

**TEMPLATE FOR GRANT PROPOSAL**

**WINDOW 2 & 3**

Completing and submitting a Proposal is the second stage of the Export Readiness Fund’s (ERF’s) grant application process for **small and large grant applicants**. Your grant application to be considered has to be fully completed in English or Bangla using this form and submitted before deadline. Proposals received after the deadline will not be considered in this round.

If you have any questions/clarifications related to this form (The Proposal), or face any difficulties completing this form, contact us by email or telephone, or come to our office.

If you are applying to Window 3, please also complete the additional Business Plan template.

You should also consult the Applicant's Code of Conduct (available for download from the Fund's website) for guidance on how to report any suspected corrupt or illegal practices. Please note that by submitting your proposal you are confirming that you have read, understood and agree to be bound by the Applicant's Code of Conduct.

When you have completed the Proposal form to your satisfaction, you should email the form to **info@erf-bd.com** You may submit the form in hard copy to the ERF office but a soft copy by email must also be sent.

After your form has been submitted and the deadline for submission has passed, it will be assessed in terms of technical and commercial viability and consideration of the wider developmental impacts and management capacity to deliver.

**Please complete all sections of this form, including Annex 1.**

**ERF contact details:**

**Export Readiness Fund Management Unit**

**Navana Villa Akbar**

**Address:** 257/A (2F), Flat A - 2, Road - 19

Mohakhali DOHS, Dhaka-1206

Bangladesh.

**Phone:** 01713068946, 01842487411, 01816889236

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1. **PROFILE OF APPLICANT ENTERPRISE** 
   1. **Are you applying for Window 2 or 3? Please ✓**

Window 2  Window 3

* 1. **Basic Information**

|  |  |
| --- | --- |
| **Name of enterprise** | Click or tap here to enter text. |
| **Name of MD/CEO** | Click or tap here to enter text. |
| **Sector of enterprise** | Click or tap here to enter text. |
| **Sub-sector of enterprise** | Click or tap here to enter text. |
| **Type of enterprise** | Choose an item. |
| **Legal status of enterprise** | Click or tap here to enter text. |
| **Main products of enterprise** | Click or tap here to enter text. |
| **Main market of enterprise** | Choose an item. |

* 1. **Address of Enterprise**

|  |  |
| --- | --- |
| **Registered office address** | Click or tap here to enter text. |
| **Factory address** | Click or tap here to enter text. |
| **Telephone/cell number(s)** | Click or tap here to enter text. |
| **Fax number (if any)** | Click or tap here to enter text. |
| **Enterprise website (if any)** | Click or tap here to enter text. |

* 1. **Details of Contact Person**

|  |  |
| --- | --- |
| **Name of contact person** | Click or tap here to enter text. |
| **Designation of contact person** | Click or tap here to enter text. |
| **Telephone/cell number(s) of contact person** | Click or tap here to enter text. |
| **E-mail address of contact person** | Click or tap here to enter text. |

1. **OVERVIEW OF ENTERPRISE HISTORY**

*In line with your concept note, please provide an overview of your enterprise in terms of products/services, employment (men and women), average annual output, exports, imports, profitability, growth trend, etc.*

Click or tap here to enter text.

1. **DETAILED DESCRIPTION OF GRANT NEEDED FOR YOUR PROJECT**

*In line with the challenges you wish to address or improvements you wish to make to your enterprise, please select the relevant category /categories and eligible activities that apply to this application and explain how the ERF matching grant contribution will help to address your enterprises’ needs and specifically,* ***how it will achieve Environmental, Social and / or Quality (ESQ) improvements.***

