**Pre- Application Form**

1. **Basic Information:**

|  |  |
| --- | --- |
| Firm Name and Registration No. with cluster the lead firms |  |
| Project Lead (Name and Contacts) |  |
| Country of registration: |  |
| Legal form: |  |
| Name of main contact for this application |  |
| Preferred phone number |  |
| Email: |  |
| Mailing address |  |
| Website |  |
| Project Name: |  |
| Project Objective |  |
| Project Duration (in months) |  |

1. **Background, Problem Addressed, Justification**

Provide a concise summary of the project the sector in which the firms operate operates – the type of products and services involved, the level of transformation, value chain, etc., and any

other information that you may consider relevant for our understanding of the importance of the project. (Max 50 words). The challenges the project faces and the solutions for these challenges (1/2 pages)

**Buyers Led approach**

Please describe the buyers of the relevant products? Insert some buyer letters, letter of intent from buyers

**Cluster or Value Chain of the project**

Please describe the all the relevant stakeholders in the cluster or value chain.

1. **Objective, Activities and Cost**

Define clear objectives for this project and briefly describe the activities that should be implemented to achieve each objective, along with the estimated timeline and budget

Please ad in the columns below the problems the solutions the actions and the costs.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SUMMARY: PROBLEMS, SOLUTIONS, AND COST** | | | | | | | |
| **(Firms/Suppliers)** | | | | | | | |
| **PROBLEMS:**  The binding constraints to the Firm/Supplier meeting the requirements of the Buyer are: | | | **SOLUTIONS:** The proposed solutions to remove the constraints are: | | | | |
| ***Problem 1:*** | | | ***Solution 1.1***: | | | | |
| ***Solution 1.2*** | | | | |
| ***Problem 2***: | | | ***Solution 2*** | | | | |
| **SPECIFIC ACTIONS AND COST TO BRING ABOUT SOLUTIONS** | | | | | |  |
| **Solution** | **Action** | **Proposed Cost to Firm/Supplier (USD)** | | **Proposed Cost to IFS/CUS (USD)** | **Proposed Total Cost (USD)** | **Time Line** |
| 1.1 | 1.1 |  | |  |  |  |
| 1.2 | 1.2 |  | |  |  |  |
| 2. | 2.1 |  | |  |  |  |
| **Total** | |  | |  |  |  |
|  | |  | |  |  |  |

1. **Expected results**

Describe the outcomes or impact expected if the cluster project is implemented successfully (1/2 pages)

Provide your best estimates of the potential effect on the following indicators:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Result** | **2018**  **Baseline** | **2019** | **2020** | **Total** |
| **Sales to Buyer (USD)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| New employment, women (FTE) |  |  |  |  |
| New employment, men (FTE) |  |  |  |  |
| New employment, total (FTE) |  |  |  |  |
| Other 1: Foreign exchange revenue |  |  |  |  |
| Other 2: Benefits for the community |  |  |  |  |

|  |  |
| --- | --- |
| **Estimated impact 2018-2020** | |
| Increase in total sales for the cluster members (USD) |  |
| Increase in exports (USD) |  |
| Total # of jobs created |  |
| % of jobs created for women |  |
| # of new products or services offered |  |

If applicable, describe other indirect benefits expected (ie. spillover effect) from this cluster project on other stakeholders or the economy in the short and long term.

1. **Risk and mitigation**

What are the risks and solution strategies to ensure successful implementation of the project,

|  |  |  |
| --- | --- | --- |
| Risks | Brief description | Mitigation strategy |
| Financial |  |  |
| Operational |  |  |
| Legal/regulatory |  |  |
| Leadership/Political |  |  |
| Other |  |  |

[Company Logo]

[Company name]

[Address]

[Date]

Ministry of Trade Industry and Tourism

Competitiveness Unit Suriname

Havenlaan no.1

Paramaribo Suriname

To Whom It May Concern:

The [Name of Company] on submission of the attached project concept note for your consideration, hereby commits to providing a minimum of 20% of the cost of implementation if successful.

Yours sincerely,

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Name of legal representative:

Title:

Phone number: