



Lesotho Enterprise Assistance Program (LEAP)

Enterprise Information¹, Action Plan, and Application for Grant Assistance Part 1 - Enterprise Information

All information supplied shall be treated in strict confidence, unless the information is otherwise publicly available. Please print clearly.

1. Enterprise Profile

a. Basic Information

Name of enterprise: _____

Name of CEO: _____ Title: _____

CEO mobile tel: _____

Passport/I.D. number: _____

Name of contact person (if different): _____ Title: _____

Office Address: _____

Office Telephone: _____ E-mail: _____

Factory Address (if different): _____

Factory Telephone: _____ E-mail: _____

Legal status of the enterprise: Privately Owned Enterprise Government or Part-Government Owned Enterprise

¹ For start-ups, please also complete page 6

Who are the current main shareholders/owners of the enterprise:

Name: _____ % shareholding _____
Name: _____ % shareholding _____
Name: _____ % shareholding _____
Name: _____ % shareholding _____

Year of establishment: _____

When did commercial production/activity start? Year/Month _____

Enterprise registration number: _____

Trade license number, and issuing authority: _____

Membership of Chamber/Industry/Association(s):

1. _____
2. _____
3. _____

b. Organization Information

No. of Management and administration staff: _____ No. of full time production workers _____

No. of seasonal staff _____

c. Production or Service Information

Industrial sector: _____

Please describe the products you make or service(s) you provide: _____

Installed production capacity	(Please specify unit)	(Please specify time)
_____	<input type="checkbox"/> Kg <input type="checkbox"/> Tons <input type="checkbox"/> Pieces	<input type="checkbox"/> P <input type="checkbox"/> day, Per
month,	<input type="checkbox"/> Doz <input type="checkbox"/> Bags <input type="checkbox"/> Other	<input type="checkbox"/> Per year

Present capacity utilization _____% No. of shifts _____

Production technology: Traditional Modern Mixed

Have you increased production capacity recently?

(e.g. Added new machinery and/or equipment etc.) Yes No

List of existing machinery, equipment, trucks/vans/cars, accessories, etc. currently in use:

List of machinery/vans etc	Quantity	Year of manufacture	Origin

Description of land & buildings

Item	Location	Size	Owned/ Rented
Factory Land			
Factory Building			
Office Building			
Hectares (if Horticulture or Agri production)			

d. Marketing Information

To/through whom you sell? (please tick mark)

Direct buyers Buying agents/houses/show rooms Own distribution

Other (please specify): _____

How do you currently promote your products (please identify top three (3) according to their effectiveness)

- Direct Correspondance (Fax/Letter/Telephone/E-mail, etc)
 - Brochures/Catalogues etc.
 - Long Established Relationships with Repeat Customers
 - Visit to Buyers
 - Supply to Government
(if so, what % of your sales is to Government
Or Government agencies) _____
 - Trade Fair participation
 - Inviting Buyers to Visit
 - Overseas Marketing Consultant
 - Fixed Supply Contracts
 - Buying Houses
 - Other (Please Specify)
-

e. Sales Information

Item	2007 (in 000' M)	2008 (in 000' M)	2009 (in 000' M)
Domestic market sales			
Direct export sales (if any)			
Total Sales			

If exporting, please name your existing export markets: _____

Please fill in the following table:

Products Exported	Countries	As a % of total exports of last year

f. Financial Information

Total Investment made to date in the enterprise (in 000' M) _____

Equity: (in 000' M) _____

Loans: (in 000' M) _____

g. Credit terms

Do you offer credit terms to your customers? 30days_____ 60 days_____ Other_____

What percentage of your receivables is over 120 days? _____

h. Imported materials.

What products do you need to import (e.g. packaging, dyes, raw materials, components)_____

Imported raw materials make up what proportion of final sales value? _____

i. Access to bank loans

Are you able to get bank loans when needed? Yes_____ No_____

If 'no', what are the difficulties in getting bank credit? _____

j. Documentation

- | | Yes | No |
|---|--------------------------|--------------------------|
| • We attach the last three years financial statement | <input type="checkbox"/> | <input type="checkbox"/> |
| • These financial statements are audited | <input type="checkbox"/> | <input type="checkbox"/> |
| • We attach a copy of the enterprise registration certificate | <input type="checkbox"/> | <input type="checkbox"/> |

k. Auditors

Name of your accountant _____

Contact person _____

Contact phone number and email address _____

I. Start Up

If this is a start up, please state in detail your experience in the industry sector _____

What premises/building will be required _____

Is the building owned/leased _____

What equipment will be required _____

Is the equipment owned/leased _____

Please advise what the start-up costs will be:

Working Capital: _____

Equipment: _____

Total: _____

Please state source of funds:

Own funds/Equity _____

Borrowings (specify source) _____

Total: _____

Please state what market research you have carried out, with results: _____

Who will be your main customers (include sales orders, letters of intent etc) _____

What permits/licences do you need to start operations: _____

Have all necessary permits/licences been obtained _____

Starting number of employees _____

Any other relevant information: _____

Part 2 - Summary of Enterprise 5 Year Action Plan, and LEAP Support Requested

Please make sure that sections 8 and 9 are completed, with attached quotations, before submitting this application to LEAP.