|  |  |
| --- | --- |
| **Eligible activities** | **Please tick ✓ one or more** |
| 1. **Production plant, equipment, services** (to achieve ESQ compliance and improve the environmental, social and quality attributes of its products)  * Production, and processing equipment * Waste and effluent treatment, recycling * Transport, handling equipment * Mechanical and electrical/electronic testing, and monitoring * Improved production organization/ scheduling * Production process/ technology identification, selection, installation |  |
| 1. **Design and Quality** (to achieve ESQ compliance and improvements for export)  * Common or shared/ testing services and equipment * Product design/ quality control/ standards certification * Acquisition of technology licenses, patents, etc. * Training services for new processes, products |  |
| 1. **Marketing and distribution** (to promote ESQ compliance as well as the environment and social benefits of the your firm’s products, and to understand market ESQ needs and available ESQ Standards technologies)  * Packaging, labelling, branding, merchandizing, bar coding * Distribution efficiency; e.g. containerization * Market research, pricing, marketing * Market and technology exposure visits & trade fairs * Media planning/ advertising/promotional campaigns |  |
| 1. **Internal Management** (particularly to achieve ESQ compliance)  * Business management training * Quality systems training (e.g. Total Quality Management (Kaizen)) * Supply chain management training * IT systems and software * New business systems (accounting, ICT, production control, etc.) |  |
| 1. **Certifications**  * Certification of products and/or processes (for example ISO-level certifications such as ISO 14001-2004, or OHSAS 18001:1999) for certifications for which there is not yet a well-established private market in Bangladesh. |  |
| *For the categories you have selected above, please explain in more detail here;*  Click or tap here to enter text. | |

1. **MARKET RESEARCH OR PRIOR INVESTMENT**

*Have you carried out any market research, consultation, etc. or made any prior investments to execute your project or business plan? If yes, indicate if this has been successful or unsuccessful, and why.*

Click or tap here to enter text.

1. **EXPECTED CHANGES IN PROCESSES/ PRODUCTS/ MARKETS**

*Please explain how your investment and the ERF’s grant contribution will lead to increased productivity and exports (direct or indirect) for each of the aspects below – as applicable. Please mention other expected impacts for your enterprise.*

|  |  |
| --- | --- |
| **New equipment and / or plant** | Click or tap here to enter text. |
| **Production layout/ control** | Click or tap here to enter text. |
| **Improved Management systems (control/information/reporting, etc.)** | Click or tap here to enter text. |
| **New or expanded services or product mix** | Click or tap here to enter text. |
| **Market size, growth, expanded location of market, etc.** | Click or tap here to enter text. |
| **Distribution, storage, preservation** | Click or tap here to enter text. |
| **Market promotion, branding** | Click or tap here to enter text. |
| **Packaging, quality control and standards** | Click or tap here to enter text. |
| **Innovation** | Click or tap here to enter text. |
| **Other** | Click or tap here to enter text. |

1. **INDICATORS OF EXPECTED DIRECT BENEFITS OF PROJECT**

*In line with your justification for the need for an ERF grant for your enterprise in terms of export growth and also ESQ improvements, please indicate the specific direct benefits in the table below.*

|  |  |
| --- | --- |
| **Direct benefit to your enterprise** | **Please give specific figures** |
| Effect on total operating cost | **Reduction by %:** Click or tap here to enter text. |
| Effect on total operating revenue – local and export sales | **Increased by %:** Click or tap here to enter text. |
| Effect on buyers | **Increased by %:** Click or tap here to enter text. |
| Effect on rate of return | **Increased by %:** Click or tap here to enter text. |
| Effect on productivity | **Increased by %:** Click or tap here to enter text. |
| Effect on quality improvements | **Rejection rate dropped by %:** Click or tap here to enter text. |
| Effect on capacity utilization | **Increased by %:** Click or tap here to enter text. |
| Other (specify) | Click or tap here to enter text. |

1. **MANAGEMENT CAPACITY**

*Please provide the key management capacity and staffing resources dedicated to this project. Please add more rows if required.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Qualification** | **Experience** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **TIMELINE OF YOUR PROJECT**

*Please describe in brief each component of your project in terms of activity/timeline and expected results. Please add more rows to the table if needed.*

|  |  |
| --- | --- |
| **Description of activity/milestone** | **Timeline/weeks** |
| **Activity 1:** Click or tap here to enter text. | Click or tap here to enter text. |
| **Activity 2:** Click or tap here to enter text. | Click or tap here to enter text. |
| **Activity 3:** Click or tap here to enter text. | Click or tap here to enter text. |
| **Activity …** Click or tap here to enter text. | Click or tap here to enter text. |
|  | **TOTAL** |

1. **INVESTMENT COST OF OVERALL PROJECT**

*Based on section 5, please detail the activity and the associated costs. Examples of costs are as follows:*

