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**SKILLS DEVELOPMENT FACILITY**

**GRANT APPLICATION FORM - WINDOW 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **For office use only** | **Received on:** | **Received by:** | **Application No:** |
|  |  |  |  |

Skills Development Facility,

Private Sector Foundation Uganda

Plot 43, Nakasero Road

P.O. Box 7683

Kampala, Uganda

Tel: +256 321 263849/50

Website: www.psuganda.org.ug

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## A) GENERAL GUIDING NOTES BEFORE FILLING THE APPLICATION FORM

Please read these notes carefully before filling your application. They contain critical information about how to fill and submit your application.

## a) Who should apply?

Private Sector Foundation Uganda (PSFU) under Skills Development Facility (SDF) provides non-repayable funding (matching grants) to companies that are active in the agribusiness, construction and manufacturing sectors in Uganda. This particular form is for **window 1** of the SDF support that targets the formal sectors of Agriculture, Construction and Manufacturing. However, other sectors will be considered after our first call for proposals. Therefore only apply with this form if:

1. company has been in existence for at least 2 years, ***and***
2. is active in either **Agriculture** or **Construction** or **Manufacturing** sectors in Uganda, ***and***
3. is either Medium or Large enterprise

If you are not part of the categories above and you would like to receive skills development support from PSFU-SDF project you should use the **other** application forms for other windows, which can be downloaded by clicking here or found on www.psfuganda.org.ug

## b) What are eligible activities?

SDF provides funding to short and medium-term, skills upgrading initiatives aiming to increase the competitiveness of applying enterprises. Preference will be given to training courses accredited by MoES, but this is not a precondition for support. The trainee must be a permanent employee of the applying company or the company must have notified the trainee that it intends to employ him or her on a permanent basis. Both skilled and semi-skilled workers are eligible for attending SDF sponsored skill upgrading courses.

Preference will be given to applicants indicating willingness to take on interns from training institutions, and such companies will have to also fill Internship program form, which can be downloaded by clicking here or found on www.psfuganda.org.ug

The cost for development of the curricula for the short courses, the training of trainers and minor equipment are eligible for support by SDF

For industries such as construction and related industries, where the mobility of workers is very high due to the extensive use of casual workers, the SDF will fund a system based on vouchers. The vouchers will be issued to workers selected by a company, an association/cluster organization or trade union for purchase of short-term skill upgrading. Such companies that intend to benefit from the voucher scheme will have to fill a separate Voucher Scheme form downloaded by clicking here or found on www.psfuganda.org.ug

**c) How to apply?**

You apply by going through the following steps (Note that SDF Team will carefully scrutinise your application, and will cross check all the information and documents that you have provided):

1. Fill this application form; make sure that all the boxes in the form are filled, and that the information therein is correct.
2. Collect the required supporting documentation, as indicated in the form and in the checklist, and attach them to the application.
3. After completing the form, remember to sign
4. Deliver the application form to the PSFU office; Plot 43 Nakasero Road or agreed drop centers. Clearly indicate on the envelope "SDF Grant application - Window 1" in the right hand corner.
5. Receive and keep the acknowledgement form from SDF - PSFU. Keep this until you receive a formal reply from PSFU.

## d) How will my application be appraised?

Your application will go through the following appraisal steps:

### Administrative check

Is the application form fully filled, and all the mandatory documents attached (refer to checklist table 1)? If not, the application may be rejected. If yes, the appraisal goes to step 2.

**Table 1: Checklist for grant application**

|  |  |  |
| --- | --- | --- |
| Please ensure that the following is provided with your grant application | Submitted (Yes/No)  | Official only |
| 1 | Fully filled and signed application form  |  |  |
| 2 | Valid copy of ID of the official representative of the applicant |  |  |
| 3 | Legality: * Copy of valid Business Licence
* Copy of Certificate of Registration
 |  |  |
| 4 | A list of targeted beneficiaries (Trainees) disaggregated by gender (Male / Female) |  |  |
| 5 | In case the applicant is a consortium of companies, attach a list of targeted companies and their respective trainees |  |  |
| 6 | Detailed budget and activity plan |  |  |
| 7 | Sketch map giving direction to the applying company |  |  |

### Eligibility check

Does your company and your activities comply with the basic requirements (refer to eligibility table 2)? If not, your application will be rejected. If yes, the appraisal goes to step 3.

