



**Application Form for Matching Grant
Assistance**

GCAP: Application Form for Matching Grant Assistance

A. Contact Information

1. Name of Organization:			
2. Address: (show both mailing address and physical address.)			
3. Telephone #:		4. Mobile#:	
5. E-Mail Address:			
6. District/ Region:			
7. Name of Contact Person:			
8. Position of Contact Person:			
9. Address of Contact Person (if different from organization address):			
10. Contact Person Phone#:			
11. Contact Person E-Mail:			

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B. Information about the Organization

1. When was your organization established?		
2. Is your organization registered with the government?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	If Yes, please attach a copy of your registration document.
3. If you have applied for registration please indicate when you applied and when you expect to be registered.		
Note: If your organization is not registered and has not applied for registration, you cannot be considered for funding by the project at this point. Please wait until you have applied for registration to complete and submit this application.		

4. Please indicate the nature of your organization by checking the one that applies to you:	<input type="checkbox"/> Community-Based Organization (i.e. an economic interest group, association, cooperative or community development organization that provides services directly in and to communities) <input type="checkbox"/> Intermediary Organization (i.e. micro-finance institution, membership organization or trade association composed of smaller groups) <input type="checkbox"/> A For-Profit Business <input type="checkbox"/> Other (describe)	
5. Who established the organization?		
6. Why was the organization established? (please check all that apply)	<input type="checkbox"/> to undertake income-generating activities <input type="checkbox"/> to provide social services to the community <input type="checkbox"/> to provide credit <input type="checkbox"/> other (please specify):	

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7. Does the organization have a Board of Directors?	___Yes ___No (if no, please skip to question 11)		
8. How were the Board members chosen?			
9. For how long do Board members serve?			
10. How often has the Board met in the last year?			
11. Who manages the organization? List the names, positions and educational background of the management.	Manager Name	Position	Educational Background
12. Describe how the management staff is chosen. If there are elections, when was the last election? If there is a term of service, how long is the term?			
13. For corporation, partnership, sole proprietorship, identify the owner(s) of the organization and their share of ownership.	Name	Ownership Share	

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14. For Community-Based and Intermediary Organizations, describe how decisions are made within the organization.	___ group consensus ___ vote ___ small governing group ___ other (describe)	
15. For membership organizations:	a) How many members are there?	Men:___ Women:___
	b) How does someone qualify for membership?	
	c) If there is a membership fee, how much is the fee?	
	d) How frequently is the membership fee paid?	
	e) How are shares and/or dividends distributed?	
	f) If you have general assembly meetings, please provide the requested information about the meetings.	Frequency of meetings: Date of last meeting: Are there written minutes: Yes:___ No:___
16. How many employees/ staff members are there?	Full Time Paid:	Part Time Paid:
	Men:___ Women:___	Men:___ Women:___
	Full Time Volunteer:	Part Time Volunteer:
	Men___ Women:___	Men:___ Women:___

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17. For service organizations, please answer these questions.	a) If you provide services to individuals, how many received services in the past year?	Men:____ Women:____
	b) If you provide services to organizations, how many received services in the past year?	(enter number)
	c) What services do you provide? Please indicate all that apply.	<input type="checkbox"/> Credit <input type="checkbox"/> Technical Skills Training <input type="checkbox"/> Business Skills Training <input type="checkbox"/> Financial Management <input type="checkbox"/> Business Development <input type="checkbox"/> Other (please specify)
	d) Who is eligible to receive your services?	
	e) If you charge a service fee, please describe the fee structure.	

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<p>18. Summarize the past activities and accomplishments of your organization, particularly as they relate to the activities of the project you are proposing. (Use a separate sheet if necessary.)</p>	
<p>19. Describe the financial or accounting system or methods used by your organizations.</p>	
<p>20: Have you produced income statements or balance sheets in the past three years?</p>	
<p>21. Are your financial records and reports reviewed by anyone outside of your organization? If so, who?</p>	

C. Project Description

19. Please attach a copy of your project proposal. The project proposal should provide GCAP with a general idea of the project being proposed and does not have to include every detail regarding the proposed project. In general, the proposal should be three to five pages (company business plans may be longer) and should include the following:

- a) a statement of the problem or opportunity you are trying to address with the project and why you need GCAP’s assistance;
- b) the location where the project will be carried out;;
- c) a description of the activities you are proposing to solve the problem or address the opportunity
- d) a description of how the project will be organized and managed;
- e) a description of the arrangements will be implemented with participating smallholders out-growers;
- f) a description of the expected results and impacts, particularly for smallholders, including women and youth
- g) a description of how the GCAP’s fund will be used to support the activities, management, and arrangements with out-growers
- h) a summary implementation plan with tentative timeline; and
- i) a financial analysis of the project.

20. If you are proposing to produce a product or service, how do you know there is a viable market for your product or service?

21. What resources does your organization currently have (e.g. financial, land, equipment, buildings, labor) that will be used in the project? Indicate if you own or rent these resources?

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<p>22. What additional resources (financial, land, equipment, building, labor) will your organization mobilize to contribute to the project?</p>	
<p>23. Will any other group or organization be providing support for the project? If so, name the organization and describe the nature of their support.</p>	

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References

Please list three references who can vouch for the financial integrity, reliability and effectiveness of your organization or business.

Name	Contact Information

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D. Worksheet for result monitoring

Applicants must fill the worksheet needed the monitoring of results (actual and expected results with the proposal, and actual results at the end of the season)

PROJECT

LOCATION.....

ZONE.....

CROP.....

Item	Current (last year)		Expected (with project)		Actual (at season's end)	
	Nucleus	Out-growers	Nucleus	Out-growers	Nucleus	Out-growers
Acreage (Ha)						
Yield (T/ha)						
Total Production (T)						
Total sales (GHC)						
Average price (GHC/kg)						
Gross margin (GHC/Ha)						
Total outreach (Nbr)						
Including women (Nbr)						
Seed (Kg/ha) @..... GHC/kg						
NPK (Kg/ha) @.....GHC/kg						
Urea (kg/ha) @GHC/kg						
Ammonium (Kg/ha) @.....GHC/kg						
Insecticide (l/ha) @.....GHC/l						
Fungicide (Kg.ha) @.....GHC/kg						
Nematicide (l/ha) @.....GHC/l						
Herbicide (L/ha) @.....GHC/l						
Other						
Other						
Other						

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Other						
Paid land clearing (GHC/ha)						
Paid plowing (GHC/ha)						
Paid power tilling (GHC/ha)						
Other						
Other						
Other						
Other						
Hired labor (Nbr/ha)						
Hired labor cost (GHC/ha)						
Transportation						
Own equipment						
Own equipment						
Own equipment						
Family labor men						
Family labor women						