



USAID
FROM THE AMERICAN PEOPLE



*Economic Policy Reform and
Competitiveness Project*

Mongolian Competitiveness Fund

Application for a

CO-PAYMENT

(GROUPS AND ASSOCIATIONS)

Name of Group:

Application No:

Project Title:

Total Project Cost:

Co-payment requested:

Business Adviser:

Economic Policy Reform and Competitiveness Project
Tavan Bogd Plaza, 2nd Floor,
Eronhii Said Amar Street,
Sukhbaatar District,
Ulaanbaatar, Mongolia,

Tel: + 976 – 11 - 32 13 75

E-mail: bharris@chemonics.net

General guidance notes

Please read these notes carefully before completing your application. If you require any clarification you should contact the Business Development Department at EPRC who will advise you as to the correct interpretations.

All references to 'the project' relate to the program of expenditure for which a co-payment is requested. If any questions are not applicable to your application please write 'N/A' rather than leaving a blank space.

Please remember to complete the financial and action plan appendices.

Introduction

The Competitiveness Fund is administered by the Economic Policy Reform and Competitiveness Project (EPRC) of the United States Agency for International Development, to encourage group based projects that improve the competitiveness of businesses in Mongolia.

Project Criteria

Criteria	Yes	No
Is the group registered as an NGO in Mongolia, or comprise a majority of Mongolian registered businesses?	X	
Will at least 50% of the total funding be available from other internal/external private sector resources?	X	
Is a co-payment essential for the project to proceed?	X	
Will the project contribute to the competitiveness of Mongolian business ?	X	

DO NOT COMPLETE THIS APPLICATION UNLESS YOU CAN ANSWER YES TO ALL OF THE QUESTIONS ABOVE. IF YOU ARE IN ANY DOUBT AS TO WHETHER THE PROJECT MEETS ALL THE ABOVE CRITERIA CONTACT THE EPRC OFFICE.

Name and contact details of group or association.

Name:

Address:

Postcode:

Tel:

Fax:

e-mail:

Contact within the group or association for discussing this application

Name:

Position:

Adviser/Consultant/Service Provider who will assist in the completion of the application and any subsequent project.

Name:

Company/Firm:

Tel:

Fax:

email:

SECTION 1 – APPLICANT DETAILS

1.1 Association registration number (if applicable):

1.2 Legal status of association or group:

1.3 Year of establishment:

1.4 Address of Registered Office (if different from page 2)

1.5 Member firms (list only those members directly involved in the project):

If the project is for the benefit of all members, please attach a full membership list

Member firm	Represented by	Contact telephone

1.6 Principal Activities of the Group or Association.

1.7 Previous applications for other public sector support (include type of assistance, dates, and amounts offered)

SECTION 2 – APPLICANT PROFILE

2.1 History of the Group or Association

Include, for example, how and why it was formed, recent developments etc

SECTION 3 – PROJECT

3.1 Project description

Brief description of the project

3.2 Proposed project expenditure US\$ XXXX

This should equal the total expenditure detailed in the financial appendix

3.3 Co-payment requested: US\$ XXXX (XX%)

3.4 Sources of co-financing

Association funds, loans, members' contributions, retained profits

- 1.
- 2.
- 3.

3.5 Project rationale

Explain why the project is being undertaken and what it is hoped to achieve initially and in the longer term (e.g. Five years from now)

Explain what alternatives to the proposals have been considered and why they were rejected

Discuss the consequences of not proceeding with the project

3.6 Start and finish date of the project

SECTION 4 – DECLARATION

I confirm that all the information provided in this document is, to the best of my knowledge truthful and accurate,

Signed.....
....

Name (please
print).....

On behalf of (group or association)..... Date.....

SECTION 5 - CHECKLIST OF ATTACHMENTS

Please tick that they have been enclosed

- Financial Forecast (Budget)
- Copy of association charter (Where applicable)



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MONGOLIAN COMPETITIVENESS FUND

PROJECT WORK PLAN (chronological order)

Group name :

Application Number :

Description of project component	Timing (from-to)	Anticipated outputs	Cost breakdown	Estimate cost in US\$
Total Cost				

(add rows if required)