**Table 2: Eligibility check:**

|  |  |  |
| --- | --- | --- |
| Please ensure that your company and planned activities comply with the basic requirements | Yes/No  | Official only |
| 1 | Does your company operate or engaged in the agriculture or construction or manufacturing sector related activities |  |  |
| 2 | Does your application target permanent or temporary employees of your enterprise or employees of member companies, supervisory staff, or subcontractors supplying goods / services to your company or potential recruits |  |  |
| 3 | Will the planned activities lead to improved practical, technical and business skills  |  |  |
| 4 | Will these activities result into enhanced labour productivity, increased employment opportunities, improved quality and competitiveness |  |  |
| 5 | Is the applicant's contribution stated |  |  |

### Quality check

If eligible, PSFU will score your application. In case your application scores above the minimum threshold, SDF-PSFU will visit your business and make a detailed technical appraisal

### Technical and administrative Due Diligence check

During this step, a team of technical experts will verify the technical and administrative capacity of the organisation. This always includes a visit to the company's premises to check on various issues including financial and administrative procedures. It will also include discussions with management, technical staff and targeted beneficiaries, if relevant. Thirdly, the team will check the proposed budget in terms of its realistic pricing and consistency with the activities. Fourthly, the technical team will look at the capacity to monitor project progress, in terms of the availability of realistic milestones and indicators and how they will be measured and reported upon. If the technical and administrative capacity has major weaknesses, the application may be rejected, or SDF-PSFU may propose to provide business development support or Technical Assistance before or with the funding. If cleared the appraisal will go to step 5.

### Recommendation to Grants committee

### If due diligence results are favourable , and subject to availability of funds, SDF-PSFU will make a recommendation to the Grants Committee for a grant award. The Grant Committee will decide if to award , and how much.

### Contract signing

### If you are awarded a grant, you will sign a Letter of Agreement with SDF-PSFU and a contract with your service provider. In most cases, the grant will be paid to the service provider directly.

### Orientation meeting / Training

### Attendance of the induction session after the award of the grant is mandatory.

## Start your application on the next page

## ELIGIBILITY CRITERIA

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Is your Company registered?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

 2. **For how long has your company been in existence?**

|  |  |  |  |
| --- | --- | --- | --- |
|  For less than 2 year |  | For more than 2 year |  |

3**. Type of applicant**: Tick the appropriate one  |  |
|  |
| Company |  | Association of companies (Group of companies) |  |  |
|  |
| Other (specify)  |  |  |  |  |
|  |
| 4. **Are you operating in any of the following formal sectors?**

|  |  |  |  |
| --- | --- | --- | --- |
| Agriculture |  | Construction |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Manufacturing |  | Other (Specify) |  |

 |

**Only continue with this application if you have answered all the above statements with yes. For further explanations see the guiding notes on page 2.**

## SECTION 1: APPLICANT BIO DATA

|  |
| --- |
| **COMPANY NAME AND DETAILS** Enter the company name, address and further details |
|  |  |  |  |
| Company Name |  |  |
|  |
| Physical address |  |  |
|  |
|  Physical address Town |  |  |
|  |
| District |  |  |
|  |
| P.O. Box |  |  |
|  |
|  |  |  |
|  |
| Fixed telephone |  |  |
|  |
| Mobile telephone |  |  |
|  |
| Email |  |  |
|  |
| Website |  |  |
|  |

|  |  |
| --- | --- |
| **FIRST CONTACT NAME WITHIN THE COMPANTY** Enter the name and contact details of the person who is responsible for this application |  |
|  |  |
| First Name |  | Telephone |  |  |
|  |
| Second Name |  | Mobile |  |  |
|  |
|  Position in Company  |  | Email |  |  |
|  |

|  |  |
| --- | --- |
| **SECOND CONTACT NAME WITHIN THE COMPANY** Enter the name and contact details of a second person who is knowledgeable of this application |  |
|  |  |
| First Name |  | Telephone |  |  |
|  |
| Second Name |  | Mobile |  |  |
|  |
|  Position in Company  |  | Email |  |  |
|  |

