



SBA 2015 MSME Conference–E-PLUS ENTRY FORM

November 17-18, 2105

SECTION I: Personal Details of the Principal Applicant

1. Full Name:			
2. Physical Address:			
3. Telephone #:		4. Email Address:	
5. Sex: Male: <input type="checkbox"/>	Female: <input type="checkbox"/>		
6. I confirm that I am the principal applicant and contact person: If you are submitting a business concept alone, you are automatically the principal applicant and contact person. A. Yes <input type="checkbox"/> B. No <input type="checkbox"/>			
7. I wish to attend the Business Plan Development course if I am selected to go to the second competition round: As the principal applicant and contact person, and if you are selected as one of the business idea winners, you are required to attend free of charge a mandatory business plan and skills development training workshop at the BSC Monrovia in order to develop and submit a full business plan in the second and last rounds of the business plan competition. Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

8. SECTION II: Personal Details of Team Members of Any

8. I submit this business concept together with team member (s) Yes: <input type="checkbox"/> No <input type="checkbox"/> (if no, go to question # 9) Note that the majority of your team should consist of students.			
Full name of first team member:		Date of birth:	
Full name of second team member:		Date of birth:	
Full name of third team member:		Date of birth:	
Full name of fourth team member:		Date of birth:	
Note: If you have more team members, please write their full names and dates of birth on separate sheet and attach it to this form.			

SECTION III: Additional Support and Previous Experience

9. This business idea originates from me, the principal applicant and contact person, or (one) of our team members. Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, please provide name and address of original "owner" of the business idea.			
10. Full name of original owner of idea:		Date of birth:	
11. Profession and Organization of original owner:			
12. Telephone # of Original owner:		13. Email:	
14. I, the principal applicant and contact person developed this business concept (alone or with team members). Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
15. I, the principal applicant and contact person received help in the developing this business concept Yes: <input type="checkbox"/> No: <input type="checkbox"/> (no team members) If yes, please provide details of help.			
16. Full name of helper:		17. Telephone:	
18. profession and organization of helper:			
19. Email Address of helper:			
20. This business concept or idea is about: A. a start-up company <input type="checkbox"/> B. An established company (already selling) <input type="checkbox"/>			
21. If you have a company, is it a registered? <input type="checkbox"/>		(b) non registered <input type="checkbox"/>	
If you don't have a company, go to next question.			
22. How many customers would be reached by your business in the first two years? a. less than 100 <input type="checkbox"/>			

b. 100-200 c. 1000-10,000 d. more

23. How many persons do you expect to directly employ if this business idea is moved into a practical business?: _____

24. How high do you estimate your initial investment (total cost for the first year of operation including start-up in US\$)? A. Less than \$5,000 B. \$5,000 - \$10,000 C. \$10,000 or more

25. What would you use your investment for mainly: Please explain with as much detail as possible what your investment mainly would be used for?

26. How much do you estimate you will be contributing yourself (in \$USD)? A. Less than \$1,000
B. \$1,000 - \$5,000 B. \$5,000 or more

27. How will you get the money needed for your initial investment? A. The soft loan/grant made available to me in case I am selected as a business plan winner Through other Bank Loan(s) and micro-finance institutions
C. Another shareholder D. Personal saving
E. Non- commercial money lending (i.e. from family or friends)
F. Company's existing funds (in case you already have a business)
Others, please specify: _____

SECTION IV: The Business Concept: Please type on extra sheet if the space provided is not enough for your answers

28. Who are your competitors?

29. Target Customer information and demand: Who will buy your product or service? Describe your potential customer and why there is market demand for your product or service. Please mention only target/potential customers/clients.

30. Human Resources, knowledge and skills: What sort of human resources, i.e. what sort of skills and knowledge you need to have in your business in order to become successful? Please describe how you will get or make that available in your business.

31. Experience and network: Indicate what and how aspects of your background, experience or network will contribute to a successful start-up /development of your business.

32. Marketing and advertising: How will your target/potential customers know about your product or service? How will you reach them? What will your distribution plan be?

33. Innovative aspects and competitiveness: Please describe any aspects that make your product or service unique, and/or why your business idea stands out.

34. Profitability: Why do you think your business idea will be profitable? Please try to indicate how the profit margin will be generated. If possible please include information on the price and cost structure of your product or service.

35. Motivation: What is your personal motivation to start or develop your own business?

36. Community impact: How will your business idea help to improve living standards in your community/region or, how will it solve existing challenges in your community/region?

37. Other: Please provide here any other information you wish to share:

Please submit your completed application via email at: sba_info@staff.moci.gov.lr or hard copies can be delivered to the Bureau of Small Business Administration of the Ministry Commerce & Industry:

Address:

Ground Floor, Bureau of Small Business Administration
Ministry of Commerce and Industry,
Corner of Ashmun and Gurley Streets
Monrovia, Liberia

Completed application forms can also be submitted to: USAID-FED Head Office on 6th Streets, Sinkor; Building Markets Head Office Adjacent the Ministry of Justice between 8th and 9th Streets, Beachside, Gardner's Avenue, Sinkor; USAID/IBEX, 3rd Floor, Murex Plaza, Corner of 10th and Tubman Boulevard, Sinkor, BSC Monrovia Head Office, University of Liberia Campus, Capitol Hill, Monrovia.

Note: We encourage all applicants having difficulties in completing the form to contact BSC Monrovia on the Main Campus of the University of Liberia or the Ministry of Commerce & Industry SBA through email address: sba_info@staff.moci.gov.lr or call 0886527715/ 088-882-0787/ or visit the SBA on the Ground floor of the Ministry of Commerce and Industry in Monrovia.

Note: we require a full, well written, motivation letter accompanied by the CV of the principal applicant.

Deadline for submission: October 19, 2015