**Market Access Expert Service Application**

# Business and Applicant Information

## Applicant Information

|  |  |
| --- | --- |
| **Business Name:**As per IMARS profile.Kindly note that we can only consider applications from companies registered in iMARS |  |
| **TPIN (Zambian)****Y-number (Finnish)** |  |

|  |  |
| --- | --- |
| **CEO Name:** |  |
| **CEO Phone #:** |  |
| **CEO Email:** |  |

|  |  |
| --- | --- |
| **Name of Respondent:** |  |
| **Respondent Position:** |  |
| **Respondent Phone #:** |  |
| **Respondent Email:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGS Province**Please select ONE main AGS province you operate in and as per your IMARS profile. | Lusaka |  | North-Western |  |
| Copperbelt |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGS Sector**Please select ONE main sector for your business, **must be** related to AGS sectors and as per your IMARS profile. | Agribusiness |  | Forestry |  |
| Renewable Energy |  | Circular Economy |  |
| Mining Services |  |  |
| ICT |  | Education |  |

## AGS Engagement

|  |  |
| --- | --- |
| **Relationship with AGS**Please describe all the services you have received from AGS, e.g. SYB, IYB, EYB, LEVEL UP Accelerator, Commodity Procurement, Matchmaking services, Trade Mission, Feasibility Studies, and/or Market Access Service Providers etc.Please state where and when the services were received in the box below.Please detail how your business has benefited and learnt from the support. |  |

|  |  |  |
| --- | --- | --- |
| **Name of Trainer or Service Provider** | **Service Received** e.g. IYB / EYB / Accelerator | **Dates Services Received** mm/yy |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Market access expert service

## Overview

|  |  |
| --- | --- |
| **Project Title** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Start: 10**/22 |  | **Proposed End: 12**/22 |  |

|  |
| --- |
| **Brief Summary of the Project** (max 300 words / half a page) |
| * Background information on the desired market e.g. current volumes purchased, production, required certification, desired market share
* Your own assessment of your resources: current and future production: volume, quality and to they currently meet the market requirements
 |

## Detailed Project Description

|  |
| --- |
| **Description of operational challenge** (max 250 words / half a page) |
|  |

|  |
| --- |
| **Proposed solution and expected impact on the business** (max 250 words / half a page) |
|  |

|  |
| --- |
| **Specific Terms of Reference for the Market Access Expert** (max 1,000 words / two full pages) |
|  |

Please attach supporting budget documents, such as terms of reference and quotations from service providers that might be used, as an annex.

## Preferred Service Provider Details

|  |  |
| --- | --- |
| **Name of Preferred Provider** |  |

|  |  |
| --- | --- |
| **Location of Provider** |  |

|  |
| --- |
| **Capacity of Provider** (max 300 words / half page) |
|  |

|  |
| --- |
| **Relationship between Provider and Applicant Business** (max 300 words / half page) |
|  |

**Note:** Failure to disclose a relationship, business or otherwise, between the parties may result in cancellation of any facility awarded to the applicant. Please provide justification, if proposing to use an expert outside of the AGS pool of experts.

Please attach supporting service provider documents, such as capacity statements or CV, as an annex.

# Contribution towards AGS Targets

## AGS Key Performance Indicators

| **Indicator** | **Number** | **Explanation of how the utilisation of the Specialised Training will facilitate the changes** |
| --- | --- | --- |
| Expected Annual Revenue Increase due to the access to new market(%) |  |  |
| Number of full-time equivalent jobs to be created due to the new market access |  |  |
| Number of new long-term business partnerships between Finnish created due to the access to new market |  |  |
| Number of new clients to be identified, contacted or offers sent due the access to new market. Please name the potential clients. |  |  |

## Cross-cutting Issues

|  |  |
| --- | --- |
| **Indicator** | **Explanation** |
| Gender Empowerment Describe how the business will ensure gender empowerment with the market access. |  |
| Quality EmploymentDescribe how the business will ensure quality employment (safety, appropriate wages and benefits etc.) with the market access. |  |
| Environmental ImpactDescribe how the business will protect the environment, and ensure at a minimum they follow a ‘do no harm’ policy. |  |

# Authorised Signatory

By submitting this application, the authorised signatory confirms that all information provided is correct to the best of their knowledge.

The authorised signatory confirms and agrees to provide to AGS formal financial, management and other information in the process of reviewing the application.

AGS will utilise all information provided by the business, through this or previous applications, including information provided on the AGS IMARS system, and quarterly data collection process. For the businesses that have been participating in our accelerator programs, AGS will also contact and utilise information provided by the applicants’ accelerator service provider.

The authorised signatory confirms and agrees that AGS is under no obligation to fund the application.

Signed on behalf of:

|  |  |
| --- | --- |
| **Name of Business** |  |

Authorised signatory:

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date:** |  |

**ANNEX A – Continuation Pages**