



MATCHING GRANTS TO AGRIBUSINESSES

GRANT APPLICATION FORM **AGRICULTURAL IMPLEMENTS SECTOR**

Official use only

Date of receiving _____ - _____

Registration No. _____

INSTRUCTIONS FOR APPLICANTS

1. This form is free of cost and can be downloaded from the website of Agriculture Department, Government of Punjab.
2. The form should be filled by a partner/shareholder that holds a key position in management of the applicant business (CEO, Managing Partner, etc.).
3. Please apply **only** if you meet all the eligibility criteria mentioned below.
4. Please go through the EOI document before applying.
5. Please answer all the questions. If some question does not seem relevant to you, please write 'Not Applicable' in response.
6. Kindly provide correct and easily verifiable information to ensure quick processing.
7. Providing false information or using unfair means/references may lead to rejection of application.
8. Please attach all supporting documents mentioned along each question and at the last page of the Form.
9. Kindly sign the application form; with an official stamp of the business enterprise on all the pages.
10. Applicant will be provided with a Registration No. through SMS on his/her mobile number or an email within two weeks of last date of submission.
11. Submission of application does not make Agriculture Department liable to award the grant. Grant decision will be based on fair and transparent evaluation of the application.

APPLICANT'S ELIGIBILITY CRITERIA

1. The applicant must be a Pakistani citizen.
2. The applicant business must have a valid National Tax Number (NTN).
3. The business (existing or new) must be registered with the relevant authorities (in case the business is not registered at the time of application, registration should be completed before the processing of application).
4. The applicant's manufacturing facility/services provision facility (existing or proposed) must be located in Punjab.
5. The applicant should be willing to contribute his share; at least equal to the grant offered by the government.
6. Private limited companies, partnership firms, joint ventures & sole proprietorships are eligible to apply.
7. Applicant should have land and building available (owned or leased) for the project. The land for the project should have a Clear Title and should not be disputed, under litigation and/or pledged.
8. The applicant (business or person) should not be defaulter of any financial institution.
9. Public limited companies and companies listed on stock exchanges are not eligible to apply.
10. Government controlled entities are not eligible to apply.

SECTION I – APPLICANT’S PERSONAL INFORMATION

1. Business Sector/Industry _____

2. Please provide the following information about yourself.

Name	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Father’s/Husband’s Name		
Position in the Business:		
CNIC No.	Age	
Mailing Address		
Permanent Address		
Phone No.	Mobile No.	

3. Please provide names, CNICs and contacts of other Partners/Shareholders in the business.

Sr. No.	Name	CNIC	Mobile No.
i.			
ii.			
iii.			
iv.			
v.			

SECTION II – APPLICANT’S BUSINESS INFORMATION

4. Please provide the following basic information about your business.

Name of the Business			
Nature of Business	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trading	<input type="checkbox"/> Services <input type="checkbox"/> Other _____
Year of Registration			
Nature of Ownership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Limited <input type="checkbox"/> Other
NTN with Date & Place			
Business Mailing Address			
Office Phone No.	Mobile No.		
Fax:	Email:		
Website:			

5. Please provide the Business’s Bank Account Details; or applicant’s bank account details in case of sole proprietorship or partnership firm.

Account Title	Account Type
Bank	Branch
Date of Opening	

6. Please provide information about the membership of Chamber of Commerce & Industry, registered associations or other registered business/professional bodies.

Sr. No.	Name of the Body	Membership Year	Membership Number
i.			
ii.			
iii.			

7. Please provide the education level and work experience of top management including owners /supervisory staff / managerial staff.

Sr. No.	Name	Title / Designation	Education Level	Work Experience (years)	Training Courses//Relevant Skills/ Exhibitions
i.					
ii.					
iii.					
iv.					
v.					

8. What is your existing production capacity? _____

9. Kindly provide summary of annual production of key products during last three years.

Sr. No.	Name of the Product	Production		
		2016	2017	2018
i.				
ii.				
iii.				
iv.				
v.				

