



ENHANCED SMALLHOLDER LIVESTOCK INVESTMENT PROGRAMME (E-SLIP)  
MATCHING GRANT FACILITY (MGF)

**APPLICATION FORM**

**WINDOW 3: LARGE GRANTS FOR STRATEGIC INVESTMENTS**

**(Grant Application for Research Institutes)**

Grant Range: ZMW ZMW 500,001 – 2,500,000

Co-Financing Requirement: Minimum 50% in cash (with audited or proven capacity)

**SECTION A: APPLICANT DETAILS**

1. Full Name of Applicant/ Organisation: \_\_\_\_\_

2. Type of Entity (tick one):

☐ Private Firm ☐ Public-Private Consortium ☐ Large Cooperative ☐ Other –

Specify

3. Registration Number (attach copy): \_\_\_\_\_

4. Date of Registration: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_

6. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

7. Physical Address: \_\_\_\_\_

**8. Eligibility**

☐ Legally registered research institute, university, or affiliated research centre.

☐ Research experience in disease control through publications.

**9. Application Requirements**

☐ Proposal submitted in the official template and in English.

☐ Detailed research proposal included (objectives, methodology, timeline, outcomes).

☐ Institutional profile and track record provided.

☐ CVs of principal investigators and key personnel attached.

## **SECTION B: BUSINESS PROFILE**

1. Description of Current Business Operations:

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2. Years in Operation:

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3. Current Products/Services:

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4. Existing Clients/Markets

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5. Annual Turnover (last audited year): ZMW \_\_\_\_\_

## **Section C: Strategic Investment Proposal**

1. Title of Proposed Investment

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2. Objective of the Strategic Investment

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3. Description of Activities

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4. Location of Investment: \_\_\_\_\_
  5. Anticipated Start Date: \_\_\_\_\_
  6. Duration (Months) \_\_\_\_\_

#### **Section D: Financial Details**

1. Total Project Cost (ZMW): \_\_\_\_\_
2. Amount Requested from MGF (ZMW): \_\_\_\_\_
3. Co-Financing Contribution (ZMW): \_\_\_\_\_

– Source of Co-financing:

#### **Section E: Expected Results**

1. Expected Impact (e.g., increased production, job creation, income improvement):

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2. Estimated Number of Beneficiaries: \_\_\_\_\_

#### **Section F: Declaration by Applicant**

I hereby declare that the information provided in this application is true and correct to the best of my knowledge. I understand that any false or misleading information may lead to disqualification from the MGF programme.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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