

SURINAME AGRICULTURE MARKET ACCESS PROJECT
EXPRESSION OF INTEREST (EOI) FOR LARGE MATCHING GRANTS
SECOND CALL

SECTION I: GENERAL APPLICANT(S) INFORMATION

For SAMAP -->	Date submission: Click or tap to enter a date.	UIC:	Click or tap here to enter text.
1. A: Full name, registered address and contact details <u>of applicant</u>. <div style="text-align: right;"> Full name: Click or tap here to enter text. Street name: Click or tap here to enter text. House number: Click or tap here to enter text. Resort: Click or tap here to enter text. Village (<u>if applicable</u>): Click or tap here to enter text. District: Click or tap here to enter text. Mobile telephone number: Click or tap here to enter text. WhatsApp number: Click or tap here to enter text. <i>if different from your mobile number</i> Email address: Click or tap here to enter text. </div>		<u>Fill in below:</u> Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	
B: Applicant is:		<u>Check the corresponding box</u> <input type="checkbox"/> Agribusiness in Consortium <input type="checkbox"/> Farmer or producer organization, Cooperative, Foundation (<i>Stichting</i>) <input type="checkbox"/> Community organization of an indigenous/ tribal community	
2. How many members/employees are in your organization?		Click or tap here to enter text.	
3. How many years is your organization operative?		Click or tap here to enter text.	
4. A: Full name of the <u>representative</u> of your organization. B: This person is:		<u>Fill in name below:</u> Click or tap here to enter text. <u>Check the corresponding box:</u> <input type="checkbox"/> Chairman <input type="checkbox"/> Community Authority <input type="checkbox"/> Legal Representative	
5. Full name and contact details of <u>contact person</u> <i>(Fill in if the contact person is someone other than the applicant)</i>		<u>Fill in below:</u> <div style="text-align: right;"> Full name: Click or tap here to enter text. Mobile number: Click or tap here to enter text. WhatsApp number: Click or tap here to enter text. <i>(if different from the mobile nr applicant)</i> Email address: Click or tap here to enter text. </div>	
6. What is the position of the contact person within your organization?		Click or tap here to enter text.	

BACKGROUND INFORMATION FROM PREVIOUS GRANT SUPPORT			
7. Did your organization or consortium/partner members previously benefit from a SAMAP Matching Grant?			<input type="checkbox"/> YES <input type="checkbox"/> NO
8. If yes: what was the size of the grant you received from SAMAP?		USD:	Click or tap here to enter text.
9. If yes, please provide the UNIQUE IDENTIFICATION CODE (UIC):		Click or tap here to enter text.	
INFORMATION ABOUT YOUR ORGANIZATION			
<p><i>Please check the box that applies and proceed with the corresponding instructions. If you are a(n):</i></p> <p><input type="checkbox"/> Agribusiness in consortium with a partner organization, please complete questions 10A, 10B, 11A, 11B, 12A, 12B</p> <p><input type="checkbox"/> Agribusiness in consortium with individual (not organized) outgrowers, please complete questions 10A, 11A, 12A, and provide information of <u>each outgrower part of the consortium</u> using the templates of ANNEX I-A and B</p> <p><input type="checkbox"/> Farmer or producer organization, Cooperative, Foundation (Stichting), please complete 10A, 11A. 12A</p> <p><input type="checkbox"/> Community organization of an indigenous/ tribal community, please complete 10A, 11A, 12A</p> <p><i>Afterwards, please proceed with question 13</i></p>			
ONLY FOR AGRIBUSINESS IN CONSORTIUM		Check the corresponding box:	
10. A: Your partner(s) is /are:		<input type="checkbox"/> Farmer or producer organization/ Cooperative /Foundation (Stichting) ¹ <input type="checkbox"/> Community organization of an indigenous / tribal community ¹ <input type="checkbox"/> Individual outgrower(s): How many? _____ ²	
Note: ¹ Proceed to question 10B if your partner is a farmer or producer organization, cooperative, foundation (stichting), or a community organization.			
B: Contact details of your partner.		Fill in below:	
Full name:		Click or tap here to enter text.	
Street name:		Click or tap here to enter text.	
House number:		Click or tap here to enter text.	
Resort:		Click or tap here to enter text.	
Village (if applicable):		Click or tap here to enter text.	
District:		Click or tap here to enter text.	
Mobile telephone number:		Click or tap here to enter text.	
WhatsApp number: <i>if different from your mobile number</i>		Click or tap here to enter text.	
Email address:		Click or tap here to enter text.	
Note: ² If you are in partnership with individual (not-organized) outgrowers, please provide the contact details of each outgrower using the template of ANNEX I-A)			

