One Region One Initiative (OROI)

Business Ideas

**PRINCIPLES OF OROI**

One Region One Initiative (OROI) aims at achieving economic and social development of the regions through capacity building of the people. It requires the people to take up products which are unique to their region and cultivate them into nationally and globally accepted ones.

Three key principles of OROI are as follows:

1. **Think Globally, Act Locally**

This concept emphasises the need of the people to recognise the locally available resources in their community and develop them into globally marketable products by adding value to them.

1. **Self-reliance and Creativity**

This means that for the sustainability of the people to compete in the global society, the people need to continuously flourish their own unique value with their creative spirit.

1. **Human Resource Development**

Through OROI movement, community leaders, qualified human resources and network are created for sustainable community development.

**CRITERIA OF SELECTING OROI GROUPS**

* Existing group (for more than one year), not newly formed;
* Group formed by multiple people or individual strongly linked with communities in terms of suppliers of raw materials or producers of final products
* Group mobilised by community, not government-led or -owned;
* Group producing and selling its own products by utilising local resources;
* Group widely accepted by community with its ownership;
* Group contributing its business to community empowerment;
* Group expressing solidarity and commitment of group members;
* Group willing to produce or producing value added products from locally available resources;
* Group capable to produce marketable products locally and/or globally; and
* Group having a drive for success with appropriate business ideas

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For further information, please contact the Regional Council in your region

Tel: 062 566 500 Fax:

E-mail: info@omahekerc.gov.na

1. **GENERAL INFORMATION**
2. Name of group:
3. Constituency/ village /settlement:
4. Postal address:
5. Physical address:
6. Telephone number:
7. Fax number:
8. Name of contact person:
9. Cell phone number of the contact person:
10. E-mail address of the contact person:
11. Total number of members:

Number of women:

Number of men:

Number of youth (age between 16-35, within women and men):

Number of member with disability (within women and men):

1. Ownership of the group:

☐By the community　☐By the Government ☐By individuals

☐By others (Specify: )

1. Year of establishment:
2. Type of business:
3. Bank account of the group: ☐Yes 　☐No
4. Company Registration: ☐Yes 　☐No

Note: Please attach a copy of the Company Registration & the member list of your group.

1. **PROJECT INFORMATION**

**2.1 BACKGROUND** *(Describe why and how the project was started)*

**2.2 PROJECT PURPOSE** *(Describe expected achievement through your project activities)*

**2.3 PROJECT ACTIVITIES** *(Describe main activities of the project currently carried out)*

**2.4 PROJECT BENEFICIARIES** *(Describe direct and indirect beneficiaries through the project activities – who and how)*

**2.5 OTHER SUPPORT** *(Indicate funds, trainings and other support from other organisations which the project has received so far)*

1. **BUSINESS DESCRIPTION**

**3.1 PRODUCT DESCRIPTION**

1. Main products or services:
2. Source of materials, suppliers and means of purchase
3. Licence /permission necessary to deal with your products or services

☐Obtained (Specify names and registration numbers of licence/permission

 )

☐In process (Specify the name of licence/permission )

☐None

**3.2 BUSINESS INFRASTRUCTURE**

1. Land: ☐Allocated ☐ In process ☐Own property

 (Size: ㎡)

1. Factory and storage: ☐Built ☐Under construction ☐Under consideration ☐Home (Size: ㎡)
2. Power supply: ☐Installed ☐Under construction ☐Under consideration ☐None
3. Water supply: ☐Water pipe ☐Borehole ☐None ☐Others (specify )
4. Transport: ☐Own vehicle ☐Public transport ☐Bicycle

☐Others (specify )

1. Communication tools: ☐Landline ☐Cellphone ☐Fax ☐Post ☐E-mail

☐Others (specify )

**3.3 EQUIPMENT** *(Indicate facilities, machines and tools you have obtained for the production)*

**3.4 BUSINESS PARTNERS** *(Indicate name of your business partners and type of partnership)*

**3.5 FINANCIAL INFORMATION**

1. Sales in the past 12 months

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Quantity | Unit price | Sub-total (N$) |
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| Grand total |  |

1. Expenditure in the past 12 months

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| --- | --- | --- | --- |
| Item | Quantity | Unit price | Sub-total (N$) |
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| Grand total |  |

1. Profit/Loss Calculation in the past 12 months

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| --- | --- |
|  | Amount (N$) |
| Grand Total of Sales: (1) |  |
| Grand Total of Expenditure: (2) |  |
| Difference: (1) – (2) |  |

1. Monthly cash flow for the past 12 months

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| --- | --- | --- | --- |
| Month | Cash In | Cash Out | Balance |
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| Total |  |  |  |

**3.6 MARKET INFORMATION** (Current situation)

1. Areas/places where your products/services are sold
2. Buyers/customers of your products/services
3. Main competitors of your products/services
4. Strength/uniqueness of your products/services compared with the competitors’ products/services
5. **BUSINESS PLAN**

**4.1 EXPECTED OUTPUTS** *(Describe what you intend to achieve after one year)*

**4.2 PRESENT SITUATION** *(Describe problematic phenomena in comparison with the outputs in relation to your business activities mentioned 4.1)*

**4.3 KEY CHALLENGES** *(Describe specific objectives which you need to tackle in order to achieve the outputs. In other word, what do you need to do to fill the gap between the outputs and present situation?)*

**4.4 BUSINESS STRATEGIES** *(Explain how you deal with the key challenges)*

**4.5 TYPE OF SUPPORT** *(Describe the kinds of support you are requesting from OROI Programme)*

**4.6 MOTIVATION** *(Explain reasons why you need the support from OROI Programme to tackle your key challenges)*

**4.7 PROJECTION OF BUSINESS PERFORMANCE**

1. Sales for the next 12 months

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| Item | Quantity | Unit price | Sub-total (N$) |
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| Grand total |  |

1. Expenditure for the next 12 months

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| --- | --- | --- | --- |
| Item | Quantity | Unit price | Sub-total (N$) |
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| Grand total |  |

1. Profit/Loss Calculation in the next 12 months

|  |  |
| --- | --- |
|  | Amount (N$) |
| Grand Total of Sales: (1) |  |
| Grand Total of Expenditure: (2) |  |
| Difference: (1) – (2) |  |

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Name of Group Leader:

Position:

Signature:

Date:

FOR OFFICIAL USE ONLY (OROI Regional Committee)

Receipt No.: Date:

Name of Officer:

Signature of Officer: