**Shuraako Concept Note**

<*Business Name*>

*<Date***>**

**DIRECTIONS:***Completing and submitting the Concept Note is a mandatory first step in Shuraako’s application process. Ensure that all questions are answered according to the guidelines stated throughout this form. The submission must be in English.*

*Once completed, submit the Concept Note (and accompanying documentation) to the appropriate regional representative: Ms. Sahra Hassan (*[*shassan@shuraako.org*](mailto:agole@shuraako.org)*) responsible for Somaliland, or Mr. Abdirahman Mohamud (*[*amohamud@shuraako.org*](mailto:mawale@shuraako.org)*) responsible for Puntland, and Mr. Mohamed Abdi Hashi (*[*mhashi@shuraako.org*](mailto:mawale@shuraako.org)*) responsible for South Central Somalia. If you have not received acknowledgement of submission within 10 business days, email Shuraako immediately (info@shuraako.org). If you have any questions pertaining to the Concept Note contact your regional representative. Once received, Shuraako will review and identify candidates that are most appropriate for investment.*

**1. Business/Project Details**

|  |  |
| --- | --- |
| **Business Name** |  |
| **Investment Request ($)** |  |
| **\*Owner Cash Contribution ($)** |  |

**\**A cash contribution of at least 30% of total project cost is required***

**2. Applicant & Authorized Representative**

|  |  |
| --- | --- |
| **Name of Main Business Owner\*** |  |
| **Gender** *(Check the appropriate box)* | **Male**  **Female** |
| **Diaspora** | **Yes**   |  | | --- | | **Country:** |   **No** |
| **Telephone** |  |
| **Telephone (additional)** |  |
| **Email** |  |
| **Email (additional)** |  |

|  |  |
| --- | --- |
| **Name of Authorized Representative** |  |
| **Telephone** |  |
| **Telephone (additional)** |  |
| **Email** |  |

\*Main Business Owner or Lead Applicant.

**3. Business/Project Description**

**3.1 Location**

Check the appropriate box.

South Central

Puntland

Somaliland

**3.2 How did you hear about Shuraako:**

Check the relevant boxes.

Shuraako event

Shuraako staff

Shuraako website

Shuraako Client

Word of mouth

Other: Please explain:

**3.3 Business Growth Stage**

Check the appropriate box.

**Startup:** A new business created from scratch (or one that did not previously exist).

**Existing Business:** A business already in existence but seeking investment for expansion.

Year Business was founded:

**New Project within an Existing Business:** A new enterprise/project that is launching from an already existing business.

Year Business was founded:

**☐ Other:** Explain,

**3.4 Registration**

Are you registered with any of the following?

Check all that apply.

Chamber of Commerce

Business Association

Co-operative

Government Entity. Please specify below:

Ministry of

Local Municipality (Dawladda Hoose) of

Other

**3.5 Business Registration/License**

1. *Please provide the registration information for the business below. Your enterprise must be registered. Copies of registration documentation should be submitted along with the Concept Note.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Registration / License Authority** | **Date Issued / Expected** | **Expiration Date** | **Registration / License Number** |
| **License/Registration 1** |  |  |  |  |
| **License/Registration 2** |  |  |  |  |
| **License/Registration 3** |  |  |  |  |

1. *Do you operate under any other business names that are not written in your Registration/License? If yes, please list below:*

|  |
| --- |
|  |

**4. Business/Project**

**4.1 Business Profile**

**Provide a brief business profile. Please address the following 3 points:**

1. *How has your business started (brief history)?*
2. *Describe the products and/or services your business provides.*
3. *What problem(s) or need(s) does your business solve/address?*

|  |
| --- |
| ***This field should not exceed 1,000 words*** |

**4.2 Market**

**Describe your market (including local and international market).**

1. *Where and what size is your market?*
2. *Who are your target customers (e.g. age, type, location)?*

***This field should not exceed 1,000 words***

**4.3 Competition**

1. *Who are your competitors and what do they offer? Please provide a brief summary.*

|  |
| --- |
| ***This field should not exceed 250 words*** |

1. *What are your competitive advantages compared to the product/service offerings of your competitors? Please provide a brief summary:*

|  |
| --- |
| ***This field should not exceed 250 words*** |

**4.4 Production**

**Describe the activities that occur in the production and delivery of goods and/or services. Please address the following 3 points:**

1. *How do you get your raw materials/supplies? Please include where your suppliers are located.*
2. *Describe the production steps for making, acquiring and/or providing your goods or services.*
3. *How do you deliver your goods or services to customers? Please include packaging, marketing and transportation.*

|  |
| --- |
| ***This field should not exceed 500 words*** |

**4.5 Operation**

**Please address the following 2 questions in this section. Please provide a brief summary.**

1. *What kinds of facilities does the business have? Including land, offices, factories, stores, etc.?*
2. *How has the business grown since it started?*

|  |
| --- |
| ***This field should not exceed 250 words*** |

**5. Investment**

**5.1 Investment Request**

**Please address the following 3 questions in this section. Please provide a brief summary.**

1. *Why are you seeking an investment?*
2. *How will the assets purchased with the investment increase revenue and/or profit?*

|  |
| --- |
| ***This field should not exceed 250 words*** |

1. *Have you received funding from a bank or other investors in the past?*

|  |
| --- |
| Yes  No |

**5.2 Assets Needed**

Specify the items you will purchase with the investment and with the owner cash contribution. *Add rows if necessary*.