11. A: List the main products and/or crops <u>you</u> Farmed or Processed <u>last year</u> ¹						
<u>Main</u> Farmed Crop(s): ³		Area under cultivation <u>last year</u> (Ha / m ²) ⁴	Total production <u>last year</u>		% crop loss <u>last year</u>	Average unit cost <u>last year</u> (SRD/USD)
			Quantity ⁵	Unit ⁵		
1						
2						
3						
TOTAL land under Cultivation: (Ha/m ²)			Do you use an irrigation system?			<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Main</u> Processed Product(s):		Total production <u>last year</u>			Average unit cost <u>last year</u> (SRD/USD)	
		Quantity ⁵		Unit ⁵		
1						
2						
3						
11. B: List the main products and/or crops <u>your partner(s)</u> Farmed or Processed <u>last year</u> ^{1 2}					ONLY FOR AGRIBUSINESS IN CONSORTIUM	
<u>Main</u> Farmed Crop(s) ³ :		Area under cultivation <u>last year</u> (Ha / m ²) ⁴	Total production <u>last year</u>		% crop loss <u>last year</u>	Average unit cost <u>last year</u> (SRD/USD)
			Quantity ⁵	Unit ⁵		
1						
2						
3						
TOTAL land under Cultivation: (Ha/m ²)			Does your partner use an irrigation system?			<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Main</u> Processed Product(s):		Total production <u>last year</u>			Average unit cost <u>last year</u> (SRD/USD)	
		Quantity ⁵		Unit ⁵		
1						
2						
3						

Notes: ¹ If you produce more crops or products, please add these in a separate page in the same structure as this page.; ² If you are a consortium in partnership with individual (not organized) outgrowers, please list the main crops/products of each outgrower using the template of **ANNEX I-B**; ³ For mixed crop production on land area or plot roughly estimate Ha or m² per crop under production on that land area or plot; ⁴ For traditional farming on land, for each crop fill in the extension of land under production in Hectares. If you farm crop in a Greenhouse, fill in for each crop the area under production in square meters; ⁵ Quantity is expressed in measureable standard units of weight, volume or size used in production/harvesting.

12. A: List below the main 3 markets you supplied last year in order of importance (based on the sales value).

1	Market / Buyer		This market / buyer is: <input type="checkbox"/> Domestic <input type="checkbox"/> Export			
	Company /Buyer name: Click or tap here to enter text. Name contact person: Click or tap here to enter text. Is this buyer/company an intermediary or is it a direct supply? <input type="checkbox"/> Intermediary/broker <input type="checkbox"/> Direct supply			Street name: Click or tap here to enter text. House nr: _____ District: Click or tap here to enter text. Tel No. contact person: Click or tap here to enter text.		
	Crops / Products ¹		Total supplied <u>last year</u>		Unit price (USD or SRD)	Total sales value (USD or SRD)
			Quantity ²	Unit ²		
	1					
	2					
3						

2	Market / Buyer		This market / buyer is: <input type="checkbox"/> Domestic <input type="checkbox"/> Export			
	Company /Buyer name: Click or tap here to enter text. Name contact person: Click or tap here to enter text. Is this buyer/company an intermediary or is it a direct supply? <input type="checkbox"/> Intermediary/broker <input type="checkbox"/> Direct supply			Street name: Click or tap here to enter text. House nr: _____ District: Click or tap here to enter text. Tel No. contact person: Click or tap here to enter text.		
	Crops / Products ¹		Total supplied <u>last year</u>		Unit price (USD or SRD)	Total sales value (USD or SRD)
			Quantity ²	Unit ²		
	1					
	2					
3						

Notes: ¹ For each sale/supplied market attach any supporting evidence to your application that shows proof of sale to the market/buyer. This can be a contract, written agreement, shipment notice, invoice, written statement etc.
² Quantity is expressed in measureable standard units of weight, volume or size used in production/harvesting.

