



Ministry of Commerce, Industry and Labour
 Matagaluega o Pisinisi, Alamanuia ma Leipa

"to support Government's vision to lead and excel in the provision of quality service to foster economic growth for all"

SAMOA
PRIVATE SECTOR SUPPORT FACILITY
 The harmonised system for Development Partner funding support to the Private Sector Economy in Samoa

**APPLICATION FORM – GROUPS AND CLUSTER PROJECTS
 (CATEGORY A)**

This funding is only available for business groups and clusters. Please read the application guidelines prior to completing this form to ensure that you are eligible and to assist you in completing this form.

Applicant(s) Details

Cluster/Group Name (or list the businesses involved if not a formalised entity)		
Contact Person		
Role in Group/Cluster		
Physical Address		
Postal Address		
Telephone	Work	Home
Email Address		

Business Activity Details

Group/Cluster Description (What does your group or cluster members do?)	
---	--

P.O. Box 862, Apia, SAMOA | Telephone: (685) 20441/ 20442/ 20882 | Facsimile: (685) 20443 | Email: mpal@mcil.gov.ws.

Level 4, ACC House, Apia | Website: www.mcil.gov.ws



<p>Background to Funding Request (What opportunity or issue does your group or cluster face that this funding would help address? What specific activities will be undertaken)</p>	
<p>Target Market (Who or what is the target market for this proposed activity?)</p>	
<p>Benefits (How will your group or cluster benefit as a result of this funding?)</p>	<p style="text-align: right;">Tick boxes that apply.</p> <p><input type="checkbox"/> Increase our businesses income.</p> <p><input type="checkbox"/> Broaden the products or services our businesses offer.</p> <p><input type="checkbox"/> Create new jobs.</p> <p><input type="checkbox"/> Improve our business and operational skills.</p> <p><input type="checkbox"/> Increase our profile amongst our target market and customers.</p> <p><input type="checkbox"/> Make our businesses sustainable.</p> <p><input type="checkbox"/> Improve our ability to access new markets.</p> <p><input type="checkbox"/> Enable us to consider exporting or increase our existing exports.</p> <p><input type="checkbox"/> Other (specify below)</p>
<p>Sustainability (Will the activity be sustainable once this funding ceases? How will you ensure this?)</p>	

Activity/Project Delivery

<p>Ability to deliver (Describe the skills and experience available to you to undertake this proposed activity. Also describe any work your project team have previously completed relevant to this proposal.)</p>	
---	--

P.O. Box 862, Apia, SAMOA | Telephone: (685) 20441/ 20442/ 20882 | Facsimile: (685) 20443 | Email: mpal@mcil.gov.ws.

Level 4, ACC House, Apia | Website: www.mcil.gov.ws



<p>Risks (What are the risks of the proposed activity not being successful if your application is approved? How will you manage the risks?)</p>	
<p>Environmental and Land Considerations (Does the activity require an Environment Impact Assessment or use of, or access to, customary land. If so what action is proposed to address this)</p>	

Milestones

(List the major activities and outcomes of the project. These are the milestones or stages for the project. Please also identify the date that these will be completed by and likely cost.)	Description	Due Date (Month/Year)	Estimated Costs	
			PSSF	Total
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$

Funding Details

Expenditure (List what the costs of the project are.)	Expenditure Item	Estimated Cost
	Item 1:	\$
	Item 2:	\$
	Item 3:	\$
	Item 4:	\$

P.O. Box 862, Apia, [SAMOA](#) | Telephone: (685) 20441/ 20442/ 20882 | Facsimile: (685) 20443 | Email: mpal@mcil.gov.ws.

