**Support to Youth Entrepreneurial Activities**

**Application Form**

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| **Applicant’s name in English (business/ NGO unit)** | **xx** |
| Title of the business idea | xx |
| Geographical coverage of the idea |  |

1. **Applicant information**

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| **Applicant** |  |
| Official address and city: | **xx** |
| Official registration number & date: |  |
| Phone: |  |
| Website: |  |
| Social Media: |  |
| **Legal representative/owner of the business/NGO** |  |
| Name: | **xx** |
| Title: |  |
| Phone: |  |
| Email: |  |
| **Bank and other details** |  |
| Account holder: | **xx** |
| Account number: |  |
| Bank name: |  |
| Postal code |  |
| City |  |

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| --- | --- |
| Legal form ( N.T.P, Sh.P.K etc, ...) |  |
| Registration number and VAT number |  |
| Number of employed staff |  |
| Annual turnover of the last year and estimate for the current year | Estimated annual turnover 2021:  Estimated turnover 2022: |

1. **Abstract**

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| **2.1 Briefly describe your business goals/NGO mission and vision?**  (***maximum 200 characters)*** |
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| **2.2 Briefly describe your entrepreneurial idea. (*maximum 500 characters)*** |
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| **2.3 What is your previous experience with the ideas you are applying with? (*maximum 300 characters)*** |
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| **2.4 State the overall amount requested from CARE for the realization of the entrepreneurial idea** |
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1. **Areas**

*Please indicate which of the below areas your will impact;*

Provision of services that promote youth, mobilization and human rights

Digital technologies

Creative production (arts, crafts)

Youth social entrepreneurship

Sustainable, green technologies

Cultural/artistic commercial activities

Media activities with a commercial component

Other (please specify)

1. **Status of the business/NGO**

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| **4.1 How does your entrepreneurial idea include young people, aged 18-29, and in particular young women and increases their employability? *(maximum 500 characters)*** |
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| **4.2 What is the envisaged composition of your team? What are the individual competences of the staff members? (*maximum 500 characters)*** |
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*Please indicate if this initiative is new or preexisting?*

**New Business Idea/Startup**  **Development of the** **Existing Business**

I/we accept that the official registration of the business startup will be the condition for receiving the grant.

**Yes**  **No**  **Currently registered**

1. **Outcome of the proposal**

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| **5.1 How does your entrepreneurial idea address the current needs of the market? (*maximum 500 characters)*** |
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| **5.2 How do you evaluate your competition on the local and national market? (*maximum 500 characters)*** |
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| **5.3 What does your business/NGO offer that is considered to be innovative? Which technologies are developed or used? Are there any other competitive factors on your side (e.g. customization, service, process simplification, etc.)? (*maximum 500 characters)*** |
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| **5.4 What is your previous experience in this field (if any)? Who are your main target groups, stakeholders that will help your proposal/initiative to achieve the milestones for this proposal? (*maximum 500 characters)*** |
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1. **Operational/financial plan**

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| **6.1 What are the main steps that will be taken by your entrepreneurial initiative? How do you intend to achieve the key milestones through the envisaged activities? (*maximum 500 characters)*** |
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| **6.2 What are your overall financial goals for the first 6 months of the supported proposal? (*maximum 500 characters)*** |
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1. **Work plan & timetable**

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| **Work plan (In the table below are added the columns for a maximum of 10 months of implementation of a business idea, where each month is divided into four (4) weeks. Please complete the table for as many months as the duration of your initiative is planned. After adding the title of each activity, please tick the appropriate box (X) in the week in which the activity will be held.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORK PLAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity | **Month 1** | | | | | **Month 2** | | | | | **Month 3** | | | | **Month 4** | | | | **Month 5** | | | | | **Month 6** | | | | | |
| 1 | 2 | | 3 | 4 | 1 | 2 | 3 | | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | | 2 | 3 | 4 | 1 | 2 | | 3 | | 4 |
| Activity 1 | x | x | x | | x |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| Activity 2 |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| Activity 3 |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| … |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |

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| **Work plan (In the table below are added the columns for a maximum of 10 months of implementation of a business idea, where each month is divided into four (4) weeks. Please complete the table for as many months as the duration of your initiative is planned. After adding the title of each activity, please tick the appropriate box (X) in the week in which the activity will be held.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORK PLAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity | **Month 7** | | | | | **Month 8** | | | | | **Month 9** | | | | **Month 10** | | | |  | | | | |  | | | | | |
| 1 | 2 | | 3 | 4 | 1 | 2 | 3 | | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |  | |  |  |  |  |  | |  | |  |
| Activity 1 | x | x | x | | x |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| Activity 2 |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| Activity 3 |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
| … |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |

This application is prepared for the open call “Support to Youth Entrepreneurial Activities”announced by CARE Deutschland e.V. Office in Kosovo. By signing this document, the applicant undertakes full responsibility that the information and data they provided are accurate and relevant.

The applicant has read the open call criteria and agrees that in the case of their selection, their representative will be available to participate in the training on business plan development organized by CARE. Participation in the training for the business plan is not a guarantee for final funding selection!

The applicant, hereby, understands that CARE Deutschland e.V. Office in Kosovo reserves the right to select for funding only applications, which have fulfilled the published criteria.

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| **Name and surname of the legal representative:** |  |
| **Title / Position of representative:** |  |
| **Signature of the representative:** |  |
| **Date:** |  |