3	Market / Buyer		This market / buyer is: <input type="checkbox"/> Domestic <input type="checkbox"/> Export			
	Company /Buyer name: Click or tap here to enter text. Name contact person: Click or tap here to enter text. Is this buyer/company an intermediary or is it a direct supply? <input type="checkbox"/> Intermediary/broker <input type="checkbox"/> Direct supply			Street name: Click or tap here to enter text. House nr: _____ District: Click or tap here to enter text. Tel No. contact person: Click or tap here to enter text.		
	Crops / Products ¹		Total supplied <i>last year</i>		Unit price (USD or SRD)	Total sales value (USD or SRD)
			Quantity ²	Unit ²		
	1					
2						
3						

12. B: List below the main 3 markets <i>your partner</i> supplied last year in order of importance (based on the sales value).					ONLY FOR AGRIBUSINESS IN CONSORTIUM	
1	Market / Buyer		This market / buyer is: <input type="checkbox"/> Domestic <input type="checkbox"/> Export			
	Company /Buyer name: Click or tap here to enter text. Name contact person: Click or tap here to enter text. Is this buyer/company an intermediary or is it a direct supply? <input type="checkbox"/> Intermediary/broker <input type="checkbox"/> Direct supply			Street name: Click or tap here to enter text. House nr: _____ District: Click or tap here to enter text. Tel No. contact person: Click or tap here to enter text.		
	Crops / Products ¹		Total supplied <i>last year</i>		Unit price (USD or SRD)	Total sales value (USD or SRD)
			Quantity ²	Unit ²		
	1					
2						
3						

Notes: ¹ For each sale/supplied market attach any supporting evidence to your application that shows proof of sale to the market/buyer. This can be a contract, written agreement, shipment notice, invoice, written statement etc.

² Quantity is expressed in measureable standard units of weight, volume or size used in production/harvesting.

2	Market / Buyer		This market / buyer is: <input type="checkbox"/> Domestic <input type="checkbox"/> Export			
	Company /Buyer name: Click or tap here to enter text. Name contact person: Click or tap here to enter text. Is this buyer/company an intermediary or is it a direct supply? <input type="checkbox"/> Intermediary/broker <input type="checkbox"/> Direct supply			Street name: Click or tap here to enter text. House nr: _____ District: Click or tap here to enter text. Tel No. contact person: Click or tap here to enter text.		
	Crops / Products ¹		Total supplied <i>last year</i>		Unit price (USD or SRD)	Total sales value (USD or SRD)
			Quantity ²	Unit ²		
	1					
2						
3						

3	Market / Buyer		This market / buyer is: <input type="checkbox"/> Domestic <input type="checkbox"/> Export			
	Company /Buyer name: Click or tap here to enter text. Name contact person: Click or tap here to enter text. Is this buyer/company an intermediary or is it a direct supply? <input type="checkbox"/> Intermediary/broker <input type="checkbox"/> Direct supply			Street name: Click or tap here to enter text. House nr: _____ District: Click or tap here to enter text. Tel No. contact person: Click or tap here to enter text.		
	Crops / Products ¹		Total supplied <i>last year</i>		Unit price (USD or SRD)	Total sales value (USD or SRD)
			Quantity ²	Unit ²		
	1					
2						
3						

Notes: ¹ For each sale/supplied market attach any supporting evidence to your application that shows proof of sale to the market/buyer. This can be a contract, written agreement, shipment notice, invoice, written statement etc.

² Quantity is expressed in measureable standard units of weight, volume or size used in production/harvesting.