## SECTION 2: COMPANY'S LEGAL AND MEMBERSHIP STRUCTURE

|  |  |
| --- | --- |
| **COMPANY LEGAL and MEMBERSHIP(for organisations) STRUCTURE** |  |
|  |  |
|  |
| Registration Date |  | Registration Number |  |  |
|  |
|  |
| Total No. of member companies (for company associations)  |  | TIN Number |  |  |
|  |
| Total number of employees / workers |  |  |  |  |
|  |

|  |  |
| --- | --- |
| **SUMMARISE YOUR FOUR CORE BUSINESS ACTIVITIES** Describe the four most important activities or lines of operations of your company in terms of contributions to turnover, profit and or business outreach |  |
|  |  |
| Activity 1  |  |  |
|  |
| Activity 2 |  |  |
|  |
|  Activity 3 |  |  |
|  |
| Activity 4 |  |  |
|  |

|  |  |
| --- | --- |
| **STATE COMPANY'S FINAL PRODUCTS** Give the company product(s) in a sequence of generated revenues (Giving the one that generates highest revenues first)  |  |
|  |
| Product 1  |  |  |
|  |
| Product 2 |  |  |
|  |
| Product 3 |  |  |
|  |
| Product 4 |  |  |
|  |

|  |
| --- |
| **COMPANY'S MEDIUM TERM PLANNING** |
| What are your future plans with respect to:  |  |
| Products/services |  |  |
|  |  |  |
| Production processes |  |  |
|  |  |  |
| Customers |  |  |
|  |
| Competition |  |  |
|  |  |  |
| Market strategies |  |  |
|  |  |  |
| Management |  |  |
|  |
| Staffing |  |  |
|  |  |  |
| Other, specify |  |  |
|  |  |  |
|  |  |  |

## SECTION 3: SKILLS GAP AND ENHANCEMENT STRATEGIES

|  |
| --- |
| **TARGETED TRAINEES' CATEGORY** Tick the appropriate category(ies) of the targeted trainees . |
| Permanent company employees  |  | Temporary company employees |  |  |
|  |
| Potential recruits |  | Subcontractor supplying goods / services |  |  |
|  |
| employees of member companies |  | Supervisory staff |  |  |
|  |
| Other, specify |  |  |  |  |
|  |

|  |
| --- |
| **SKILLS SHORTAGES**  Enter type of skills needed in the company or member companies |
| Skill required / type of training | Target group e.g. processing machine operators, welders, electricians, plumbers, etc | No. of trainees | Training duration |
|  |  |  |  |
|  |  |  |  |
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| --- |
| **PROPOSED SERVICE PROVIDER** Enter the name of proposed private or public training institution. Remember it has to be a legally registered organisation, and accredited by MoES or another recognized body. SDF can assist in identification of right service provider in case the applicant fails. |
| 1st proposed service provider  |  | Contact person |  |  |
|  |
| Location |  | Telephone / email Contacts |  |  |
|  |
| 2nd proposed service provider |  | Contact person |  |  |
|  |
| Location |  | Telephone / email Contacts s |  |  |
|  |
| I need assistance from SDF in service provider identification |  |  |  |  |
|  |

**Note:** Please attach a full list of targeted beneficiaries / trainees as per format shown in section 7 of this application

|  |
| --- |
| **CURRENT AND POST GRANT ANTICIPATED SITUATION:** Rate the prevailing competence of your targeted trainees (before training) and their expected performance / competency after the training. Examples upon which trainees competences can be rated upon could be: trainees productivity, products' quality improvement products |
| Performance indicators | Current rating of competence of the targeted trainees | Anticipated performance / competence after training |
| No. or level | No. or level | Expected change (% growth) |
| Finished units per worker per specified period |  |  |  |
| Sales per specified period |  |  |  |
| No. of new products |  |  |  |
| Production volumes (be specific on the product) |  |  |  |
| Change in cost per unit |  |  |  |
| Change in wastage |  |  |  |
| Net Income |  |  |  |
| Other (Specify) |  |  |  |
| Other (Specify) |  |  |  |

## SECTION 4: PROJECT FUNDING APPLICATION

|  |
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| **WHAT IS THE PROJECT ALL ABOUT?** Write a brief summary of the project for which you seek a grant from SDF |
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| --- |
| **WHAT RESEARCH HAVE YOU DONE TO VALIDATE YOUR PROJECT IDEA?** Explain how you know that the project (skills development training) fulfils a (market) demand, and that the outputs of this project are needed and wanted |
|  |
|  |  |  |
|  |

|  |
| --- |
| **SUMMARY OF OUTPUT INDICATORS** (For example number of people trained /outreach activities or new technologies introduced etc) |
|  |
|  |  |  |
|  |