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Cost / Amount (USD)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
|  | **Total** |  |

**5.3 Total Business/Project Cost**

Total project cost will be covered by a combination of owner contribution, investment request, and bank or other investment finance for this project. (Total Value of Assets Needed = Owner Cash Contribution + Investment Request + Bank or other investor finance).

|  |  |
| --- | --- |
| **Source of Finance** | **Amount (USD)** |
| Own cash contribution to project |  |
| Bank or other external investor\* finance |  |
| Investment request |  |
| **Total Project Cost** |  |

**\*if other investor(s), please specify**

**5.4 Contributed Assets**

Describe all the assets you intend to contribute to the project (*add rows if necessary*). *Note that a contributed asset is different from assets to be purchased with the owner’s cash contribution*.

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Cost / Value (USD)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
|  | **Total** |  |

**6. Employment**

*Definitions:*

Permanent employees: employees who work for you 6 months or more in a year

Temporary employees: employees who work for you *less than* 6 months in a year

Permanent female employees: female employees who work for you 6 months or more in a year

Permanent youth employees: employees between the ages of 15-35 employees who work for you 6 months or more in a year

Temporary female employees: female employees who work for you *less than* 6 months a year

Temporary youth employees: employees between the ages of 15-35 who work for you *less than* 6 months a year

**6.1 Current Employees**

Please use the definitions above to determine how many individuals you currently employ.

|  |  |  |
| --- | --- | --- |
| **Current** | **No. of Jobs** | **Job Types and Number of Each Type** |
| Total number of permanent employees |  |  |
| Total number of permanent employees that are female |  |  |
| Total number of permanent employees that are youth |  |  |
| Total number of temporary employees |  |  |
| Total number of temporary employees that are female |  |  |
| Total number of temporary employees that are youth |  |  |

* 1. **Job Creation**

*a. After receiving the investment, when do you plan to start hiring new employees (month/year)?*

|  |
| --- |
|  |

*b. Please fill out the table below. Enter the number of jobs you believe you will create in the four years following the investment period, broken out by total, female, youth, job types and number of each type. Please use the definitions above to determine what types of jobs you may create. Please include the types of jobs that will be created by this project (ex: sales people, fishermen) for each year.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **After Investment** | | | |
| Year 1 | Year 2 | Year 3 | Year 4 |
| **Total number of permanent jobs** |  |  |  |  |
| Types of permanent jobs and number of each |  |  |  |  |
| Number of permanent jobs for females |  |  |  |  |
| Number of permanent jobs for youth |  |  |  |  |
| **Total number of temporary jobs** |  |  |  |  |
| Types of temporary jobs and number of each |  |  |  |  |
| Number of temporary jobs for females |  |  |  |  |
| Number of temporary jobs for youth |  |  |  |  |

**6.3 Management Team**

List the names, positions and contact information (email and telephone) of key members responsible for implementing the project or running the business. If CV/Resumes of bios can be provided, please submit those along with the Concept Note.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Email** | **Telephone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6.4 Ownership**

List all those who have an ownership stake in the business.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **# of shares / % of shares or ownership** | **Age Group**  ***(please select)*** | **Email** | **Telephone** |
|  |  | **15-35 36 and above** |  |  |
|  |  | **15-35 36 and above** |  |  |
|  |  | **15-35 36 and above** |  |  |
|  |  | **15-35 36 and above** |  |  |
|  |  | **15-35 36 and above** |  |  |
|  |  | **15-35 36 and above** |  |  |

**7. Collateral**

List assets you or the business owns that can be pledged as collateral, not currently pledged to another financial commitment (*add rows if necessary*).

|  |  |  |
| --- | --- | --- |
| **No.** | **Item** | **Value (USD)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
|  | **Total** |  |

**8. References & Guarantees**

List at least three references and their contact information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Business / Organization** | **Job Title/Relationship** | **Contact** |
| Reference 1 |  |  | Job Title:  Relationship: | Phone:  Email: |
| Reference 2 |  |  | Job Title:  Relationship: | Phone:  Email: |
| Reference 3 |  |  | Job Title:  Relationship: | Phone:  Email: |

In addition, list one person outside of your Company who might guarantee repayment to the investor.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Business / Organization** | **Relationship** | **Contact** |
|  |  | Job Title:  Relationship: | Phone:  Email: |