13. Please provide a brief description of the main production, processing or export activities of your business:

<p>The business activities involve:</p> <p><u>Check all boxes that apply:</u></p>		<p><u>Describe here:</u></p> <p>Click or tap here to enter text.</p>
<input type="checkbox"/>	Production	
<input type="checkbox"/>	Processing	
<input type="checkbox"/>	Supply crops / products	
<input type="checkbox"/>	Buy crops / products	
<input type="checkbox"/>	Local market sales	
<input type="checkbox"/>	Export market sales	

SECTION II: PROJECT PROPOSAL

1. Is the project part of one of the value chains prioritized by SAMAP?

☐ YES

☐ NO

Please indicate which prioritized value chain and list the crops / products:

<input type="checkbox"/>	Vegetables	1:Click or tap here to enter text.	3:Click or tap here to enter text.
		2:Click or tap here to enter text.	4:Click or tap here to enter text.
<input type="checkbox"/>	Fruits	1:Click or tap here to enter text.	3:Click or tap here to enter text.
		2:Click or tap here to enter text.	4:Click or tap here to enter text.
<input type="checkbox"/>	Roots & Tubers	1:Click or tap here to enter text.	3:Click or tap here to enter text.
		2:Click or tap here to enter text.	4:Click or tap here to enter text.
<input type="checkbox"/>	Non-Timber Forest Products	1:Click or tap here to enter text.	3:Click or tap here to enter text.
		2:Click or tap here to enter text.	4:Click or tap here to enter text.

Please check the box that applies and proceed with the corresponding instructions. If you are a(n):

- ☐ **Agribusiness in consortium with a partner organization**, please complete questions 2A and 2B
- ☐ **Agribusiness in consortium with individual (not organized) outgrowers**, please complete question 2A and provide information about each outgrower part of the consortium using the template of **ANNEX I-C**.
- ☐ **Farmer- or producer organization, Cooperative, Foundation (Stichting)**, please complete 2A
- ☐ **Community organization of an indigenous/ tribal community**, please complete 2A

Afterwards, please proceed with question 3

2.A: Provide information about the production system / process of the crops or products that correspond to your project

nr	Crop or Product ¹	Nr harvests <i>last year</i> (if a crop)	What was your production <i>last year</i> ?											
			Quantity ²						Unit ²					
1														
	<i>Check the corresponding boxes:</i>													
	Which period(s) of the year do you plant this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Which period(s) of the year do you harvest this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Which period(s) of the year do you process this product	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	What Do you currently invest in farming, producing, processing this crop or product? <i>List the inputs below:</i>													
	Personnel		Technology, Equipment, materials, machines, etc.						Plant materials, seeds, fertilizer, etc.					
Do you use own labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	1:						1:					
If yes, how many?			2:						2:					
Do you use paid labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	3:						3:					
If yes, how many?			4:						4:					

Note: ¹ Please add information about additional crops / products separately and attach it to the application.

² Quantity is expressed in measureable standard units of weight, volume and size used in production/harvesting.

nr	Crop or Product ¹	Nr harvests <i>last year</i> (if a crop)	What was your production <i>last year</i> ?											
			Quantity ²						Unit ²					
2														
	Check the corresponding boxes:													
	Which period(s) of the year do you plant this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Which period(s) of the year do you harvest this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Which period(s) of the year do you process this product?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	What do you currently invest in farming, producing, processing this crop or product? <i>List the inputs below:</i>													
	Personnel			Technology, Equipment, materials, machines, etc.						Plant materials, seeds, fertilizer, etc.				
Do you use own labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	1:						1:					
If yes, how many?			2:						2:					
Do you use paid labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	3:						3:					
If yes, how many?			4:						4:					

nr	Crop or Product ¹	Nr harvests <i>last year</i> (if a crop)	What was your production <i>last year</i> ?											
			Quantity ²						Unit ²					
3														
	Check the corresponding boxes:													
	Which period(s) of the year do you plant this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Which period(s) of the year do you harvest this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Which period(s) of the year do you process this product?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	What do you currently invest in farming, producing, processing this crop or product? <i>List the inputs below:</i>													
	Personnel			Technology, Equipment, materials, machines, etc.						Plant materials, seeds, fertilizer, etc.				
Do you use own labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	1:						1:					
If yes, how many?			2:						2:					
Do you use paid labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	3:						3:					
If yes, how many?			4:						4:					

Note: ¹ Please add information about additional crops / products separately and attach it to the application. ² Quantity is expressed in measureable standard units of weight, volume and size used in production/harvesting.