(please use additional sheets if needed)

10. What are the target markets and sales channels for your key products?

Sr. No.	Product	Markets	Local Sales	Export Sales
i.		<input type="checkbox"/> Local <input type="checkbox"/> Export	<input type="checkbox"/> Distributor <input type="checkbox"/> Own Outlet	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect
ii.		<input type="checkbox"/> Local <input type="checkbox"/> Export	<input type="checkbox"/> Distributor <input type="checkbox"/> Own Outlet	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect
iii.		<input type="checkbox"/> Local <input type="checkbox"/> Export	<input type="checkbox"/> Distributor <input type="checkbox"/> Own Outlet	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect
iv.		<input type="checkbox"/> Local <input type="checkbox"/> Export	<input type="checkbox"/> Distributor <input type="checkbox"/> Own Outlet	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect
v.		<input type="checkbox"/> Local <input type="checkbox"/> Export	<input type="checkbox"/> Distributor <input type="checkbox"/> Own Outlet	<input type="checkbox"/> Direct <input type="checkbox"/> Indirect

11. Provide information about the main geographical markets where you sell your products.

Sr. No.	Product	Main Local Markets	Main Export Markets	Export Sales Share (%)
i.				
ii.				
iii.				
iv.				

12. Please provide information about the key raw materials being used.

Sr. No.	Raw Material	Source	Comments (if any)
i.		<input type="checkbox"/> Local <input type="checkbox"/> Imported	
ii.		<input type="checkbox"/> Local <input type="checkbox"/> Imported	
iii.		<input type="checkbox"/> Local <input type="checkbox"/> Imported	
iv.		<input type="checkbox"/> Local <input type="checkbox"/> Imported	

(you may use additional sheets)

13. Provide details of key machinery and equipment available with the applicant in his/her production facility. A startup business applicant should provide the list of machinery and equipment that he/she may have purchased and intend to use that for the proposed business.

Sr. No.	Machinery Name	Origin	Make/Model	Capacity	No. of Machines	Comments (if any)
i.		<input type="checkbox"/> Local <input type="checkbox"/> Imported				
ii.		<input type="checkbox"/> Local <input type="checkbox"/> Imported				
iii.		<input type="checkbox"/> Local <input type="checkbox"/> Imported				
iv.		<input type="checkbox"/> Local <input type="checkbox"/> Imported				
v.		<input type="checkbox"/> Local <input type="checkbox"/> Imported				
vi.		<input type="checkbox"/> Local <input type="checkbox"/> Imported				
vii.		<input type="checkbox"/> Local <input type="checkbox"/> Imported				
viii.		<input type="checkbox"/> Local <input type="checkbox"/> Imported				
ix.		<input type="checkbox"/> Local <input type="checkbox"/> Imported				

(you may use additional sheets if required)

14. Please inform if the location of the business is in self-owned/leased/rented place?

Factory	Service Point	Sale Point	Office	Other (specify)
<input type="checkbox"/> Owned	<input type="checkbox"/> Owned	<input type="checkbox"/> Owned	<input type="checkbox"/> Owned	<input type="checkbox"/> Owned
<input type="checkbox"/> Leased	<input type="checkbox"/> Leased	<input type="checkbox"/> Leased	<input type="checkbox"/> Leased	<input type="checkbox"/> Leased
<input type="checkbox"/> Rented	<input type="checkbox"/> Rented	<input type="checkbox"/> Rented	<input type="checkbox"/> Rented	<input type="checkbox"/> Rented

15. Does factory/unit/service center have the following certifications/registrations?

Sr. No.	Certification/Registration	Valid Status	Comments (if any)
i.	ISO 9000 or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii.	Other _____		
iii.			

16. Do you have an operational Quality Assurance Laboratory?

Yes No

17. How many employees (workers & supervisory staff) do you have? Please provide details as per the following distribution.

Permanent	Temporary

Male	Female

Total

18. Please provide details of products manufactured and supplied to government and/or any agency through regular procurement and/or subsidy schemes. (Please provide copy contract and/or purchase orders).

Sr. No.	Product	Supplied to	Quantity	Year
i.				
ii.				
iii.				
iv.				
v.				

19. Provide details of marketing exhibitions and/or study-exposure visits in which the business participated over the last three years. Please attach proof of the provided information.

