|  |  |
| --- | --- |
| NUMBER OF APPLICATION  (completed by RAS) |  |

APPLICATION

FOR PARTICIPATION IN STAGE II OF THE PROGRAM –

GRANTS AND MENTORING

**1. GENERAL INFORMATION ON THE APPLICANT**

|  |  |
| --- | --- |
| Name of business entity |  |
| Legal form |  |
| Registration number |  |
| TIN |  |
| Place |  |
| Street and number |  |
| Code of activity |  |
| Date of establishment |  |
| Legal representative |  |
| Number of employees |  |
| Contact telephone (land line) |  |
| Contact telephone (mobile) |  |
| E-mail address |  |
| Name of business entity |  |

**2. TITLE OF BUSINESS IDEA**

|  |
| --- |
|  |

**3. DESCRIPTION OF BUSINESS IDEA**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| production | processing | services |
|
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROJECT COSTS** | **Costs** | | | | **Financing structure** | | | |  | **Total price in RSD**  **(with VAT)** | **For Beneficiary’s contribution provide: “in cash”/”in kind”** |
| **TYPE OF ELIGIBLE COSTS** | **Unit** | **Quant.** | **Unit price in RSD** | **Total price in RSD**  **(VAT excluded)** | **RAS co-financing**  **(VAT excluded)** | **%** | **Participant's co-financing (VAT excluded)** | **%** | **VAT** |
| **FIXED ASSETS (procurement of fixed assets, adaptation or reconstruction of business premises minimum 80 % of the net project value)** | | | | | | | | | | |  |
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| **1. Total costs of fixed assets** | | | |  |  |  |  |  |  |  |  |
| **PROCUREMENT OF SUPPLIES AND RAW MATERIALS (in the amount of up to 20% of the net project value)** | | | | | | | | | | |  |
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| **2. Total costs of the procurement of supplies and raw materials** | | | |  |  |  |  |  |  |  |  |
| **TOTAL PROJECT COSTS (1+2)** |  |  |  |  |  |  |  |  |  |  |  |

**4. PROJECTED BUDGET**

**5. CURRENT NUMBER OF EMPLOYEES**

**6. EMPLOYMENT OF NEW EMPLOYEES**

|  |  |  |
| --- | --- | --- |
| **Does the project provide for the employment of new employees?** | **YES** | **NO** |
|  |  |
| If YES, write the number of new employees | |
|  | |

**I confirm that all information in this application and the supporting documentation is correct.**

Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and surname:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ L.S.

All information stated in the application is strictly confidential and shall not be delivered to third parties without a prior written notice to you and shall not be used for any other purpose except fort the purposes of the Support Program for Business Start-ups – START-UP PROGRAM.

Attached to the Application (Form 4) an original detailed business plan drawn up during the training is to be submitted

*A DETAILED BUSINESS PLAN should include the following elements:*

* Summary of the Business plan
* Sector
* Product/service, detailed description
* Management and organization
* Market
* Market definition
* Competition
* Marketing
* Operational plan
* Future growth and development
* Success and risk factors
* Financial plan

Required investments

* Total amount
* Requested funds from the project
* Description of costs

Other relevant information related to the Business plan