2. B: Provide information about <i>your partner's</i> production system/ process of crops or products that correspond to the project ¹										ONLY FOR AGRIBUSINESS IN CONSORTIUM					
nr	Crop or Product ²	Nr harvests <i>last year</i> (if a crop)	What was your production <i>last year</i> ?												
			Quantity ³						Unit ³						
1															
	<i>Check the corresponding boxes:</i>														
	Which period(s) of the year does your partner plant this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Which period(s) of the year does your partner harvest this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Which period(s) of the year does your partner process this product?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	What does your partner currently invest in farming, producing, processing this crop or product? <i>List the inputs below:</i>														
	Personnel			Technology, Equipment, materials, machines, etc.						Plant materials, seeds, fertilizer, etc.					
Does your partner use own labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	1:						1:						
If yes, how many?			2:						2:						
Does your partner use paid labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	3:						3:						
If yes, how many?			4:						4:						

nr	Crop or Product ¹	Nr harvests <i>last year</i> (if a crop)	What was your production <i>last year</i> ?												
			Quantity ²						Unit ²						
2															
	<i>Check the corresponding boxes:</i>														
	Which period(s) of the year does your partner plant this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Which period(s) of the year does your partner harvest this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Which period(s) of the year does your partner process this product?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	What does your partner currently invest in farming, producing, processing this crop or product? <i>List the inputs below:</i>														
	Personnel			Technology, Equipment, materials, machines, etc.						Plant materials, seeds, fertilizer, etc.					
Does your partner use own labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	1:						1:						
If yes, how many?			2:						2:						
Does your partner use paid labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	3:						3:						
If yes, how many?			4:						4:						

Note: ¹ If you are in consortium with individual (not organized) outgrowers, please provide information about each outgrower part of the consortium using the template of ANNEX I-C. ² Please add information about additional crops / products separately and attach it to the application.; ³ Quantity is expressed in measureable standard units of weight, volume and size used in production/harvesting.

nr	Crop or Product ¹	Nr harvests <i>last year</i> (if a crop)	What was your production <i>last year</i> ?										
			Quantity ²	Unit ²									
	<i>Check the corresponding boxes:</i>												
	Which period(s) of the year does your partner plant this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Which period(s) of the year does your partner harvest this crop?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Which period(s) of the year does your partner process this product?	JAN	FEB	MRT	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	What does your partner currently invest in farming, producing, processing this crop or product? <i>List the inputs below:</i>												
	Personnel			Technology, Equipment, materials, machines, etc.					Plant materials, seeds, fertilizer, etc.				
	Does your partner use own labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	1:					1:				
	If yes, how many?			2:					2:				
	Does your partner use paid labour?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	3:					3:				
	If yes, how many?			4:					4:				
	<i>Note:</i> ¹ Please add information about additional crops / products separately and attach it to the application. ² Quantity is expressed in measureable standard units of weight, volume and size used in production/harvesting.												
3. Provide a description of the proposed project. <i>Complete each of the subsections below. If you have a fully developed project proposal / business plan please attach it to your application as an Annex</i>													
3.1 Name / Title of the proposed project. Click or tap here to enter text.													
3.2 What is /are the main objective(s) of your project? Click or tap here to enter text.													

