|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Business Seeking Support** | | | **Business Name:** | | | |  | | | | | | | |
| **Address:** | | | |  | | | | | | | |
| **Municipality:** | | | |  | | | | **Region:** | | |  |
| **Country:** | | | |  | | | | **Web Site:** | | |  |
| **Telephone:** | | | |  | | | | **Cell Phone:** | | |  |
| **Fax:** | | | |  | | | | **Email:** | | |  |
|  | **Business Owner(s)** | | | | | | | | | | | | | | |
|  | **Name** | | | | | **Nationality** | | | | **Country of Residence** | | | | | |
|  | **Mr.** | | | | |  | | | |  | | | | | |
|  | **Mrs.** | | | | |  | | | |  | | | | | |
|  | **Ms.** | | | | | | | | | | | | | | |
|  | **Year business was established** | | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **2.** | **Nature of Business** | **Category**  SME  NGO Government  Association/ Cooperative  Other | | | | | | | | | | | | | |
| **Industry**  Agriculture  Information Technology  Manufacturing & Food Processing  Alternative Energy  Retail  Natural Resources and Extraction  Tourism and Hospitality  Arts & Crafts  Microfinance  Water and Sanitation  Business Incubators  Non-Profit Organization  Public Sector  Other (identify) | | | | | | | | | | | | | |
| **Describe your business, service or mandate.**  **Details are appreciated, as this section will help understand if/how the project can support your business**  **(consider including the list of your products or services; the products/services that experienced most growth in recent years; the annual volume of products/services; the main target clients/customers?)** | | | | | | | | | | | | | |
|  | **Future Outlook** | **How do you want to innovate and/or grow the business further in future?** | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **3.** | **Challenges** | **What are the challenges your business faces at present in day to day operations and in pursuing future goals for innovation/growth? (please describe challenges in the following aspects ‘a’ to ‘g’)** | | | | | | | | | | | | | |
| 1. *Efficiency in management/ operations* | | | | |  | | | | | | | | |
| 1. *Introduction of new products/ services* | | | | |  | | | | | | | | |
| 1. *Quality of products/ services* | | | | |  | | | | | | | | |
| 1. *Export Readiness* | | | | |  | | | | | | | | |
| 1. *Compliance with International standards* | | | | |  | | | | | | | | |
| 1. *Marketing* | | | | |  | | | | | | | | |
| 1. *Other* | | | | |  | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **4.** | **Assistance Requested** | **Describe the circumstances that have led you to seek Catalyste+ services.** | | | | | | | | | | | | | |
| **What would you like to work on with the Catalyste+ Advisor?** | | | | | | | | | | | | | |
|  | **Timeline** | **Expected Timeline to start working with the Advisor.** | | | | | | | | | | | | | |
|  | **Expertise Required** | **Describe the profile of the advisor you seek to overcome business challenges.** | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **5.** | **Expected Results** | **What results do you expect to achieve in your business after receiving support from your advisor? (please describe results in the following aspects ‘a’ to ‘g’)** | | | | | | | | | | | | | |
|  | | | | | **In 6 months** | | | | | | | **In the longer run** | |
| 1. *Efficiency in management/ operations* | | | | |  | | | | | | |  | |
| 1. *Introduction of new products/ services* | | | | |  | | | | | | |  | |
| 1. *Quality of products/ services* | | | | |  | | | | | | |  | |
| 1. *Export Readiness* | | | | |  | | | | | | |  | |
| 1. *Compliance with International standards* | | | | |  | | | | | | |  | |
| 1. *Marketing* | | | | |  | | | | | | |  | |
| 1. *Other* | | | | |  | | | | | | |  | |
|  |  | | | | | | | | | | | | | | |
| **6.** | **Business health indicators** | | | | | | | | | | | | | | |
|  |  | | | | | **2023** | | | | **2024** | | | **Comments/ Details** | | |
|  | **Revenue (in EUR)** | | | | |  | | | |  | | |  | | |
|  | **Investment into business**  **(in EUR)** | | | | |  | | | |  | | |  | | |
|  | **Average No. of employees** | | | | | **0 - 9**  **10-49**  **50-249**  **250 or more** | | | | **0 - 9**  **10-49**  **50-249**  **250 or more** | | |  | | |
|  | **Average Assets (in EUR)** | | | | |  | | | |  | | |  | | |
|  | **Year-end outstanding debt** | | | | |  | | | |  | | |  | | |
|  |  | | | | | | | | | | | | | | |
| **7.** | **If the advisor visits your business for 2-4 weeks,** | | **Who can you engage from your business to help the advisor understand your challenges and collaboratively search for solutions?**  **(please highlight your resource persons:**   * **designation** * **experience of working in English** * **knowledge about the challenge you expect the advisor to address)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **What other local support can you provide for the advisor?**  **(support can consist of:**   * **accommodation costs** * **meal costs** * **other local costs)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **8.** | **Legal** | **Does your business have any history of substantiated legal/financial wrongdoings?** | | | | | | | | | **Yes**  **No** | | | | |
| **If Yes, please describe:** | | | | | | |  | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | **Main contact person from Business** | | **Name** | |  | | | | | | | | | | |
| **9.** | **Designation** | |  | | | | | | | | | | |
|  | **Phone** | |  | | | | | | | | | | |
|  | **Email** | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | **Note: Please attach any brochures or other descriptive information if available, i.e. vision/mission/goals** | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | |