



ENHANCED SMALLHOLDER LIVESTOCK INVESTMENT PROGRAMME (E-SLIP)

MATCHING GRANT FACILITY (MGF)

BUSINESS PLAN TEMPLATE – WINDOW 1

(Small Grants for Production Enhancement)

SUBMISSION DETAILS
Date of Submission:
Submitted By (Applicant Name):
Signature of Applicant:
Received By (District Livestock Officer / E-SLIP Officer)
Signature of Receiving Officer:
Data Bassivada

SECTION A: BUSINESS PROFILE

1.	Applicant's Full Name:
2.	NRC Number:
3.	Contact Number(s):
4.	Physical Address (Village/Town, District):
5.	Sex: □ Male □ Female
6.	Age Group: ☐ Youth (Below 35) ☐ Adult (35+)
7.	Are you part of a group or cooperative? ☐ Yes ☐ No If yes, name of group:
8.	Previous E-SLIP Support Received (if any):
9.	Type and Number of Livestock Owned:
10.	Primary Livestock Enterprise Focus: ☐ Dairy ☐ Beef ☐ Goats ☐ Poultry ☐ Other:
	ON B: PROJECT SUMMARY Title of Proposed Project
2.	Project Location (District/Camp)
3.	Problem Statement
4.	Proposed Solution/Intervention
5.	Expected Benefits:
	 Increased productivity □
	 Improved income □ Enhanced animal health □ Other:

SECTION C: IMPLEMENTATION PLAN

Activity	Timeline (Start– End)	Resources Required	Responsibility

SECTION D: INPUTS AND INFRASTRUCTURE

1. Required Inputs and Equipment

Input/Equipment	Quantity	Cost	Source (Grant/Own)

2. Infrastructure (if applicable):

Type	Description	Location	Cost	Responsible Party

SECTION E: CO-FINANCING PLAN

Item	Total Cost (ZMW)	E-SLIP Grant (ZMW)	Beneficiary Contribution (ZMW)	Type (Cash/In-kind)

SECTION F: GROSS MARGIN ANALYSIS (2-YEAR PROJECTION)

Please fill in the table based on your expected sales and costs for Year 1 and Year 2.

Item	Year 1 (ZMW)	Year 2 (ZMW)			
1. Sales Revenue					
2. Variable Costs					
a) Feed					
b) Labour					
c) Veterinary/Drugs					
d) Transport/Marketing					
e) Other (specify)					
Total Variable Costs					
3. Gross Profit (1 − 2)					
4. Depreciation (if any)					
5. Net Profit (3 – 4)					
6. Gross Margin (%)					
Key Assumptions: - Number of animals/products sold per year: - Expected selling price per unit: - Cost per unit: - Any changes from Year 1 to Year 2:					
SECTION G: BENEFICIARY IMPACT 1. Number of household members benefiting: 2. Will you employ or support others? □ Yes □ No 3. Other expected benefits to the community:					

SECTION H: RISK AND MITIGATION

Potential Risk	Likelihood	Impact	Mitigation Plan

SECTION I: DECLARATION

I confirm that all:	information p	provided is cor	rect and that	the funds	will be u	sed as d	lescribed. I
agree to comply v	vith E-SLIP's	s rules and rep	orting requir	ements.			

Applicant Name:	
Signature / Thumbprint:	
Date:	
Witness Name:	
Witness Signature:	