3.3. Describe the main problem(s) you want to resolve with this project?[Click or tap here to enter text.](#)

3.4 Explain / describe, in as much detail as possible, how the requested large grant (equipment or services) will help to resolve the problem described in point 3.3 and to achieve the objective of the project described in point 3.2

[Click or tap here to enter text.](#)

3.5 Expected benefits/ results from the project.

Describe the expected results (benefits) you want to achieve at the end of the project with the support of the large grant (equipment or services). Quantify them as much as possible. In the case of a consortium, describe the results both for the participating agribusiness and for the outgrowers/farmers (organized or not).

Please check all boxes that apply. The grant will:		By how much?		
		Quantity	Unit	%
<input type="checkbox"/>	Improve production efficiency			
<u>Explain this expected result / benefit here:</u> Click or tap here to enter text.				
<input type="checkbox"/>	Improve production quantity			
<u>Explain this expected result / benefit here:</u> Click or tap here to enter text.				
<input type="checkbox"/>	Improve product quality			
<u>Explain this expected result / benefit here:</u> Click or tap here to enter text.				
<input type="checkbox"/>	Add value to the product(s)			
<u>Explain this expected result / benefit here:</u> Click or tap here to enter text.				
<input type="checkbox"/>	Diversify the production			
<u>Explain this expected result / benefit here:</u> Click or tap here to enter text.				

<input type="checkbox"/>	Improve access to markets			
	<i>If yes, which:</i>			
	<input type="checkbox"/> Local <input type="checkbox"/> Export			

Explain this expected result / benefit here: Click or tap here to enter text.

<input type="checkbox"/>	Lower production costs			
--------------------------	------------------------	--	--	--

Explain this expected result / benefit here: Click or tap here to enter text.

<input type="checkbox"/>	Increase annual sales			
--------------------------	-----------------------	--	--	--

Explain this expected result / benefit here: Click or tap here to enter text.

<input type="checkbox"/>	Increase annual profit			
--------------------------	------------------------	--	--	--

Explain this expected result / benefit here: Click or tap here to enter text.

<input type="checkbox"/>	Increase annual income			
--------------------------	------------------------	--	--	--

Explain this expected result / benefit here: Click or tap here to enter text.

4. Demonstrate how will the individual farmers /outgrowers (organized or not) benefit from the requested large grant?

Describe here: Click or tap here to enter text.

5. Explain how the farmers /outgrowers (organized or not) that are involved in the project will have guaranteed market access. Include a brief description of the main market/buyer. *Provide evidence of the agreement of the individual farmer /outgrower with the market / buyer. Attach this evidence to your application.*

Describe guaranteed market access here: Click or tap here to enter text.

Describe the main market buyer(s) here: Click or tap here to enter text.

6. Below are the eligible areas supported by Large Grants under SAMAP. Please check (✓) in the corresponding boxes, which of them correspond to your project and briefly describe how the project will contribute to them. You can check one or more boxes, as relevant to your project.

The requested large grant will: check all appropriate boxes

- ☐ Improve my production system and production processes (see 6A)
- ☐ Improve my product quality (see 6B)
- ☐ Add value to my product and improve my product processing (see 6C)
- ☐ Improve my market access (new product, market, higher value, certification) (see 6D)
- ☐ Other benefit: Click or tap here to enter text. (describe in 6E)

6A

Will the requested Large Grant improve your production system and production processes?

Briefly describe how the equipment or services provided by the Large Grant will help you to improve the quantity and quality of your current production system. In your answer mention what are the expected improvements (in production volume, efficiency, off-season production, etc.). Quantify as much as possible how your production process will be improved.

Describe here: Click or tap here to enter text.

6B	Product quality improvement. <i>Indicate which quality aspects will be improved with the support of the Large Grant. For example: taste, appearance / presentation, nutritional value, food safety, etc. Describe how this improvement will benefit you and the partners involved in your projects to access markets or buyers.</i>
<p><u>Describe here:</u> Click or tap here to enter text.</p>	
6C	Product value addition & processing. <i>Indicate how your project and the requested Large Grant will add more value to the fresh crop through more or better processing. Quantify as much as possible.</i>
<p><u>Describe here:</u> Click or tap here to enter text.</p>	

