# Attachment 1: Grant Application Form

This application is in response to Request for Applications (RFA) Number **TRASA-RFA-2024-01**.

**Section I. Basic Information**

1. Name of your organization/company:
2. Name and Gender of Owner(s):
3. Date organization/company was founded:
4. Contact information:

|  |  |
| --- | --- |
| **Office address:** |  |
| **Office phone:** |  |
| **Owner(s)’s Mobile:** |  |
| **Owner(s)’s E-mail:** |  |

1. List the board members (or founding members if you don't have a formal board of directors) and key personnel (president, directors, treasurer, etc.): If available, attach an organizational chart.

1. Number of employees: Identify how many men and how many women. Also, how many are permanent and temporary. Classify into youth (under 21 years old) and adults (over 21 years old)
2. Describe your organization and its purpose (1-2 Paragraphs): Include the products and/or services you provide, and to who. List all crops purchased, sold, and/or handled by your employees, as well as what crops will be stored in the cold chain room.
3. Suppliers: Identify how many suppliers your company has, the products they supply (estimate quantity per product/year). If you own a farm, describe how many hectares you own and how much (lb or kg) you produce.

**Section II. Cold Chain Solution Description**

1. Title of your proposed activity:
2. Identified problem and/or opportunity: Describe in detail what is the problem to be solved or the opportunity you want to take advantage of.
3. Objectives: Describe the objectives of the investment project, ensuring that they respond directly to the problem described above.
4. Project Description: Describe clearly and precisely what technology or equipment you are requesting, focusing on the following:
   1. Where will it be located and is the location rented or owned?
   2. Is there any construction or remodeling required to install the requested technology or equipment? If so, please describe and include a sketch of the area (indicate dimensions in meters).
   3. How will it be used in your operations?
   4. How will it be maintained, and who will be responsible for maintaining and using the requested technology and equipment?
5. Expected Impact: Describe the expected impact of the new technology and/or equipment on the indicators listed under section “B.2. Scope of Program Activities” of the Request for Applications form.
   1. At a minimum, this should include this should include how large the new/updated cold room will be in cubic meters and the number of employees who will receive training for the new technology and equipment. If your facility is at an airport or seaport, how many companies will use or benefit from your new cold chain improvement equipment?

**Section III. Project Implementation Plan**

* + - 1. What activities you need to do to achieve the goals described above?

|  |  |  |  |
| --- | --- | --- | --- |
| **Task No.** | **Description of Main Tasks** | **Start Date** | **End Date** |
| **Task 1:** |  |  |  |
| **Task 2:** |  |  |  |
| **Task 3:** |  |  |  |
| **Task 4:** |  |  |  |
| **Task 5:** |  |  |  |
| **Task 6:** |  |  |  |
| **Task 7, etc:** *[add more rows as needed]* | |  |  |

1. Proposed start date and end date of full project (including procurement, installation, etc.).
2. Sustainability of the project: Explain how you plan to make this a sustainable investment. Describe any maintenance plans considered.

**Section IV. Experience and Capacity**

1. Experience implementing similar activities:
2. List three independent relevant professional references (Name, title, email, phone) for the organization:
3. United States Department of Agriculture (USDA) experience is not a required or preferred criteria for award of a grant. The TraSa Project strongly encourages organizations that have never received USDA-funding to apply. However, if your organization has managed or currently is managing any USDA-funded activities (U.S. and other), please list them below.

|  |  |  |  |
| --- | --- | --- | --- |
| **List of USDA-funded Activities** | | | |
| **Title of Program, Location, and Start and End Dates** | **Total Funding (in USD)** | **USDA Contact Person** | |
|  | $ | Name: |  |
| E-mail: |  |
| Tel: |  |
|  | $ | Name: |  |
| E-mail: |  |
| Tel: |  |
|  | $ | Name: |  |
| E-mail: |  |
| Tel: |  |

By affixing my signature below, I certify that to the best of my knowledge, the information provided in this application is accurate and correct.

Submitted by:

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**