**Growth Accelerator Liberia Programme**

**(SMEs Cohort)**

**Application Form**

1. **About the Growth Accelerator**

The Growth Accelerator Liberia is an initiative aimed at supporting impactful entrepreneurs to scale up their ventures through access to technical assistance, mentorship and co-financing grant (of up to $40,000USD). The programme partners are as follows:

* **Strategic/development partners:**
  + UNDP Liberia
  + Ministry of Commerce & Industry, RL
* **Implementing Partners:**
  + iCampus Liberia
  + Accountability Lab Liberia
  + GrowthAfrica
  + Business StartUp Center-Monrovia

The programme is now inviting entrepreneurs, especially in Montserrado, Grand Bassa, Grand Cape Mount, Lofa, Nimba, Grand Gedeh and Sinoe counties to apply to take part in the initiative.   
  
Application **open on 26th of May 2022 and close on of 9th of June 2022.**

**Eligibility criteria**

To apply to the Growth Accelerator, an enterprise must meet the following criteria:

* Must be registered in Liberia with a business certificate readily available for verification;
* Should have a product or service on the market;
* Are open to collaboration/partnership;
* Demonstrate capacity and dedication to scale the business and demonstrate sound financial performance/practices;
* Are founded and/or managed by entrepreneurs who are keen on involving youth, women, persons with disabilities (PWDs) in the business either as staff of the company; consumers and/or people impacted along the value chain;
* Deliver products or services that aim to create positive social impact directly for low-income consumers and/or the wider community to improve their basic needs
* Have the ability to use a mixed financing tools to scale the business i.e. are willing and able to take matching commercial capital investment or put in their own finances (e.g. personal savings, etc)
* Have the founder(s) fulltime involved in the business or plan to be fulltime in the next 6 months.

1. **Selection criteria**

The following criteria shall be used to select successful enterprises:

* Potential social impact of the venture i.e. the business addresses an identifiable need(s)
* Degree of innovation
* Maturity of business i.e. post-revenue
* Ability of the submitted application to articulate product market fit
* Ability and potential of the business to scale and diversify
* Management capacity of the entrepreneur(s) and team
* Openness and eagerness to receive external input into the business (incl. investors, mentors, business support specialists etc.)Ability to rightly absorb and deploy the co-financing and other forms of financing

1. **How to apply**

**Email your completed application form to:** [apply@growlib.org](mailto:apply@growlib.org)

**Or drop off completed hard copy at where you picked up your application in the county (radio station or County Service Center).**

**For more information, visit [www.growlib.org](http://www.growlib.org) or call 0776-441-380 / 0888-479-378.**

**SOCIAL MEDIA:**

[www.Facebook.com/growlib](http://www.Facebook.com/growlib)

[www.Twitter.com/growlib](http://www.Twitter.com/growlib)

www.Instagram/grow\_lib

www.Youtube/growlib

1. **APPLICATION FORM**

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Business Name:  Address:  Email:  Telephone Number: |  |
| Month/Year business was established  Registration #:  Tax ID: |  |
| Name and tile of contact person: |  |
| Your Twitter page or handle: |  |
| Company’s Instagram page: |  |
| Company’s YouTube channel: |  |
| Company’s physical office location: |  |
| City/town: |  |
| Country: |  |
| Description of current business activity: |  |

**APPLICANT’S DETAILS:**

|  |  |
| --- | --- |
| **Your first name:** |  |
| **Your Last Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Your gender:** | □ Male | □ Female |
| **Your age:** | □ Below 25 years | □ 26-35 years |
|  | □ 36-45 years | □ Above 46-55 years |
|  | □ Above 55 years |  |
| **Your highest level of education:** | □ High school certificate/diploma | □ Bachelor’s degree |
|  | □ Master’s degree | □ PHD degree |
|  | □ Others |  |

|  |
| --- |
| **Title of Proposed Business Accelerator Idea:** |
|  |

|  |
| --- |
| **Implementation period** *(from/to date) Please note implementation period should be planned for up to 6 months from the award date* |
|  |

|  |
| --- |
| **Total grant funding being requested from Growth Accelerator Liberia for your proposed business acceleration in USD** |
|  |

|  |
| --- |
| **Description of the Proposed Business Idea** *(product or service, objective and key to success)* |
|  |

|  |
| --- |
| **Revenue Projection** *(does the business currently produc/offer what is being proposed? Detail sales performance in the last two years)* |
|  |