6D	Improvement in market access (new product, market, higher value, certification). <i>How will your project and the requested Large Grant improve market access? Provide details about the expected buyers and how you can be sure that there will be sufficient demand for your product. Quantify the expected improvement (eg volume increase, price increase). Provide as attachments any evidence you have to support the details of improved market access for example, supplier contract, evidence of current supply such as invoices shipment documents etc.</i>
<p><u>Describe here:</u> Click or tap here to enter text.</p>	
6E	Other, if “other”, please describe the benefits/ results/improvements expected by your proposed project and the requested Large Grant. <i>Provide details about how and why and quantify as much as possible</i>
<p><u>Describe here:</u> Click or tap here to enter text.</p>	

7 Monitoring and Evaluation: <i>Describe how you will measure or calculate the above mentioned results you want to achieve.</i> <i>Indicate in the empty section on the right, in which repository you keep track of these financial records:</i> <i>Eg: computer software, paper register, notebook, bank statements, container with loose financial paperwork: invoices, receipts, from memory, <u>any other repository</u>.</i>	Do you have a system in place to keep track of the following?				
	Profit	<input type="checkbox"/> NO	<input type="checkbox"/> YES	1	
				2	
				3	
	<u>Please describe:</u> Click or tap here to enter text.				
	Income	<input type="checkbox"/> NO	<input type="checkbox"/> YES	1	
				2	
				3	
	<u>Please describe:</u> Click or tap here to enter text.				
	Sales	<input type="checkbox"/> NO	<input type="checkbox"/> YES	1	
				2	
				3	
	<u>Please describe:</u> Click or tap here to enter text.				
	Production	<input type="checkbox"/> NO	<input type="checkbox"/> YES	1	
				2	
3					
<u>Please describe:</u> Click or tap here to enter text.					

<p>Describe how you will measure or calculate the above mentioned results you want to achieve.</p> <p>Indicate in the empty section on the right, in which repository you keep track of these financial records:</p> <p><i>Eg: computer software, paper register, notebook, bank statements, container with loose financial paperwork: invoices, receipts, from memory, <u>any other repository</u>.</i></p>	Investments		<input type="checkbox"/> NO	<input type="checkbox"/> YES	1	
					2	
					3	
	<p><u>Please describe:</u> Click or tap here to enter text.</p>					
	Paid / Own Labour		<input type="checkbox"/> NO	<input type="checkbox"/> YES	1	
					2	
					3	
	<p><u>Please describe:</u> Click or tap here to enter text.</p>					
	Operations		<input type="checkbox"/> NO	<input type="checkbox"/> YES	1	
					2	
				3		
<p><u>Please describe:</u> Click or tap here to enter text.</p>						
Losses / inefficiencies		<input type="checkbox"/> NO	<input type="checkbox"/> YES	1		
				2		
				3		
<p><u>Please describe:</u> Click or tap here to enter text.</p>						
Do you have personnel dedicated to managing the finances of your business?					<input type="checkbox"/> NO	<input type="checkbox"/> YES
If yes, how many?		What is/are the position(s) of those responsible for keeping track of your finances?	1: Click or tap here to enter text. 2:Click or tap here to enter text. 3:Click or tap here to enter text.			

SECTION III: INFORMATION ABOUT THE REQUESTED INVESTMENT

- If you are an **agribusiness in consortium with a partner organization**, please list your request in **A1** and the request of your partner organization in **A2**
- If you are an **agribusiness in consortium with individual outgrowers**, please list your request in **A1** and the collective request intended for outgrowers in **A2**.
- If you are a **farmer- or producer organization, cooperative, foundation/ stichting or community organization**, please list your request in **A1** only

A1. List of requested investment (s). List the equipment or services required to be supported by the Large Grant. For each item listed provide detailed technical information and description of the item. You can attach to the application form brochures of the required item, pictures, and other technical material with the technical specification. Also provide an estimate cost in USD. You may attach to your application quotations from vendors, but this is not mandatory.	Item, Machine, Equipment, Service	Quantity	Technical Specification <i>(clearly specify the model, capacity, type of machine, etc. Refer to SAMAP list of Technical Specifications)</i>	Unit Cost (USD/SRD)	Estimated Total Cost (USD/SRD)
	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				
	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				
	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				
	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				
	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				