* *Cost of materials and tools needed to complete delivery of project*
* *Cost of facilities and equipment*
* *Cost of transportation, installation*
* *Cost of advisory/consulting services*
* *Cost of training services*
* *Cost of certification*
* *Other direct project investment costs*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity 1:** | (Description) Click or tap here to enter text. | | |
| **Planned services** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Planned goods** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Planned equipment** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Total budget (BDT):** | Click or tap here to enter text. | **Implementing time (weeks):** | Click or tap here to enter text. |
| **Activity 2:** | (Description) Click or tap here to enter text. | | |
| **Planned services** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Planned goods** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Planned equipment** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Total budget (BDT):** | Click or tap here to enter text. | **Implementing time (weeks):** | Click or tap here to enter text. |
| **Activity 3:** | (Description) Click or tap here to enter text. | | |
| **Planned services** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Planned goods** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Planned equipment** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Total budget (BDT):** | Click or tap here to enter text. | **Implementing time (weeks):** | Click or tap here to enter text. |
| **Activity …:** | (Description) Click or tap here to enter text. | | |
| **Planned services** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Planned goods** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Planned equipment** | (Description) Click or tap here to enter text. | | Cost (BDT) |
| **Total budget (BDT):** | Click or tap here to enter text. | **Implementing time (weeks):** | Click or tap here to enter text. |

1. **FINANCING REQUIRED**

*Based on Section 9, please indicate the amount of financing required for the delivery of this project from various sources. Please submit documentary evidences of your contribution fund sources.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Estimate total requirement of funds for this investment project:** | | | BDT: Click or tap here to enter text. | |
| *Please provide your planned sources of funds for implementing this investment project:* | | | | |
| ERF Grant Contribution: BDT: Click or tap here to enter text. | | Own Contribution: BDT: Click or tap here to enter text. | | |
| *Kindly provide detail sources and estimate of own contribution of funds:* | | | | |
| **From current business** | | BDT: Click or tap here to enter text. | | |
| **Personal borrowing** | | BDT: Click or tap here to enter text. | | |
| **Bank borrowing** | | BDT: Click or tap here to enter text. | | |
| **Outside Equity Contributions?** | | Click or tap here to enter text. | | |
| **Name of proposed bank:** | Click or tap here to enter text. | **Branch:** | | Click or tap here to enter text. |

1. **POSITIVE WIDER IMPACT**

*Please elaborate on the wider positive impact that will be realized through the implementation of your firm’s new investments with ERF’s grant contribution especially to your local community and in Bangladesh.*

*How will these groups of people benefit (higher yields, better access to markets, more jobs, new skills)? Describe the tangible benefit for each category.*

|  |  |
| --- | --- |
| **Producers in the sector** | Click or tap here to enter text. |
| **People employed in the sector** | Male:  Female: |
| **Consumers purchasing products in the sector** | Click or tap here to enter text. |

*Using the same categories, approximately how many people could benefit from your project?*

|  |  |
| --- | --- |
| **Beneficiaries** | **Estimated number of people** |
| Producers in the sector | Click or tap here to enter text. |
| Number of new people employed in the sector (creation of new jobs) | Male: Female: |
| Consumers / target groups in the sector | Click or tap here to enter text. |

1. **RISKS AND RISK MANAGEMENT**

*Please detail the main risks facing success of project. How will you manage these risks?*

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Likelihood** | **Impact** | **Mitigation Strategy** |
| Danger and potential impact on your business | Highly unlikely, unlikely, likely, highly likely | High medium, low | Actions to mitigate or minimize risk |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Signature of Authorised Applicant**

**Seal of Enterprise**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For internal use of ERF Management Unit only:***

|  |  |
| --- | --- |
| **Applicant Reference Number from Concept Note stage** | Click or tap here to enter text. |
| **Date of Proposal Submission** | Click or tap here to enter text. |
| **Name of First Assessor** | Click or tap here to enter text. |
| **Name of Second Assessor** | Click or tap here to enter text. |

Annex 1 - Limited Environmental and Social Assessment

**Purpose:** This form will be an appendix to the grant proposal application form. The form should provide more detailed information to allow impacts to be identified and categorization confirmed. This is to outline the next steps to the applicant and ERF Fund Manager and identify the pre-conditions.