Level 4, ACC House, Apia | Website: www.mcil.gov.ws



	Item 5:		\$	
	Item 6:		\$	
	Item 7:		\$	
	TOTAL ACTIVITY COST		\$	
Capital Cost (Explain how the capital costs sought from the funding are integral to the project's aims)				
Source of Funds (List where the funds are coming from to meet this total cost including any in-kind contributors. Remember to include any cash or in-kind contribution that you are making towards the total costs.)	Contributor	Cash/In-kind	Confirmed	Contribution
	PSSF (This Fund)	Cash	Pending	\$
	Your Contribution		Yes/No	\$
	Other (specify):		Yes/No	\$
	Other (specify):		Yes/No	\$
	Other (specify):		Yes/No	\$
	Total Contribution			\$

DECLARATION

I, hereby declare that I am authorised to make this declaration of behalf of the applying group or cluster. I confirm that:

1. The information contained in this Grant Application to the PSSF is accurate and accept that if any information given, or representations made in this request, or subsequent correspondence, or made during the course of the project (if it proceeds) is found to be misleading or inaccurate in any material respect; then the PSSF Steering Group may at its discretion withdraw the grant so that no further payments are made.
2. I understand that the PSSF may request other information, not included in the checklist that may be required to assess my application. I understand that in the event that we do not supply the requested information, or that this application form is incomplete, then this application will not be assessed by the PSSF.
3. Staff, governance members, nominated consultants and suppliers all being persons without a direct conflict of interest in the applicant's proposal, may at their discretion carry out reference checks in relation to any previous work that has been undertaken with Development Partners and/or other donors assistance and that all references and reports obtained by them will be confidential to them.
4. Summary information about the application and any resulting grant (including applicant name, project title and an abstract of the proposal, its progress and results) may be made publicly available through the PSSF.
5. I, as the signatory, have the authority to commit the applicant to this application.
6. In submitting this application, I the applicant and if applicable the named business acknowledges that the assessment of projects will be a subjective and relative process, and that the Steering Group has final decision-making authority in this process.

Signature _____

Date _____

P.O. Box 862, Apia, [SAMOA](#) | Telephone: (685) 20441/ 20442/ 20882 | Facsimile: (685) 20443 | Email: mpal@mcil.gov.ws.

Level 4, ACC House, Apia | Website: www.mcil.gov.ws



P.O. Box 862, Apia, SAMOA | Telephone: (685) 20441/ 20442/ 20882 | Facsimile: (685) 20443 | Email: mpal@mcil.gov.ws.

Level 4, ACC House, Apia | Website: www.mcil.gov.ws



NEXT STEP AND CHECKLIST

The Information Checklist is a list of supporting documents and/or information that you may need to provide together with your completed Application form. Please tick the relevant box.

In addition, there may be other documents that you may wish to submit to support your application, please list these in the empty rows.

Information Checklist	Y	N
Completed and Signed Application Form		
Certificate of Registration or Collective Agreement		
Strategic Plan or Document outlining Goals/Operations		
Evidence of Counterpart Contributions		
Quotes for Capital Items		
Quotes for Services		
Financial Statements or Bank Statements		

Completed applications may be provided in either hard copy or electronic copy to:

PSSF Secretariat
Industry Development & Investment Promotion Division (IDIP)
Ministry of Commerce Industry & Labour
Level 4, ACB Building, PO Box 862, Apia, Samoa
Phone: 20441 Fax: 20443 Email: mpal@mcil.gov.ws

For PSSF Secretariat Use Only	
Date when application was received	
Name of Receiving Officer	
Signature of Receiving Officer	
Comments	

P.O. Box 862, Apia, SAMOA | Telephone: (685) 20441/ 20442/ 20882 | Facsimile: (685) 20443 | Email: mpal@mcil.gov.ws.
 Level 4, ACC House, Apia | Website: www.mcil.gov.ws



P.O. Box 862, Apia, SAMOA | Telephone: (685) 20441/ 20442/ 20882 | Facsimile: (685) 20443 | Email: mpal@mcil.gov.ws.

Level 4, ACC House, Apia | Website: www.mcil.gov.ws



Final PSSF Category A Application Form – July 2013