



Matching Grants Program Windows 2 Application Form for Producer Organisations/ Farmer Associations/ Community Based Organizations

A. Basic Information			
1. Organization name <i>(Use the name on the Certificate of Incorporation)</i>			
2. Phone Number(s):		3. Email address:	
4. Postal address for organization:		5. Location (village) of main office:	
6. Date of registration with Ministry of Commerce, Industry & Labour (MCIL): <i>(Please state the date/year of first registration with MCIL)</i>			
7. Full Name of Organization/ Association <i>(Please state the name of the person in charge, eg. Director/ President/ Chairperson/ CEO etc)</i>			
Contact details for main Person of Contact (POC) for this application:			
8. Name of Person for Contact (POC):		9. Designation of POC:	
10. Phone Number(s) for POC:		11. Email address of POC:	
12. Nature of Organization/ Association <i>(Please provide if applicable Mission and Vision)</i>			
13. How many members in your organisation?			
14. What are your annual sales, profits and assets belonging to your organisation?			
15. Do you have a valid certificate of incorporation? <i>(Tick your answer)</i>	<input type="checkbox"/>	YES	
	<input type="checkbox"/>	NO	
16. Has your organization/ association been operational for the past 12 months? <i>(Tick your answer)</i>	<input type="checkbox"/>	YES	
	<input type="checkbox"/>	NO	
17. Does your organization/ association have a bank account? <i>(Tick your answer)</i>	<input type="checkbox"/>	YES	
	<input type="checkbox"/>	NO	
18. Do you have any members employed within the Ministry of Agriculture and Fisheries? <i>(Tick your answer)</i>	<input type="checkbox"/>	YES	
	<input type="checkbox"/>	NO	
19. Please list the names of your members working within the Ministry of Agriculture and Fisheries. <i>(Only answer if you answered Yes to previous question)</i>			



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<p>20. What is the current enterprise you wish to seek support from SAFPROM? <i>(Tick your answer)</i></p>	<p><input type="checkbox"/> Crops</p> <p><input type="checkbox"/> Livestock</p> <p><input type="checkbox"/> Fisheries</p>
<p>21. Tick the expected outcomes(s) from your proposed project <i>(You can tick 1 or more outcome options)</i></p>	<p><u>Crops & Livestock related projects ONLY</u>: My proposed project is:</p> <p><input type="checkbox"/> To increase production</p> <p><input type="checkbox"/> To increase sales</p> <p><input type="checkbox"/> To improve efficiency, quality and enhanced food safety</p> <p><input type="checkbox"/> To improve access to identified domestic markets</p> <p><input type="checkbox"/> To improve access to identified international markets</p> <p><input type="checkbox"/> To strengthen linkages between farming households and other value-chain actors.</p> <p><input type="checkbox"/> To improve management and development of the above resources by adopting new technologies and improved practices.</p> <p><input type="checkbox"/> Other: specify _____</p>
<p>22. Tick the items that best applies to your proposed project <i>(You can tick 1 or more concept options)</i></p>	<p><input type="checkbox"/> Machinery (e.g. grinder, etc)</p> <p><input type="checkbox"/> Heavy duty vehicles (e.g. excavators, trucks, bobcat, etc)</p> <p><input type="checkbox"/> Technology</p> <p><input type="checkbox"/> Tools and equipment</p> <p><input type="checkbox"/> New infrastructure or building structure</p> <p><input type="checkbox"/> New Innovations</p> <p><input type="checkbox"/> Other: specify _____</p>



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B. Proposed project Information and Details

Please explain and describe your proposed project for which you are seeking funding

Explain how your proposed project aligns with your expected outcomes ticked from A.19

Estimated duration for your proposed project:
(How many months/years for the implementation of your proposed project – from start to finish?)

C. Financing/Cost Information

1. Financing breakdown by income and expenditure

Use Form 1: Proposed budget breakdown to provide your financing breakdown on your project income and expenditure

There is a sample budget attached to Form 1 you can use for reference.

2. Will you require a loan for your proposed project?
(Note: the loan will be part of your contribution to the project and will not be paid by the SAFPROM project)
(Tick your answer)

- YES
 NO

3. Estimated total budget cost for your proposed project:
(Please provide an estimated budget for your overall proposed project)



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D. Supporting documents required to be submitted with this application form

- Tick if document is attached

- Scanned copy of Certificate of Incorporation from MCIL
- Map indicating the location of the proposed project (if applicable)
- Estimated budget for your proposed project (**Form 1: Proposed budget breakdown form**)
- ID for person in charge (scanned copy)
- Baseline details for your business (**Form 2: Baseline details form**)
- Results of environmental and social risk screening (**Form 3: Safeguard assessment form**)
- Financial Statements
- List of members

I, the undersigned, certify that to the best of my knowledge and belief, that this application correctly outlines the details of my business. I understand that any misstatement or misrepresentation described herein may lead to the disqualification or dismissal of my application by the Ministry of Agriculture and Fisheries.

Signature of Business Owner:

Date of signature:



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COPY for MAF office

FOR APPLICANT TO FILL DURING SUBMISSION:	
Signature of person submitting application:	
Name of person submitting application:	
Date submitted to MAF office:	

OFFICE USE ONLY:	
Date received by Office:	
Name of Receiving Officer:	
Position of Receiving Officer:	
Signature of Receiving Officer:	
Has applicant attached all supporting documentation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Location of application drop-off: <i>Please state the location of application drop-off</i>	FOR UPOLU: <input type="checkbox"/> TATTE Building Level 1 <input type="checkbox"/> TATTE Building Level 4 <input type="checkbox"/> Nu'u office (Crops division) <input type="checkbox"/> Avele office (APHD division) <input type="checkbox"/> Fisheries Main Office (Apia) FOR SAVAI: <input type="checkbox"/> Salelologa office <input type="checkbox"/> Asau office <input type="checkbox"/> Nu'u office (Crops division) <input type="checkbox"/> Other: specify _____
COMMENTS:	



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COPY for Applicant

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Signature of person submitting application:	
Name of person submitting application:	
Date submitted to MAF office:	

OFFICE USE ONLY:	
Date received by Office:	
Name of Receiving Officer:	
Position of Receiving Officer:	
Signature of Receiving Officer:	
Has applicant attached all supporting documentation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Location of application drop-off: <i>Please state the location of application drop-off</i>	FOR UPOLU: <input type="checkbox"/> TATTE Building Level 1 <input type="checkbox"/> TATTE Building Level 4 <input type="checkbox"/> Nu'u office (Crops division) <input type="checkbox"/> Avele office (APHD division) <input type="checkbox"/> Fisheries Main Office (Apia) FOR SAVAI: <input type="checkbox"/> Salelologa office <input type="checkbox"/> Asau office <input type="checkbox"/> Nu'u office (Crops division) <input type="checkbox"/> Other: specify _____
COMMENTS:	