

Poverty Alleviation and Inclusive Development Across Rural Sindh (PAIDAR) Project

3.1. Grant Application for Individual Applicants

Please read the application carefully and provide answers to each question. Each section has to be filled properly and carefully. Incomplete and unsigned applications will not be considered for further processing

3.1.1. The Applicant Information:

Name of the Grant Applicant ¹ :		
Is applicant member of any TRDP-organized CO?	<input type="checkbox"/> Yes (Name of CO _____) <input type="checkbox"/> No	
Age of the Applicant (as per CNIC) – years:		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
Any Physical Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No. In case of Yes, brief details of disability: _____ _____	
Marital status – tick relevant option:	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Any Physical Disability:		<input type="checkbox"/> Yes <input type="checkbox"/> No. In case of Yes, brief details of :
Education level:		
Father Name:		
Spouse Name – if applicable:		
CNIC Details:	CNIC Number:	
	Issue date:	
	Valid up to:	
Address of the Applicant:	Village Name: _____ Union Council Name: _____ Tehsil/ Taluka Name: _____ District Name: _____	
District of Domicile:		
Contact Number of the Applicant:		

Emergency Contact Number (other than main contact number of applicant):		
Details of Next of Kin ² :	Name:	
	Relationship with Applicant	
	CNIC Number:	
	Contact Number:	
	Address (as per CNIC):	Village Name: _____ Union Council Name: _____ Tehsil/ Taluka Name: _____ District Name: _____

As given on the CNIC

¹ Can be spouse, father, son/daughter or any other close & blood relative

3.1.2. Proposed Business Details

The grant funds can be accessed for both new businesses and already established businesses. Please fill in relevant part accordingly.

Application for New Business (for Individual Applicants)

Name/Type of the Proposed Business:		
Have you any prior experience of managing similar business in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No
In case you have prior experience the provide details:	In what capacity have you managed this activity in the past?	<input type="checkbox"/> Owner of the business <input type="checkbox"/> Employee <input type="checkbox"/> Any other capacity
	How long you managed this business (years):	
	What was the location of this business?	
	Why you left/close the business?	
	In case you were employee, give name & contact details of the owner:	Name: _____ Contact No: _____
What was your responsibility/role in managing this business?		
In case you owned a similar business, do you have any proof? Please attach a copy of the proof		<input type="checkbox"/> Yes (details _____) <input type="checkbox"/> No.

3 For example, Type shop or Handicrafts shop or Motorbike showroom etc. as the case maybe

4 Co-investment from other organizations or financial institutions is now allowed

Have you ever supervised employees to run a business?		<input type="checkbox"/> Yes (how many? _____)		
		<input type="checkbox"/> No.		
Will you contribute any amount in setting up proposed business (grantee cost share)? PKR		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
In case you are contributing in setting up the business, how will you manage this amount?				
Grant Funds: How much amount you need to set up a business? (PKR)	PAIDAR cost share	PKR: ----- EUR: -----		
	Grantee cost-share	PKR: ----- EUR: -----		
	Total	PKR: ----- EUR: -----		
What will you purchase with grant funds to set up the business? Provide details below and also mention indicative cost of each item – PKR:				
#	Item/ Equipment	Cost per Unit	Total Units	Total Cost
Are you proposing a home-based business?		<input type="checkbox"/> Yes <input type="checkbox"/> No.		
If your proposed business is not home based, do you have space/ place to set up the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No.		
In case you have space to set up the business, in which capacity you own or plan to own this space?		<input type="checkbox"/> individual owner of the space <input type="checkbox"/> joint owner (relation with other owners _____) <input type="checkbox"/> on lease <input type="checkbox"/> space belongs to a blood relative/ family member (details _____)		
Will you require skilled & unskilled labor to run your business? If yes, how many?		<input type="checkbox"/> Yes <input type="checkbox"/> No.		
How will you manage skilled & unskilled labour?		<input type="checkbox"/> Family members <input type="checkbox"/> Market hiring		
Will your business produce require marketing outside district Tharparkar? If yes, where?		<input type="checkbox"/> owner of the space <input type="checkbox"/> on lease <input type="checkbox"/> space belongs to a blood relative		
Will you require any technical assistance or guidance in managing your proposed business?				
How much monthly profit do you expect to get from the proposed business ideas? (PKR)				

Grant duration: How much time you need to set up the proposed business upon receipt of first tranche? (months)	
Do you have at least two guarantors who can give undertaking on legal stamp paper that you will use the grant funds only for intended purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Please provide details of the guarantors	
Guarantor No. 1	
Name:	
Gender:	
Age – years:	
CNIC Number:	
Address as per CNIC:	
Contact Number:	
Occupation:	
Guarantor No. 2	
Name:	
Gender:	
Age – years:	
CNIC Number:	
Address as per CNIC:	
Contact Number:	
Occupation:	
Complete mailing address of the applicant along with contact number for correspondence regarding grant application.	

Application for Existing/ Established & Running Business (for Individual Applicants)

Name/ Type of the Business:	
Nature of business:	
Business established since (year):	
Location/ address of the business place:	
Relationship of the applicant with this business?	<input type="checkbox"/> Sole owner <input type="checkbox"/> Partner (% shares _____) <input type="checkbox"/> Any other arrangement (_____)
Total estimated value/ worth of the business (raw material, finished & unfinished products, machinery & equipment etc.) excluding value of land – PKR	

Whether applicant owns the business place/ site/ venue? If No, then whether it is on lease/ rent?		<input type="checkbox"/> Yes <input type="checkbox"/> No. _____		
How many employees work on this business excluding business owners/ applicant?		<input type="checkbox"/> Full time _____ (M/F) <input type="checkbox"/> Part time _____ (M/F)		
What is the average monthly turnover (total/ gross income) of the existing business? – PKR				
What is the estimated net monthly profit earned on the business? – PKR				
What is the intended purpose for additional grant funds?		<input type="checkbox"/> Expansion of the same business at same place <input type="checkbox"/> Opening new outlets of same business <input type="checkbox"/> Introducing new technology & innovation <input type="checkbox"/> Any other purpose _____		
How much grant amount you need to expand this business? (PKR)				
Grant Funds: How much amount you need to set up a business? (PKR)	PAIDAR cost share	PKR: ----- EUR: -----		
	Grantee cost-share	PKR: ----- EUR: -----		
	Total	PKR: ----- EUR: -----		
What will you/applicant purchase with grant funds to expand the business? Provide details below and also mention indicative cost of each item – PKR:				
#	Item/ Equipment	Cost per Unit	Total Units	Total Cost
What is expected to raise in your profit with additional funding under PAIDAR? (PKR)				
How many additional employments will your business create with PAIDAR grant funds?		Male: _____ Female: _____		
Will you require skilled & unskilled labour to expand the business with PAIDAR grant funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
In case you need skilled labour to expand business, from where you will get this?		<input type="checkbox"/> From local market <input type="checkbox"/> From outside Tharparkar district		

Do you need technical assistance and training to better manage your current and expanded business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much time you need to complete business expansion upon receipt of the first tranche from PAIDAR? (Months)	
Do you have at least two guarantors who can give undertaking on legal stamp paper that you will use the grant funds only for intended purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Please provide details of the guarantors:	
Guarantor No. 1	
Name:	
Gender:	
Age – years:	
CNIC Number:	
Address as per CNIC:	
Contact Number:	
Occupation:	
Guarantor No. 2	
Name:	
Gender:	
Age – years:	
CNIC Number:	
Address as per CNIC:	
Contact Number:	
Occupation:	
Complete mailing address of the applicant along with contact number for correspondence regarding grant application.	