

MARKETS DEVELOPMENT FUND

GRANT APPLICATION

PART 1

Name and address of firm/applicant	
Date	
Name of Contact person	
Contact details (telephone, e-mail address)	
DESCRIBE YOUR ORGANISATION <i>(Provide details of ownership, length of time in business, location, target market, latest financial results).</i> ANY APPLICANT MUST HAVE BEEN IN BUSINESS FOR A MINIMUM OF TWO YEARS.	
Details of REGISTRATION of the Business: <i>(Copy of Registration Certificate must be given to KMT)</i>	
Details of OWNERSHIP: <i>(KMT reserves the right to verify ownership)</i>	
Location, length of time in business, and Number of Employees:	
Describe the TARGET MARKET of your business, and the experience you have in this market:	
Latest annual financial results – HOW MUCH PROFIT DID YOU MAKE ? <i>(Latest financial statements must be attached to this application):</i>	
BOARD RESOLUTION: You must provide KMT with EITHER a Board Resolution, signed by all directors of the business, OR a statement signed by the registered owners of the business, confirming that all directors/shareholders are agreed in submitting a grant application to MDF.	
BANK ACCOUNTS: Provide details of the Bank Account into which you wish grant moneys to be paid. <i>(Note: You must provide KMT with bank statements for the previous three consecutive months).</i>	
WHAT IS YOUR OBJECTIVE IN APPLYING FOR A GRANT ? Why do you wish to apply for an MDF Grant ? What will it help you to achieve ?	

TIMING

When do you need the money, and how long will it take you to use the Grant ?

EXPECTED RESULTS

After you have used the Grant, what results will you be able to show ? e.g. tell us the number of customers reached, the number of activities financed etc.

WHAT IS THE TOTAL AMOUNT NEEDED (Kshs) TO FINANCE ACTIVITIES

We need a detailed budget

OF THE TOTAL COST, HOW MUCH WILL YOU PROVIDE (cost sharing) ?

(Give details of the organisation's contribution to costs, both in people/materials and/or financial)

HOW MUCH DO YOU WANT FROM MDF (Kshs) AND HOW WILL YOU INVEST THE MDF GRANT ?

We need a detailed budget that provides a clear indication of exactly what the MDF grant money will be spent on. THE MDF GRANT IS LIMITED TO 60% OF THE TOTAL BUDGET FOR THE AGREED ACTIVITIES.

MDF Grant

Application Terms and Conditions

The grantee agrees to the following;

1. That all activities proposed under this grant request (and documented under a Memorandum of Understanding) will be implemented with the objective of achieving the agreed results.
2. That no activity will be substituted with another under this agreement unless agreed in advance in writing by KMT.
3. That activities will be completed within the time schedule indicated above.
4. That, on completion of the agreed activities, the Grantee will submit a narrative report to describe progress toward the stated goals and objectives of this project, and a financial report to provide details on expenditures against approved budgets.
5. That the Grantee will contribute the agreed share of costs to the programme.
6. That KMT will under no circumstances exceed the financial limit indicated above (the KMT cost share support)

Name	
Designation	
Signature	Stamp
Date	

PART 2

MARKET DEVELOPMENT FUND

KMT STRATEGIC ANALYSIS - CONFIDENTIAL - KMT only

Name and address of firm/applicant	XXX
Date	XXX
MDF REFERENCE No.	
KMT BUDGET proposed	XXX
KMT % of total expenditure	XX%
WHAT IS THE KMT STRATEGIC OBJECTIVE IN SUPPORTING THIS APPLICATION: KMT are seeking to improve the retail strategy of the XXX business and bring about a stronger customer orientation. We will do this by bringing on board a “customer account manager” to carry out sales, marketing, accounts management (relationship building with agrodealers), after-sales service and customer research activities.	
WHAT ARE THE SPECIFIC RESULTS THAT KMT EXPECTS FROM THIS INTERVENTION: The intervention fits into the overall Inputs strategy for KMT. Agrodealers will benefit from this because xxxx. Customers (smallholder farmers) will benefit because this will mean better xxxx. Some of the metrics we will review are: xxxx Qualitatively, we are also interested in: - XXX (This list is not exhaustive) <u>Deliverables</u> The quantitative and qualitative feedback will come through in the following deliverables: - XXX -	
ADDITIONALITY: WHY IS MDF FUNDING REQUIRED? WHY WILL THE CLIENT NOT BE ABLE TO ACHIEVE THE SAME RESULTS FROM ITS OWN OPERATIONAL CASH FLOW?	

GRANT COMPLETION DATE:	
KMT PROMOTER (Staff) I will ensure that on completion of grant implementation the final narrative and financial reports will be presented by the Beneficiary, and submitted to KRT copied to FINANCE.	Name: Signature:

CHECKLIST

CHECKLIST	SIGNATURE
Client financial statements have been presented to KMT, and are considered credible.	
The client has submitted copies of 3-months of bank statements (consecutive), and they are considered credible.	
The client has submitted a Board resolution and/or shareholders statement confirming approval for the client to apply for a grant.	
Client has satisfactorily provided full details required under Section 1	
KMT staff have visited client premises, and confirmed that business activities (both type and volume of activities) are consistent with the Grant Application (Section 1). MDF WILL NOT FINANCE START-UP BUSINESSES.	
Client is considered to be committed to the Grant objectives as stated, and capable of implementing the activities agreed.	
The objectives of the MDF Grant Application are consistent with KMT strategic objectives.	

DECISION

APPROVED / REJECTED:	
DATE:	
CONDITIONS PRECEDENT (if any):	

MDF Committee Members

	NAME	POSITION	SIGNATURE
1.			
2.			
3.			
4.			
5.			

SECTION 3

KNOWLEDGE and RESULTS TEAM

The KRT review will be carried out shortly after the Grant Completion Date.

If the KRT review is NOT carried out on or shortly after the Completion Date, this will block any further MDF disbursements.

KRT REVIEW <i>(Report to be completed in manuscript on the original Grant Application as approved)</i>	
NAME OF KRT REVIEWER	
NAME OF BENEFICIARY	
DATE OF REVIEW	
To what extent were the objectives of the Grant achieved (give details)	TO BE COMPLETED BY THE KMT PROMOTER (who signed off grant)
To what extent were the objectives of the Grant NOT achieved (give details)	TO BE COMPLETED BY THE KMT PROMOTER (who signed off grant)
What evidence is there that the activities agreed under the Grant application have been carried out ?	TO BE COMPLETED BY THE KRT REVIEWER
What evidence is there that the client paid or contributed their share of costs as agreed ?	TO BE COMPLETED BY THE KRT REVIEWER

<p>WOULD YOU RECOMMEND THIS CLIENT FOR FURTHER SUPPORT BY KMT (either through a main contract or MDF Grant) ?</p>	<table border="1" data-bbox="618 226 1115 291"> <tr> <td data-bbox="618 226 721 291">YES</td> <td data-bbox="721 226 867 291"></td> <td data-bbox="867 226 997 291">NO</td> <td data-bbox="997 226 1115 291"></td> </tr> </table> <p>Signed:</p> <p>KMT PROMOTER</p> <p>Signed:</p> <p>KRT REVIEWER</p>	YES		NO	
YES		NO			