



REPUBLIC OF LIBERIA

LIBERIA AGRICULTURE COMMERCIALIZATION FUND (LACF)

APPLICATION AND BASELINE SURVEY FORM

Applicant ID (to be assigned by LACF): _____

A. DIRECTIONS TO COMPLETING THIS FORM

1. Every information provided on this form will be treated as confidential. You are entreated to provide as accurate information as possible.
2. This form should be completed by either one of the following:
 - i. **Owner of Business (or Business Idea).** In case of joint ownership, it should be completed by the partner with the majority share. However, provide particulars of the other owners in Question 2.10. In case of equal share ownership, choose the owner who runs or is likely to run the business or plays significant role in the business to complete the form and provide the particulars of the other partners in Question 2.10.
 - ii. **The individual who runs/manages the business**, if he/she is responsible for taking day to day business decisions and has a stake in the business, even if it is not the majority share. Similarly, kindly provide information on other partners in Question 2.10.
 - iii. **Business Development Service Providers.** This should be done together with any of the individuals listed in points (i) & (ii).
 - iv. **Farmer Associations, Farmer Based Organizations, and Cooperatives.** Any of the executives can complete the form on behalf of the organization. The executive should have the consent of the members or designated executives.

APPLICATION & BASELINE SURVEY FORM

Date (DD/MM/YYYY): ____/____/____

1. Applicant

1.1	Name of Lead Applicant	SURNAME	FIRST/ OTHER NAMES
1.2	Sex of Lead Applicant	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
1.3	Age of Lead Applicant (years)		
1.4	Highest Educational Level	1. No Formal Education <input type="checkbox"/> 4. Senior High School <input type="checkbox"/> 2. Primary/JHS <input type="checkbox"/> 5. Diploma/HND/Degree <input type="checkbox"/> 3. Vocational/Technical <input type="checkbox"/> 6. Masters or Higher <input type="checkbox"/>	
1.5	Location of Residence	1. Lofa <input type="checkbox"/> 2. Nimba <input type="checkbox"/> 3. Margibi <input type="checkbox"/> 4. Bomi <input type="checkbox"/> 5. Grand Cape Mount <input type="checkbox"/> 6. Grand Gedeh <input type="checkbox"/> 7. Maryland <input type="checkbox"/> 8. Sinoe <input type="checkbox"/> 9. Gbarpolu <input type="checkbox"/>	
	County		
	District		
	Community/Area		
1.6	Nationality		
1.7	Country of Residence		
1.8	Main Occupation		
1.9	Address	Mailing Address	
		Residential Location (Include Street Name, if available)	
1.10	Contact	Mobile Phone:	
		Email Address:	

2. Enterprise

2.1	Name of Enterprise/ Business/ Organization			
2.2	Type of Group	Individual Business <input type="checkbox"/> Farmer Based Organization <input type="checkbox"/> Financial Institution <input type="checkbox"/> Cooperatives Farmer Association <input type="checkbox"/> Out-grower Networks/Alliances <input type="checkbox"/> Others (specify):		
2.3	Value Chain Activity	1. Producer <input type="checkbox"/> 7. Wholesalers <input type="checkbox"/> 2. Aggregator/offtaeker <input type="checkbox"/> 8. Storage Service Providers <input type="checkbox"/> 3. Processing <input type="checkbox"/> 9. Agricultural Logistical Firms <input type="checkbox"/> 4. Input Dealer <input type="checkbox"/> 10. Financial Technology <input type="checkbox"/> 5. Retailers <input type="checkbox"/> 11. Out-grower business <input type="checkbox"/> 6. Climate Technology <input type="checkbox"/> 13. Other (specify)		
2.4	What crop value chain are you involved in?	1. Rice <input type="checkbox"/> 2. Oil Palm <input type="checkbox"/> 3. Horticultural Crops <input type="checkbox"/> 4. Others (specify)		
		If Horticulture , what do you cultivate (specify)		
2.5	What is the nature of the business?	1. For Profit <input type="checkbox"/> 2. Not for Profit <input type="checkbox"/> 3. Other (specify)		
2.6	Is your business registered?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		
2.7	If your business is registered, what is the type of registration?	1. Sole Proprietorship <input type="checkbox"/> 2. Partnership <input type="checkbox"/> 3. Limited Liability <input type="checkbox"/> 4. Cooperatives/Farmer Association <input type="checkbox"/> 5. Fund <input type="checkbox"/> 6. Other (specify)		
2.8	Year business was registered			
2.9	If Partnership or Limited Liability Company, what is your stake in percentage (%)?	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%; height: 20px;"></td> <td style="width: 20%; text-align: center;">%</td> </tr> </table>		%
	%			
2.10	If this business or business/business idea is <u>owned</u> by a team, please provide information on at most four of the members of the team, excluding you.			