**Parts A to D:** Provides details on the applicants and grant that will be used to understand the existing situation on site. This will be completed by the applicants and reviewed by the ERF Environmental and Social Specialist.

**Part E:** Potential Impacts to be completed by the applicant and confirmed by the Fund Management Unit.

**Part A. Applicant Details**

|  |  |  |
| --- | --- | --- |
| **Applicant Name** | Click or tap here to enter text. | |
| **ERF Identification Number** | *[for ERF to complete]* | |
| **Factory address(es) and GPS coordinates.** | **Main Address and GPS Coordinates:** | **Any Other Addresses and GPS Coordinates:** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Are all activities being undertaken at the main address? If no, please specify.** | Click or tap here to enter text. | |
| **Sector** | Click or tap here to enter text. | |

**Part B. Description of Grant**

For further information see the grant proposal

|  |  |
| --- | --- |
| **Summary of the objective of the grant** | Click or tap here to enter text. |
| **Rational of the Grant?** | Click or tap here to enter text. |
| **What is the grant to finance (types of service/ equipment/civil works)** | Click or tap here to enter text. |
| **What will be the expected activities?** | Click or tap here to enter text. |
| **What are the expected equipment and materials required?** | Click or tap here to enter text. |
| **Were you involved in Window 1 – the Environmental, Social and Quality Assessment?** | Choose an item. |
| If yes, what were the top five key areas that the assessment highlighted as areas for improvement? | Click or tap here to enter text. |
| Does your project focus on the above key areas for improvement? If no, why? | Click or tap here to enter text. |

**Part C. Site Description**

|  |  |  |
| --- | --- | --- |
| **Description of existing building and site (pictures in Annex)** | Click or tap here to enter text. | |
| **Site layout with scale** | *Attach in Annex* | |
| **Project building layout** | *Attach in Annex* | |
| **Total area:** | Click or tap here to enter text. | |
| **Area already in use** | Click or tap here to enter text. | |
| **Area not in use - natural/ vegetated** | Click or tap here to enter text. | |
| **Area not in use - not vegetated** | Click or tap here to enter text. | |
| **Area classification** | Choose an item. | Comments |
| **Site access** | Click or tap here to enter text. | |
| **Rivers running along the boundary or through the site** | Click or tap here to enter text. | |

**Part D. Factory Activities and Operations**

|  |  |  |
| --- | --- | --- |
| **Do you have the following documents?**  ESQ licenses, certifications or permits - this includes Environmental Clearance Certificates  Environmental, Social and/or Quality Plans, Systems or Policies  Fire, first aid, emergency, or health and safety plan | | If yes, provide copies in the Annex |
| **Working hours** | Click or tap here to enter text. | |
| **What does the factory currently manufacture?** | Click or tap here to enter text. | |
| **Production capacity per product** | **Product** | **Capacity** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Process flow diagrams** | Attach in Annex | |

**Raw Materials (RM) including Chemicals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of RM** | **Source** | **Stored by:** | **Unit** | **Quantity/yr.** | **Hazardous (Yes/No)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |

**Employees**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Total Male** | **Total Female** | **Number of persons** |
| Management | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Administrative | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Production process | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Environmental and Social/ Compliance Management | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total** |  |  |  |
| **Are all of your employees above the age of 14 years?** | Choose an item. | | |

**Facility Utilities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Utility** | **Unit** | **Daily Use** | **Source (e.g. through water authority, private company or water from a borehole)** |
| **Electricity** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Water** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Utility** | **Unit** | **Daily Use** | **List all Types of Fuel used (e.g. national grid, solar panels, diesel, etc.)** |
| **Fuel (excluding transport)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Waste Management**

|  |  |  |  |
| --- | --- | --- | --- |
| **List of Industrial Waste Produced** | | | |
| **Type** | **Approximate Amount (kg)** | **Disposed/ Reused/ Recycled** | **How is it Managed?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Environmental and Social Monitoring**

|  |  |
| --- | --- |
| **Do you currently undertake Environmental, Social or Quality Monitoring?** | Choose an item. |
| **If you monitor Air Quality, Water Quality, Waste Management, Health and Safety or other Environmental or Social Parameters please provide this data in the Annex. This will facilitate the grant implementation phase.** | |