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| --- |
| **SUMMARY OF OUTCOME INDICATORS (RESULT/EFFECT OF PLANNED ACTIVITIES)** Describe the end result of the project for your company or benefiting companies of your organisation. For example rate the prevailing competences of your targeted trainees (before training) and their expected competences after the training. Examples upon which trainees’ competences can be rated upon could be: trainees productivity, products' quality improvement etc. At enterprise level, you can consider business turnover and competiveness, etc. |
|  |
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| --- | --- |
| **PROJECT FUNDING** Enter the total costs of the project (including your own costs), and the distribution of the costs between your company/organisation and SDF-PSFU.  |  |
|  |  |
| Total UGX value of project  |  | = 100%  |
|  |
| Own UGX contribution  |  | % own contribution |  | % |
|  |
| UGX contribution by SDF |  | % contribution by SDF |  | % |
|  **Note:** In case 'own contribution' is in-kind, clearly start its nature and its equivalent in monetary terms:  |
| **ATTACH THE PROJECT BUDGET TO THIS APPLICATION?**. The budget must be consistent with the activities indicated in this application form and in the attached workplan. |
| I have attached the project budget  |

|  |
| --- |
| **JUSTIFY WHY YOU NEED A GRANT TO EXECUTE THIS PROJECT?** Explain why this project cannot be executed without a grant from SDF-PSFU. Also state how skills shortages affect your medium term planning as given on page 8 of this application |
|  |
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| **HOW WILL THE PROJECT ACTIVITIES BE SUSTAINED AFTER THE FUNDING FROM SDF IS OVER?** Explain how the activities and benefits will continue beyond the project. |
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|  |  |  |
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| --- |
| **WHAT IMPACT IS YOUR PROJECT GOING TO HAVE ON GENDER AND YOUTH?** Explain in what ways the project will be benefiting women and youth. |
|  |
|  |  |  |
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| --- |
| **WHAT IMPACT IS YOUR PROJECT GOING TO HAVE ON THE ENVIRONMENT AND THE CLIMATE?** Explain in what ways the project will enhance the environment and the climate. Explain what mitigating measures you are going to take minimise any negative environmental or climate impacts.  |
|  |
|  |  |  |
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| **WHAT IMPACT IS YOUR PROJECT GOING TO HAVE ON THE WORKING CONDITIONS OF YOUR STAFF AND WORKERS?** Explain in what ways the project will enhance the working conditions of your staff, for example the working hours, and safety and security.  |
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|  |  |  |
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## SECTION 5: MONITORING PROJECT PROGRESS AND RESULTS

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| --- |
| **HOW WILL YOU MONITOR THE TECHNICAL PROGRESS AND RESULTS OF THE PROJECT?** Describe what systems, procedures, tools and staffing will you apply to monitor and report on t performance and progress. |
|  |
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## SECTION 6: INTERNSHIP PROGRAMME

 1) Are you willing to take on interns?

2) If yes, please also fill the Internship application form which can be downloaded by clicking here or found on www.psfuganda.org.ug

**Please note**: Internship programme is supported 100%. Also note that internship programme is **NOT** a prerequisite for support, but priority will be given to such companies willing to take on interns.

## SECTION 7: FORMATS / ANNEXES

**a) Targeted trainees / Beneficiaries.** Please attach a full list of trainees using the format below:

|  |  |
| --- | --- |
| **NAMES AND POSITIONS OF TARGETED TRAINEES** Enter the training type/needed skill(s), training duration, name and position of trainees |  |
| Type of training / needed skill: |  |
| Proposed training duration: Proposed start date: Proposed end date: |  |
| Proposed training location: |  |
| Name | M/F | Position | Qualifications | Years of experience | Trainee contact[[1]](#footnote-1) |
|  |  |  |  |  |  |
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**b) Work plan format:**

|  |  |  |
| --- | --- | --- |
| Work Plan |  | Weeks or Months or in quarters |
| **Activity** | **Expected result** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Please note that the maximum training duration is six months but combinations of training activities can be done for a period not more than one (1) year.**

**c) Budget format:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Item** | **Quantity** | **Rate** | **Total Amount** | **1st disbursement** | **2st disbursement** | **Organisation’ s Contribution** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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**Please note that the maximum amount this window is $ 250,000 and the minimum amount is $ 5,000.**

I, , declare that I have the power and permission of the Governing Body of to submit this application. I also declare that the above information is true and correct to the best of my knowledge.

Place: Date:

Signature

Official stamp

1. In case trainees are from different companies, state trainee's contact and the company s/he is attached to [↑](#footnote-ref-1)