1. Enterprise 5 Year Targets:

- a. To grow sales/revenue over 2010 levels by _____% over 5 years.
- b. To employ _____% extra employees over 2010 levels over 5 years.
- c. To diversify enterprise products or service range (describe): _____

- d. To start or increase exports (describe): _____

- e. To increase sales and revenue (how): _____

2. Describe existing products or services: % of Total Production or Sales

A	_____	_____%
B	_____	_____%
C	_____	_____%
D	_____	_____%

3. Describe your existing markets and clients: _____

4. Describe existing or anticipated market conditions:

5. Who are your main competitors:

6. Please set out, as best you can, sales and profitability summary forecasts

	Sales (in 000' M)	Net profits before dividends (in 000' M)
2010 (Actual)		
2011 (Estimated)		
2012 (Forecast)		
2013(Forecast)		
2014 (Forecast)		
2015(Forecast)		

7. Self Assessment/Situation Analysis

a. **SWOT Analysis of your enterprise (please list in order of importance)**

Internal issues of the enterprise:	
Strengths	Tell us about your enterprise's relative strengths. Mention areas where you feel stronger than others:
1.	
2.	
3.	
4.	
5.	
Weaknesses	Tell us about any internal issues or constraints which could slow the growth of your enterprise (which a LEAP grant could address)
1.	
2.	
3.	
4.	
5.	
External issues of the enterprise:	
Opportunities	Tell us about opportunities which exist to grow your enterprise's business (which you want to exploit/develop with LEAP support):
1.	
2.	
3.	
4.	
5.	
Threats	Tell us about any external threats to the growth or viability of your enterprise
1.	
2.	
3.	
4.	
5.	

8. LEAP grant assistance requested

	<u>Total Cost</u>	<u>Amount of LEAP Assistance Requested</u>
Activity 1 _____	_____	_____
Activity 2 _____	_____	_____
Activity 3 _____	_____	_____

Please state reason for undertaking Activity 1 _____

Please give an estimate of the additional sales revenue that will result from this activity, by year if appropriate: _____

We attach 3 competing price quotations for Activity 1 Yes No

If 'no', please give the reason: _____

Please state reasons for undertaking Activity 2 _____

Please give an estimate of the additional sales revenue that will result from this activity, by year if appropriate: _____

We attach 3 competing price quotations for Activity 2 Yes No

If 'no', please give the reason: _____

Please state reasons for undertaking Activity 3 _____

Please give an estimate of the additional sales revenue that will result from this activity, by year if appropriate: _____

We attach 3 competing price quotations for Activity 3 Yes No

If 'no', please give the reason: _____

- 9 If outside service providers/ consultants will be needed for any of the above activities, please attach full CV(s)/Capability Statement(s)/qualifications/ evidence of relevant experience for the service provider(s). Include contact details (name, phone number and email address) of at least two recent references for whom the proposed service provider/consultant has completed assignments similar to the activities outlined above. By submitting this application, you consent to LEAP personnel contacting those references to verify the technical capabilities of the proposed service provider(s).

10. Any other information relevant to this business plan: _____

11 Enterprise Bank Account Information (For funds transfer once the written, agreed, action plan has been completed to the satisfaction of LEAP)

Account Name: _____ Account No. _____

Bank Name: _____ Branch Name: _____

Type of Account (Current or Savings): _____

Postal Address of the Bank: _____

(Reimbursement for LEAP - approved activities in currencies other than M's will be made in M's equivalent, after completion of those activities to LEAP satisfaction)

12. Declaration: I/We confirm the following:

A) That we have funding available to pay for our part of any planned activities, and that we intend to fully implement the activity or activities described under section 8 above if approved to do so by LEAP.

B) That we agree to provide detailed sales information to LEAP for at least three years following the award of any grant by LEAP.

C) That either:

We are a single enterprise, not a member of any group of companies, or:

We are a member of a group of companies, known as _____, comprising the following companies:

D) That the information given in this Application is complete and correct to the best of my/our knowledge.

Signed: _____ Date: _____

(Authorized Enterprise Signature)

Enterprise Seal

Print Name _____ Enterprise Title: _____