No.	Name	Age	Sex	Position in Business	Contact (Mobile Number)	Share Percentage
1						
2						
3						
4						
2.11	Location of Business	1. Lofa <input type="checkbox"/> 2. Nimba <input type="checkbox"/> 3. Margibi <input type="checkbox"/> 4. Bomi <input type="checkbox"/> 5. Grand Cape Mount <input type="checkbox"/>				
	County ¹					
	District					
	Community/Area					
2.12	Official Business Address (if any)	Street Name (if available)				
2.13	Business Status	1. Idea Stage (0 years) <input type="checkbox"/> 2. Start-Up (1 month - 3 years) <input type="checkbox"/> 3. Existing Business (>3years) <input type="checkbox"/>				
2.14	Number of years of Operation (<i>for Start-ups and Existing Businesses</i>)					
2.15	Mission and/or objective of the business					

3. Funding Requirement & Matching Grant

3.1	Proposed activity to be funded. [Provide details in Concept Note]	
3.2	Objectives of the proposed activity to be funded. [Provide details in Concept Note]	
3.3	What is the total value of the proposed activity? (US\$) [Provide detailed budget in Concept Note]	
3.4	Value of funding request in US\$ [Provide detailed budget in Concept Note]	

¹ If business is located in multiple counties choose where the main operation is located

3.5	Scheduled start date of activity [DD-MM-YYYY]	
3.5	Scheduled end date of activity [DD-MM-YYYY]	
3.6	Value of funds your organization is contributing to this activity (US\$)	
3.7	Description/List of your organization's contribution if different from cash [Provide detailed matching grant in Concept Note]	
3.8	Description of other collaborators or means of leveraging resources. [Provide detailed matching grant in Concept Note]	

4. Expenditure and Revenue

		a. 2018	b. 2019	c. 2020
4.1	How much did you spend on goods and services in Liberia (including salaries, but excluding all expenditure incurred on imported goods into the country and all fees paid to foreigners or expats for services delivered)? LRD			
4.2	What is your total annual expenditure? LRD			
4.3	What is your total annual revenue? LRD			
4.4	Total value of business assets at year-end 2020? LRD			
4.5	How were the assets financed?	1. Equity <input type="checkbox"/> 2. Loan <input type="checkbox"/> 77.		Other
4.6	List all business assets			

5. Job Creation

5.1	How many permanent workers do you employ?	Male	
		Female	
		Youth (to be defined)	
5.2	How many casual workers do you employ?	Male	
		Female	
		Youth (to be defined)	
5.3	How many permanent workers will be directly employed after this investment?	Male	
		Female	
		Youth (to be defined)	
5.4	How many casual workers will be directly employed after this investment?	Male	
		Female	
		Youth (to be defined)	
5.5	How many small-scale farmers do you currently work with?	Male	
		Female	
		Youth (to be defined)	
5.6	How many small-scale farmers will be directly impacted after this investment?	Male	
		Female	
		Youth (to be defined)	
5.7	For casual workers, how many months do they work in a year?		

APPLICATION COMPLIANCE CHECKLIST

Check if you have added the following as attachments to the application:

- Completed Baseline Application and Survey Form
- Land Title Registration
- Business Registration Certificate
- Evidence of Matching Grants
- Financial statements
- Organizational Chart/Articles of Incorporation
- Copy of audit report or last annual financial report

Others

(Specify): _____

PARTICIPATION AGREEMENT AND CERTIFICATION

This Agreement and Certification document must be read and signed to complete the application.

By applying with a Business Expansion or Idea (“the Idea”) to the “Liberia Agriculture Commercialization Fund (LACF) Matching Grant Challenge Fund Competition” (“the Competition”), the applicant is bound by the following conditions:

ORIGINALITY OF PLAN The applicant hereby represents, warrants, and guarantees that the ideas and concepts expressed in this document and in future documents, altogether referred to as the Idea, are the applicant’s original work, are owned by the applicant, and the applicant is under no legal restriction or agreement prohibiting him/her from using the Idea, or from divulging or submitting these ideas or concepts to the Competition. The applicant agrees that the Fund Manager and/or LACF shall not be made a party to any legal action arising from the use or misuse of other people’s ideas.

CONFORMITY WITH THE RULES OF THE COMPETITION The applicant has reviewed the Rules of the Competition (“The Rules”) and by his/her signature on this document, confirms that his/her application and that of the group or individual he/she represents are in accordance with the Rules and that he/she agrees to be governed by the said Rules.

SUBMISSION OF BUSINESS CONCEPT AND PLAN The applicant agrees to submit his/her duly elaborated business concept(s) and plan(s) on the dates and times required by the Officials of the Competition for evaluation and continued participation. If the applicant should fail to do so, the applicant shall lose all rights of participation and shall have no access to benefits offered thereby.

RENUNCIATION OF JUDICIAL ACTION The applicant acknowledges and agrees that the opinions expressed by any of the reviewers, technical experts, business development service providers, and local supporters and sponsors, and organizing committee members (collectively the “Representatives of the Competition”) are his/her own and not those of the LACF or the Fund Manager (collectively called the “Officials of the Competition”), and that the Officials of the Competition shall have no legal liability to the applicants for those opinions.

The Officials of the Competition agree that they will require that all Representatives of the Competition sign a confidentiality agreement. Applicant acknowledges and agrees that the Officials of the Competition shall not be liable for the disclosure of Confidential Information by any of the reviewers, technical experts, business development service providers, and local supporters and sponsors. Applicant further acknowledges and agrees that the legal protection of the Ideas is the sole responsibility of the applicant.

In consideration of the time, skills and other resources provided by the Officials of the Competition and the Representatives of the Competition, the applicant hereby voluntarily absolves the Officials of the Competition and the Representatives of the Competition from any and all legal liability that could arise out of or in any way be related to application to the Fund.

I am committed to submitting basic financial data for a period of 3 years following the participation in the Fund as well as submitting financial data during the issuance of the grant.

I hereby declare that I understand and agree to the foregoing terms of this Participation Agreement and Certification.

SIGNATURE (Applicant): _____

DATE

MM	DD	YYYY

NAME: _____