|  |
| --- |
| **Explain how the proposed idea will help scale your business:** |
|  |

|  |  |
| --- | --- |
| **Revenue/Finance:** |  |
| **Do you have a financial management accounts for this past year?** | □Yes □ No |
| **What were your total sales (revenue) in USD in the past 12 months?** |  |
| **What is your targeted annual sales (revenue) in USD 3 years from now?** |  |
| **Have you raised any external financing in the past 12 months?** | □Yes □ No |
| **If YES to above question, what type(s) of financing did you raise?** | □ Equity  □ Convertible debt  □ Grants  □ Commercial debt / credit facility (e.g. from bank or lending institution)  □ Soft debt (from friends & family) |
| **What is the financing used for (or intended for)?** What do you plan to do with the finances? | □ Marketing  □ Working capital  □ HR-new hires  □Purchase equipment  □Expansion to new markets |

|  |
| --- |
| **Marketing** *(market analysis, competition, pricing, advertising and promotion, implementation strategy)* |
|  |

|  |
| --- |
| **Management Team** *(Number of Persons that will work on the proposed business acceleration during the implementation timeframe)* |
| |  |  | | --- | --- | | **Name** | **Position** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

|  |
| --- |
| **What is your vision for the company?** |
|  |
| **Why are you applying to the Growth Acceleration Entrepreneurship Challenge?** |
|  |

|  |
| --- |
| **What challenges/needs are your product(s) or service(s) addressing and how?:** |
|  |

|  |
| --- |
| **Describe your target customer(s):** |
|  |

|  |
| --- |
| **Who are your competitors?:** |
|  |

|  |
| --- |
| **What differentiates you from your competitors or alternative products/services?:** |
|  |

|  |  |
| --- | --- |
| **GROWTH CHALLENGES:** |  |
| **What are the 3 main challenges you are facing currently in respect to the growth of your business?** | □ Sales and marketing  □ Bookkeeping  □ Financial management  □ Product innovation  □ Business validation  □ Customer segmentation  □ Working capital  □ Management team/owners  □ Raising capital or investment  □ Talent acquisition, retention and management □ Partnerships  □ Legal  □Equipment and Premises  □ Expansion strategy  □ Sourcing/raw materials  □ Outsourcing  □ Technical expertise  □ Others |

|  |  |
| --- | --- |
| **IMPACT:** |  |
| **Is your (current or planned) product or service directly targeting low-income consumers?** | **□ YES □ NO** |
| **What social impact does the business aim to create? Select up to three.** | □ Access to clean water  □ Access to education  □ Access to energy  □ Access to financial services  □ Affordable housing  □ Agriculture productivity  □Capacity building  □Community development  □Employment generation  □ Energy and fuel efficiency  □ Food security  □ Health improvement  □ Pollution prevention and waste management  □ Sustainable energy  □ Water resources management  □ Other |
| **What is the main human development challenge that your business is addressing?** | □ Access to clean and water  □Income generation  □ Access to quality education  □Financial inclusion  □ Access to affordable and clean energy  □ Technology and innovation  □ Other |
| **How does your business currently address the following issues** |  |
| **Gender Equality:** |  |
| **Anti-corruption:** |  |
| **Environments:** |  |
| **Human Rights:** |  |

|  |  |
| --- | --- |
| State at least 3 objectives you hope to achieve from participating in the Growth Accelerator Entrepreneurship Challenge: |  |
| **Objective 1:** |  |
| **Objective 1:** |  |
| **Objective 1:** |  |

|  |  |
| --- | --- |
| **Where did you first hear/learn about the Growth Accelerator Entrepreneurship Challenge first?** | □ Email, mentor or partner  □ Email or information from another organization or individual □ Email, phone call from or meeting with Growth Accelerator Team Member staff  □ Facebook, Twitter or other social media  □ WhatsApp □ Growth Accelerator website  □Information session □ Magazine, newspaper or advertisement □ Newsletter, Online article or blog post □ Other |

|  |  |
| --- | --- |
| **OUTREACH** |  |
| **Who in your network of entrepreneurs would you recommend to participate in this programme?** | **1.**  **2.**  **3.** |

|  |  |
| --- | --- |
| **DATA SHARING** |  |
| **Do you consent to us sharing relevant data from this application form with organisations/programmes offering similar opportunities?** | **□Yes □ No** |

When you complete the application form, please email to [apply@growlib.org](mailto:apply@growlib.org) or drop it off the hard copy at where you pick it up before the deadline.