validate and verify my business and personal Tax Identification Number (TIN) with the Ghana Revenue Authority (GRA)
* Validate and verify my Environmental Permit with Environmental Protection Agency (EPA) Validate and verify my mobile money records with the operator of my mobile money account.
* Validate and verify my business and personal address.
* Contact me at any time during and after the processing of this application using the information I have submitted in this application.

Should this grant application/request be approved, I agree:

1. To apply any grant funding received expressly for the approved purpose
2. To refund in full, and on demand, any grant funding received, if, my company/firm is found to have provided misleading information, whether deliberate or accidental, on this application.
3. To provide, throughout the grant period, progress updates on the use of the grant funds and the delivery of the purpose of the grant to GEA in the manner and frequency as GEA may direct.

\*I hereby declare that I understand the contents of this document before submitting.

|  |  |
| --- | --- |
| Date: |  |

[ ] CONFIRM

N/B (Where Grant Applicant cannot read or write):

I of (address) hereby declare that I have read over the contents of this document to the Applicant in (language) and s(he) appear to understand same before submitting.

[ ] CONFIRM

CONSENT TO DATA USAGE AND SHARING

I hereby give my consent that data associated with my application be collected for monitoring and evaluation purposes and that my data may be shared with evaluation partners (example, the GETP, World Bank research team).

**\*Table 15: Details of Authorized Representative or Business Owner**

|  |  |
| --- | --- |
| FULL NAME OF AUTHORIZED REPRESENTATIVE |  |
| TEL. NO. |  |
| EMAIL ADDRESS |  |
| POSITION |  |
| DATE |  |

1. Enter zero if you did not export. [↑](#footnote-ref-1)