|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |  |