**ANNEXURE 1 –RFA APPLICATION FORMS**

**Instructions to fill the form**

* Please go through the eligibility/Competencies/Experience (in the Request for Application Document) before filling this form.
* All fields marked with an asterisk \* are mandatory.
* Applicant must furnish adequate information in the form of copies of the related certificates and documents, evidencing their inputs in this Application.
* Write ‘Not applicable’ to any question which does not apply to your solution.
* All amounts to be filled in LKR.
* The completed application form, signed and stamped (with company seal), should be submitted electronically to CATALYZE Sri Lanka Private Sector Development Project at SriLankaPSD.[Procurement@thepalladiumgroup.com](mailto:Procurement@thepalladiumgroup.com), with the title “COVID-19 Emergency Tourism Sector MSME Relief”.

**Basic Information**

|  |
| --- |
| **Sri-Lanka COVID-19 Relief Funds for Tourism Sector MSMEs** |

**Title of Application/ Project**

|  |
| --- |
|  |

**SME Name**\*

**Legal Status**\*

Choose an item.

**Organization Type**\*

Choose an item.

**Sector** \*

Choose an item.

**Tax ID Number \* (TIN Number if applicable)**

|  |
| --- |
|  |

**Address** \*

**Contact Details**\* *(Point of Contact)*

|  |  |
| --- | --- |
| **Primary Contact Number** | Country Code - Phone Number |
| **Alternate Phone number** | Country Code - Phone Number |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Organization Website** |  |
| **LinkedIn** |  |
| **Facebook** |  |
| **Twitter** |  |

**Organization Website & Social Media Details**\*

**Legal Representation and Management Details \*** *(Please mention the details for the entity’s Top Management/ Trustees/ Directors/Advisory Board/ Mentors)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Salutation** | **Name** | **Designation** | **Qualification** | **Total experience (in years)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Add more rows if required.*

**Any previous association or engagement with USAID, if ‘Yes’ please give details**\*

No

|  |
| --- |
|  |

Yes

**SME Background**\*

*Describe the business activities of your SME. Brief history and achievements. Please specify if the organization has received any awards/accreditations/certifications /recognitions.*

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*Max 300 words*

**Project Description (Emergency Relief Funds)**

**Problem Statement**\*

*Please give a concise description of how your SME has been negatively impacted by COVID-19.*

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|  |

*Max 500 words*

**Proposed Solution**\*

*Please indicate Yes or No for each of the available types of assistance your SME is requesting.*

|  |  |  |
| --- | --- | --- |
| **Assistance Requested (Yes/No)** | **Type** | **Details and Calculation** |
|  | Salary | 75% of last drawn basic monthly salary OR maximum LKR 75,000 per person/- whichever is lower. |
|  | Asset Refurbishment | Quotation for Refurbishment/Repair/Renovate assets relevant to the operation. |
|  | Sales/Marketing | Quotation for marketing content (photography, video, branding); Costs of advertisements. |
|  | Health and Safety | Cost of items \* # of employees \* weeks |

**Project Milestones(payment Schedule)** \*

*Payment will be disbursed upon the company achieving specific milestones per the below table. Please put a check mark next to the requested assistance type to indicate you agree to the milestone as proposed. Fill in the proposed date for when the milestone will be completed and evidence of completion submitted to the PSD program. Information provided here will inform the proposed budget for the grant.*

*Salary*

|  |  |  |
| --- | --- | --- |
| **No.** | **Milestone (Required submission to disburse funds)** | **Date** |
| 1 | Estimated monthly payroll list for selected employees via EPF/ETF return for month 1 |  |
| 2 | Proof of payment for Month 1 Monthly payroll list from ERF/EPF Return for month 2 |  |
| 3 | Proof of payment for Month 2 Monthly payroll list from ERF/EPF Return for month 3 |  |
| 4 | Proof of payment for Month 3 Monthly payroll list from ERF/EPF Return for month 4 |  |
| 5 | Proof of payment for Month 4 Monthly payroll list from ERF/EPF Return for month 5 |  |

*Asset Refurbishment and Repair*

|  |  |  |
| --- | --- | --- |
| **Milestone No.** | **Required Documentation to Submit** | **Date** |
| 1 | Quotation from 3+ vendors for required asset repair  Current photographic evidence of required refurbishment |  |
| 2 | Progress Photos 1  Payment made to vendor |  |
| 3 | Proof of completion   * (site visit/photographic evidence) * Vendor payment |  |

*Sales Promotion and Marketing*

|  |  |  |
| --- | --- | --- |
| **Milestone No.** | **Required Documentation to Submit** | **Date** |
| 1 | Quotation from 3+ vendors for marketing/advertisement  Copy of vendor contract |  |
| 2 | Screenshots/Copies of Mock-Ups |  |
| 3 | Vendor invoice and final advertisements or promotional materials copies |  |

*Health and Safety*

|  |  |  |
| --- | --- | --- |
| **Milestone No.** | **Required Documentation to Submit** | **Date** |
| 1 | Quotation from 3+ vendors for health and safety items.  Copy of vendor contract/ purchase order |  |
| 2 | Vendor invoices  Delivery notes  Photographic evidence of 70% completion |  |
| 3 | Vendor invoices  Delivery notes  Photographic evidence of 100% completion  Project impact report |  |

**Financial Information**

**Annual Revenue\***

Please state the annual revenue.

|  |  |
| --- | --- |
| **Annual SME Revenue by Year** | **Revenue**  **(LKR)** |
| **2021 (to date)** |  |
| **2020** |  |
| **2019** |  |
| **2018** |  |

**Project Budget \***

*Please use the attached excel to calculate the budget.*

Along with the budget, please submit the following justification attachments, if applicable:

* Salary: Monthly payroll list via EPF/ETF
* Asset Repair: Quotes from vendors for repair work; photos of required refurbishment
* Sales and Marketing: Quotation from vendors for marketing/advertisement
* Health and safety: Quotation from vendors for items
* Utility: Last month utility invoices
* Essential items: Quotations from vendors for items

**Additional Information**

You must attach the following required documentation:

1. Copy of the organization's Board Resolution Authorized Signatory and copy of Articles of Association;
2. Copy of Company Registration Certificate and Form 1; and
3. Copies of Financial Reports for past three years (2018, 2019, 2020).

**Acknowledgement and Declaration**

We hereby declare that the information given in this application and the accompanying document(s) are true and correct to the best of our knowledge and that we have not withheld or distorted any facts presented. We also declare that the organisation represented for the proposed project is free from any litigation or investigation by the laws of any countries. We understand that the approval or rejection of the application for funding is at the sole discretion of Sri Lanka PSD and that Sri Lanka PSD is under no obligation to disclose the reason(s) for unsuccessful applications.

|  |  |
| --- | --- |
| **Submitted by (signature & organisation seal)** |  |
| **Date:** | *dd/mm/yyyy* |
| **Name:** |  |
| **Designation:** |  |