

# BUILDING BEIRUT BUSINESSES BACK AND BETTER



## GRANT APPLICATION For Micro and Small Enterprises (MSEs)\*

### ELIGIBILITY CHECKLIST

Was your business damaged by the Port of Beirut Explosion?	Yes	No
Was your business located within 5 km radius from the Port of Beirut at the time of the explosion?	Yes	No
Do you intend to restore or have you already restored your business activity?	Yes	No
Do you have 20 or less employees registered with the NSSF?	Yes	No

### GENERAL INFORMATION (1/2)

Date of Application:	..... / ..... / .....
	Day (dd) Month (mm) Year (yyyy)
Name of Business Owner:	..... / .....
	First Last
Phone Number of Business Owner:	..... / .....
	Cell phone (8 digits) Work (8 digits)
Type of Personal Identification Document:	ID Passport Other: .....
Identification Number:	.....
Does business owner have any disability?	Yes No
Are you the Economic Beneficial Owner (صاحب الحق الاقتصادي / signatory authority)?	Yes No
<b>Business Name</b> (if applicable):	.....
<b>Business Sector:</b>	Tourism Industry Handicraft Information Technology Trade Professions (please specify): .....
<b>Business Legal Registration Form:</b>	Informal (unregistered) Sole Proprietorship General Partnership (SNC) Limited Partnership (SCS) Joint Stock Company (SAL) Limited Liability Company (SARL)

\* In the context of this project, an MSE is defined as informal (unregistered) or formal (registered) business, including self-employed or home-based entrepreneurs.

## GENERAL INFORMATION (2/2)

If you co-own the business, please provide:

Name of Co-Owners	Phone Number of Co-Owner	Distribution of Shares (%)
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Business Address:**

**Region:**

Achrafieh	Furn El Hayek	Mar Mitr	St George Hospital -
Ain El Mreisseh	Geitawi	Medawar	El Roum
Al Marfaa	Gemmayze	Minat El Hosn	St Nicolas
Bab Idriss	Grand Serail	Nassrah	Sursock
Bachoura	Hotel Dieu	Nejmeh Square	Universite Saint Joseph
Badawi	Jdeideh	Qoubaiyat	Zalka
Baouchriyeh	Karantina	Rmeil	Zaytouna Bay
Biel	Karm El Zaytoun	Saifi	Zokak El Blat
Bourj Hammoud	Khodor	Sassine	Other (within 5 km):
Daoura	Majidieh	Sioufi	.....
Down Town	Mar Mikhael	Sodeco	.....

**Address:** ..... / .....

*Street* *Building*

GPS coordinate (if available): .....

Plot and Section Number: ..... / .....

*Plot number* *Section number*

Floor Number: .....

**Business Premise:**

- Type: Home Shop Office Other: .....
- Legal Occupancy: Rented Owned Free occupancy
- Occupied since: ..... / ..... / .....
- Day* *Month* *Year*
- If the property is rented, please provide the name and phone number of the owner:
- ..... / ..... / .....
- Full name* *Cell phone (8 digits)* *Work (8 digits)*
- If the property is rented, did the owner repair or agree to repair the damages following the Port of Beirut Explosion? Yes No

## INFORMATION ABOUT THE BUSINESS (1/2)

Total No. of registered employees before the explosion, as per NSSF (for formal businesses): .....

Total No. of employees before the explosion: .....

Current total No. of employees: .....

Current total No. of Female employees: .....



## BUSINESS RECOVERY NEEDS (2/2)

Do you currently have any outstanding loan/s?    Yes    No

**If YES, with which institution?**

ADR - Association for the Development of Rural Capacities	Ibdaa
AEP-Association d'Entraide Professionnelle	Imkan
Al Majmouaa	Makhzoumi Foundation
CLD Cooperative Libanaise pour le Développement	Vitas
EDF - Entrepreneurial Development Foundation	Bank (specify): .....
Other (specify): .....	

What is the amount of your MSE outstanding loans:

Outstanding loans in USD: ..... Date the loan was granted: .....

Outstanding loans in LBP: ..... Date the loan was granted: .....

Do you have unpaid dues?    Yes    No

**If YES:**

- Unpaid Rent Fees:	Number of Months .....	LBP .....	USD .....
- Unpaid Salaries:	Number of Months .....	LBP .....	USD .....
- Other Dues (Please provide brief description and estimated value):			
.....			
.....			

Did you receive aid from the Lebanese Army to cover for the damages?    Yes    No

**If YES:**

- How much?	LBP .....	USD .....
- When did you receive this aid?	Date .....	Date .....
	<i>(dd/mm/yyyy)</i>	<i>(dd/mm/yyyy)</i>

Did you receive aid from any NGO, association or agency to cover for the damages or help your business recover?    Yes    No

**If YES:**

- From which agency(ies)?

Name of agency	Date (dd/mm/yyyy)
.....	.....
.....	.....
.....	.....

- What is the type of assistance?	In-kind Assistance	Cash Assistance
- If cash assistance, how much?	LBP .....	USD .....
- What type of damages did the assistance cover?		
Rehabilitation/Repairs	Equipment/assets replacement	
Goods/inventory/raw material	Rent fees	
Salaries of employees	Business outstanding debts	
Other: .....		

# ADDITIONAL INFORMATION FOR WOMEN OWNED OR LED BUSINESSES

*In the context of this project, a woman-owned enterprise is defined as having at least one owner who is a woman, and woman-led enterprise is defined as having at least one woman in a managerial or leadership position.*

Are you willing to take a training and coaching in Digital Sales and Financial Management?    Yes    No

Do you have any other training and coaching needs?    Yes    No

If YES, please specify .....

## Checklist of Required Documents to be submitted with this application

### Informal (unregistered) MSEs

- Photos of damages to your MSE
- Copy of Business Owner ID
- Copy of rent contract, or title deed, or free occupancy permit
- Financial statements of 2019 and 2020
- Business cashflow (12 months period)

### Formal (Registered) MSEs

- Photos of damages to your MSE
- Copy of all partners' ID
- Commercial registration
- Company bylaws indicating the signatory authority
- Copy of rent contract, or title deed, or free occupancy permit
- Financial statements of 2019 and 2020 (Audited, if available)
- Business cash flow (12 months period)
- Proforma invoices for the recovery needs

## Consent on Data Sharing

I confirm that all of the above data provided is accurate and understand that inaccurate information might result in the disqualification of my application.

I understand that all the data provided in this application will be accessible to Kafalat, and to external auditors commissioned by the implementing agency or by the donors for the purpose of conducting independent auditing evaluations.

I agree to share my personal data (Name, ID, Address, Damaged Status, and Grant Amount) with the project's implementing agency, donors, the Lebanese Army, and aid platforms for checking purposes, only if these platforms agree to comply with applicable data privacy guidelines.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (dd/mm/yyyy)

*Not to be filled by applicant*

\_\_\_\_\_  
Name of Receiver

\_\_\_\_\_  
Signature of Receiver

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date (dd/mm/yyyy)