	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				
	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				
	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				
	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				
	<i>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</i>				
	Click or tap here to enter text.				
Total estimated value (USD/SRD):					

ONLY FOR THE PARTNER(S) IN A CONSORTIUM

A2. Requested investment (s).	Item, Machine, Equipment, Service,	Quantity	Technical Specification <i>(clearly specify the model, capacity, type of machine, etc. Refer to SAMAP list of Technical Specifications)</i>	Unit Cost (USD/SRD)	Estimated Total Cost (USD/SRD)
<p><i>List the equipment or services required to be supported by the Large Grant. For each item listed provide detailed technical information and description of the item. You can attach to the application form brochures of the required item, pictures, and other technical material with the technical specification. Also provide an estimate cost in USD. You may attach to your application quotations from</i></p> <p><i>(Describe the investment you are requesting from the SAMAP Matching Grant Facility in the box on the right)</i></p>					
	<p><u>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</u></p> <p>Click or tap here to enter text.</p>				
	<p><u>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</u></p> <p>Click or tap here to enter text.</p>				
	<p><u>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</u></p> <p>Click or tap here to enter text.</p>				
	<p><u>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</u></p> <p>Click or tap here to enter text.</p>				
	<p><u>Indicate here in which part of the production cycle you will use this item / machine /equipment or service:</u></p> <p>Click or tap here to enter text.</p>				

C Please provide details and describe your own (in-kind) contribution / investment				
<ul style="list-style-type: none"> If you are an agribusiness in consortium with a partner organization, please list your own contribution in C1 and the contribution of your partner organization in C2 If you are an agribusiness in consortium with individual outgrowers, please list your own contribution in C1 and the collective contributions of the outgrowers in C2 If you are a farmer- or producer organization, cooperative, foundation/ stichting or community organization, please list your own contribution in C1 only 				
C1. Own (in-kind) contribution / investment				
Description of own / in-kind contribution	Name/ specify	Quantity	Unit Cost (USD/SRD)	Estimated total cost / value (USD/SRD)
Property /infrastructure: Plots / Buildings / sheds (only if specially built for this project, or costs for improvement / modification)				
Services: eg Hiring an excavator, hiring training				
Minor / Major equipment or agriculture tools. No older than 3 years prior to the beginning of the project and purchased for the purposes of the project.				
Cash				
Other: Specify				
Estimates total cost/ value (USD/SRD):				

C2. Own (in-kind) contribution / investment of partner(s) in consortium				
Description of own / in-kind contribution	Name/ specify	Quantity	Unit Cost (USD/SRD)	Estimated total cost / value (USD/SRD)
Property /infrastructure: Plots / Buildings / sheds (only if specially built for this project, or costs for improvement / modification)				
Services: eg Hiring an excavator, hiring training				
Minor / Major equipment or agriculture tools. No older than 3 years prior to the beginning of the project and purchased for the purposes of the project.				
Cash				
Other: Specify				
Estimates total cost/ value (USD/SRD):				
D. What are the estimated total costs of the project (= requested costs in A + own contribution in C)		USD/SRD:		
Estimated project duration				
Proposed start date	Click or tap to enter a date.			
Expected end date	Click or tap to enter a date.			
Project length (in years)	Click or tap here to enter text.			

Declaration:

I hereby confirm that, to the best of my knowledge, the information contained in this Expression of Interest and the attached documentation are truthful and accurate. I authorize the verification of the information provided.

1) Signature:

(Of the applicant/legal representative of the organization or agribusiness):

Name (please write):

Click or tap here to enter text.

Position (please write):

Click or tap here to enter text.

Date:

Click or tap to enter a date.

2) Signature of a representative of the cooperating organization or farmers group (in partnership)*:

Name (please write):

Click or tap here to enter text.

Position (please write):

Click or tap here to enter text.

Date:

Click or tap to enter a date.
