

APPLICATION FORM FOR A COST SHARE GRANT

INFORMATION PROVIDED IN THIS APPLICATION FORM WILL BE TREATED IN **TOTAL CONFIDENCE**

For BUDS office use:

APPLICATION NUMBER: _____ **DATE:** _____

1. Company Data

Name of company / organisation: _____

Name of contact person: _____ Title: _____

Postal address: _____

Physical address: _____

Telephones: _____ Fax: _____ E-mail: _____

Year of establishment: _____

Legal status of your company / organisation: _____

*Please attach copies of cover and signature pages of your organisation's registration,
and proof of authority to sign obligations on behalf of the organisation.*

Percentage ownership held in Uganda: _____ % Percentage ownership held Overseas: _____ %

Percentage private equity: _____ % Percentage public equity: _____ %

Products / services: _____

Total Number of Staff: _____

Management staff: _____ Skilled employees: _____ Unskilled employees: _____

Membership to business and professional associations *(if applicable)*:

Name of Association

Telephone and Fax

2. Company Sales Profile

Please use the table below to give the sales figures (in Uganda Shillings) for your company / organisation for the years 2010, 2011 and the estimated sales for, 2012, 2013 and 2014.

ITEM	2010 (Ushs)	2011 (Ushs)	2012 (Ushs)-est.	2013 (Ushs)-est.	2014 (Ushs)-est
Total Sales					
Domestic Market Sales					
Export Market Sales					

For Associations only:

ITEM	2010 (Ushs)	2011 (Ushs)	2012 (Ushs)-est	2013 (Ushs)-est	2014 (Ushs)-est
Total Number of members					
Total Income					

I fully understand and agree to the conditions set out in this application form and in the attached Scheme regulations, applicant eligibility and activity eligibility criteria.

Signed: _____ Date: _____

On behalf of company / organisation

Signed: _____ Date: _____

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