International Exhibitions Details

Sr. No.	Name of Exhibition	City/Country	Year
i.			
ii.			
iii.			
iv.			
v.			

Local Exhibitions Details

Sr. No.	Name of Exhibition	City	Year
i.			
ii.			
iii.			
iv.			
v.			

International Marketing and/or Study (exposure) Visits

Sr. No.	Visit Nature	Country	Year
i.			
ii.			
iii.			
iv.			
v.			

SECTION III – SUPPORT REQUIRED THROUGH MATCHING GRANT

20. For the matching grant scheme, please specify your needs for machinery and equipment.

Sr. No.	Machinery & Equipment	Estimated Cost without Transportation & Commissioning (Rs)	Estimated Cost of Transportation & Commissioning (Rs)
i.			
ii.			
iii.			
iv.			
v.			

(please use additional sheet if needed)

21. Please identify your Business Development needs by writing '1' for the most important, '2' for the second important and '3' for the third important and so on to rate all the listed needs.

Area	Priority
Workers Skills up-gradation	
Technology/Machines / Tools Up-gradation	
Wastage Control & Production Yield Improvement	
Product Design / Development / Improvement	
Facility Layout/Productivity Improvement	
Machinery Selection/Installation/Commissioning	
Quality Assurance/Certifications	
Local Marketing	
Export Marketing	
Training of Supervisory Staff / Managerial Staff	
Accounting & Financial Controls	
Other (mention here) _____	

22. Have you previously benefited from any grant program (government and/or donor agency)?

Sr. No.	Department/Donor Agency	Grant Description	Applicant's Share in Grant	Status
i.				
ii.				

23. Please provide rationale for the requested machinery and equipment in terms of the expected impact on your business.

i. Will the requested support enhance your production capacity? If so, please specify the increase in capacity or improvement in existing capacity utilization.

ii. Will the requested support improve quality of the products being produced? If so, please specify the quality issues currently being faced and the expected improvement after the intervention.

iii. Will the requested support increase production efficiency in terms of reduction in production cost, improved wastages control, etc. If so, kindly explain.

iv. Will the support improve the marketability of the value added product(s) of the business? (market coverage, new markets, product's price, etc.) If so, please explain.

v. Will the support build capacity of the workers and staff employed by the business? If so, please explain.

vi. Please specify any other areas of the business where support can improve business operations or benefit sector as a whole.

(please use additional sheet if needed)

DECLARATION BY THE APPLICANT

By affixing my signature below, I certify that the information provided in this application form is correct to the best of my knowledge and nothing has been withheld. I agree to all the terms and conditions as outlined in the instructions to Applicants. I understand that all information contained in my application will be treated confidentially by the Agriculture Department (only for internal use). I also agree that the Department can have access to the original documentation referenced in this application, as and when required. I understand and agree that provision of false information can lead to rejection of my application.

Name	Title
Signature	Business Seal
Date	

This form should be signed and submitted either by owner or partner or manager or any other responsible person

LIST OF DOCUMENTS TO BE ATTACHED WITH THE APPLICATION

- a) CNIC of the applicant
- b) NTN certificate
- c) Business incorporation certificate issued by the relevant authority
- d) Registration of Chambers/Associations or other business/professional bodies
- e) Land ownership/rent/lease documents (Registry, Fard, lease/rent agreement, etc.)
- f) Copy of purchase orders/contract in case of supply to the multinational companies in Pakistan
- g) Copy of Form E, in case of exports
- h) Business Account Maintenance Certificate from the bank
- i) Booking details of the exhibitions where participated
- j) eCIB Report
- k) Declaration by the applicant (Annex II) (on stamp paper of Rs 100)
- l) Declaration by all the business partners (Annex III) (on stamp paper of Rs 100)

RECEIPT OF APPLICATION SUBMISSION

Received a Matching Grant Application from Mr./Ms. (name, address, mobile no.) _____

under 'Matching Grant for Agribusinesses' Program in _____ sector. The applicant will be informed about the progress within one month of receipt of application.

Name	Title
Signature	Office Stamp
Date	