# APPLICATION FORM FOR REGIONAL SPECIFIC ACTION PLAN FOR FOOD SECURITY

**REPUBLIC OF NAMIBIA**

**Omaheke Regional Council**

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**Web Address:** [**www.omahekerc.gov.na**](http://www.omahekerc.gov.na)

|  |
| --- |
| **FOR OFFICE USE:** |
| **Received by:** |
| **Date:** |
| **Signature:** |

1. Name of the Project/Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Registration number of the business/project if already registered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Project Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Constituency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Type of the Project/Business:

|  |  |
| --- | --- |
| horticulture |  |
| Agronomy |  |
| Value addition |  |
| New farming techniques |  |
| Live stock |  |
| Poultry farming |  |
| Small scale irrigation |  |
| Others |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Is the project already existing? | Yes |  | No |  |

1. If yes when was it is established? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Beneficiaries/Project members’ details?**
   1. Name of project Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Manager Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Project Manager`s contact tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Does the Project Manager have experience in project management?\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Total number of project members

|  |  |  |  |
| --- | --- | --- | --- |
|  | Female | Male | Total |
| Unemployed |  |  |  |
| Employed |  |  |  |
| Marginalized group |  |  |  |
| People with disability |  |  |  |
| Total |  |  |  |

* 1. Does the any of the projects members have technical experience on activities to be implemented? Yes No

If yes, how many project members?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**People should state their experience on trainings and attach proof**)

1. Beneficiary contribution

|  |  |
| --- | --- |
| Money | N$ |
| In Kind |  |

9. Has your business ever benefited from any grant? Yes No

10.1 If yes, from which institution/s? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.2 Which year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.3 Type of support

|  |  |  |
| --- | --- | --- |
| Material | Financial | Technical |
|  |  |  |

* 1. If financial, how much ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **NB:**   1. **Completion of this application form does not necessarily mean that you are successful** 2. **Attach the following required documents:**  * **Business plan/project proposal** * **Budget Plan** * **Logical framework**  1. Provision of false information will lead to disqualification |

1. **Declaration:**

I/We………………………………………and………………………….on behalf of …………………………………..project do solemnly declare that I/We apply for financial, equipment/materials and technical support for our project benefit. I/We further declare to diligently adhere to the conditions that the Regional Council may impose from time to time. I/ We further declare that the information here given is true and correct to the best of my/our knowledge. I/We undertake to register, open business/project account and submit the document to the Regional Council within six months.

|  |  |  |  |
| --- | --- | --- | --- |
| . | Signature | Date | Place |
| Applicant |  |  |  |
| Witness |  |  |  |
| Witness |  |  |  |

**For Office Use:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recommendations** | **Recommended** | **Not recommended** | **Comments and technical observations** | **Date** | **Signature** |
| Constituency Development Committee |  |  |  |  |  |
| Remarks by Technical Committees |  |  |  |  |  |
| **Approval** | **Approved** | **Not approved** |  |  |  |
| Chief Regional Officer |  |  |  |  |  |

1. **List the Names and Surname of project Members:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name & Surname** | **I.D No** | **Sex** | **Position/role** | **Residential Address** | **Contact**  **Number** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |

# ANNEX 4:

# LOGICAL FRAMEWORK FOR THE PROJECT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Intervention logic** | **Objectively verifiable indicators of achievement** | **Sources and means of verification** | **Assumptions** |
| **Overall objectives** | *What are the overall objectives to which the project will contribute?* | *Do not fill* | *Do not fill* | *Do not fill* |
| **Specific objective** | *What specific objective is the project intended to achieve to contribute to the overall objectives?* | *Which indicators clearly show that the objective of the project has been achieved?* | *What are the sources of information that exist or can be collected? What are the methods required to get this information?* | *Which factors and conditions outside the beneficiary's responsibility are necessary to achieve that objective? (external conditions) Which risks should be taken into consideration?* |
| **Expected results** | *Results are the outputs/outcomes helping to achieve the specific objective. What are the expected results?* | *What are the indicators to measure whether and to what extent the project achieves the expected results?*  *Please list the indicators for each result* | *What are the sources of information for these indicators?* | *What external conditions must be met to obtain the expected results on schedule?* |
| **Activities** | *What are the key activities to be carried out to produce the expected results? (Group the activities by expected result and number them)* | ***Means:***  *What are the means required to implement these activities, e. g. equipment, training, supplies, operational facilities, etc.* | *What are the sources of information on project progress?*  ***Costs***  *What are the project costs?* | *What preconditions must be met before the project starts? What conditions outside the beneficiary’s direct control have to be met for the implementation of the planned activities?* |

# ANNEX 5:

# BUDGET PLAN FOR THE PROJECT

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **All Years** | | | | **Year \_\_\_\_\_\_** | | | |
|  | **Unit** | **# of units** | **Unit value (N$)** | **Total Cost (N$)** | **Unit** | **# of units** | **Unit value (N$)** | **Total Cost (N$)** |
| **1. Materials and Supplies** |  |  |  |  |  |  |  |  |
| 1.1 |  |  |  |  |  |  |  |  |
| 1.2 |  |  |  |  |  |  |  |  |
| 1.3 |  |  |  |  |  |  |  |  |
| 1.4 |  |  |  |  |  |  |  |  |
| 1.5 |  |  |  |  |  |  |  |  |
| ***Subtotal Materials and Supplies*** |  |  |  |  |  |  |  |  |
| **2. Travel and Transportation** |  |  |  |  |  |  |  |  |
| 2.1 |  |  |  |  |  |  |  |  |
| 2.2 |  |  |  |  |  |  |  |  |
| 2.3 |  |  |  |  |  |  |  |  |
| 2.4 |  |  |  |  |  |  |  |  |
| ***Subtotal Travel and Transportation*** |  |  |  |  |  |  |  |  |
| **3. Other costs, services** |  |  |  |  |  |  |  |  |
| 3.1 |  |  |  |  |  |  |  |  |
| 3.2 |  |  |  |  |  |  |  |  |
| 3.3 |  |  |  |  |  |  |  |  |
| 3.4 |  |  |  |  |  |  |  |  |
| ***Subtotal Other costs, services*** |  |  |  |  |  |  |  |  |
| **13. Total costs of the Project** |  |  |  |  |  |  |  |  |