**Responsible Business Fund Plus (RBF Plus)**

**Concept Note**

**2nd Call for Project Proposals**

**Window 1 and 2 (From Area 1, 2, 3, 4, 5, 7)**

**(Open from 14th August to 4th September 2025)**

\* Required

**Service Provider Information**

|  |  |
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| **Do you have any Consultant/ Service Provider?** \* | |
| No  Yes (Please add SP Code) | |
| **SP Code \***  *(Upon successful registration, RBF Plus will issue the SP Code.)* |  |
| **Service Provider Name** | Auto fill in after add SP Code |
| **Mobile Phone Contact** | Auto fill in after add SP Code |
| **Email** | Auto fill in after add SP Code |

**1. Information of the Proposed Enterprise**

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| **Owner Information** *(Information should be in line with the registration)* | |
| **1.1 Name of Company (or) Business \*** |  |
| **1.2 Name of the Owner \*** |  |
| **1.3 Gender \*** | Male  Female  Other |
| * 1. **Ethnicity \*** |  |
| * 1. **Mobile Phone Contact \***   *(Please start with 09)* | 09 |
| * 1. **Email** |  |
| Please attach the National Registration Citizen (NRC) card. \* | |
| Please attach the Household Registration List. \* | |

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| **Enterprise General Information** | | |
| **1.7 Address of the Company (or) Business \***  *(Different address from project location in 3.3 is acceptable)* |  | |
| **1.8 Period of Establishing the Company (or)**  **Business \*** | **Month** | **Year** |
|  |  |
| **1.9 (a) Type of Company (or) Business Registration \*** | Private Industrial Registration Certificate  Municipal License  DICA Registration Certificate  Form (7)  MSME Card  Others (Please specify.)  ……………………………...………………. | |
| **1.9 (b) Registration Number** |  | |
| Please attach the Company (or) Business (or) Association Registration Certificate. \* | | |
| Please attach the Documentary evidence to prove that the Applicant is an MSME, with either 300 employees or less or a Paid-up capital that is less than USD 720,000. | | |

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| **Women Empowerment** | |
| **1.10 (a) Owned by Woman \*** | Yes  No |
| **1.10 (b) Managed by Woman \*** | Yes  No |
| **1.10 (c) Ethnicity of Manager \*** |  |

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| **Web & Social Media Links** | |
| **1.11 (a) Social Media Platform Link** |  |
| **1.11 (b) Website Link** |  |

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| **Financial Overview** | |
| **1.12 Total paid-up Capital in MMK \*** |  |
| **1.13 Revenue/Turnover in MMK for the last financial year \*** |  |
| **1.14 Current Loans from Banks/ private sources in MMK\*** | No  Yes (Please specify the amount)  ………………………………………………… |
| Please attach the Financial Statement (2024) or Audit Report (2024). | |

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| **Organizational Size \*** | | | |
| **Number of employees** | **Male** | **Female** | **Total** |
| **1.15 (a) Permanent** |  |  | Auto Calculate |
| **1.15 (b) Temporary** |  |  | Auto Calculate |

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| **Products and Services Portfolio** | | |
| **1.16 (a) Products (or) Services \*** |  | |
| **1.16 (b) Markets \*** | **Domestic** | **International** |
|  |  |
| **1.16 (c) Current Major Areas of Company (or) Business \***  *(Please mention the Products (or) Services that contribute to over 70% of your company (or) business’s turnover in 2024.)* |  | |

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| **1.17 History / Development of the Company (or) Business \***  *(Please briefly describe current activities, past achievements and future vision)* |
|  |
| Please attach the Before Business Operation Photos. \* |

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| **1.18** **Please specify the number of primary producers your company (or) business is currently working with. \*** | |
| **With Contract Farming System** |  |
| **Without Contract Farming System** |  |

**2. Previous experience with RBF Myanmar (or) RBF Plus**

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| **2.1 Have you ever applied for grant support from RBF Myanmar (or) RBF Plus? \*** |
| RBF Myanmar  RBF Plus  No **(If no, skip to question no. 3.1)** |

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| **2.2 Have you received grant support from RBF Myanmar? \*** |
| RBF Myanmar **(If yes, answer question no. 2.3)**  RBF Plus **(If yes, answer question no. 2.4)**  No **(If no, skip to question no. 3.1)** |

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| **2.3 If yes, select the area under which you received grant support from RBF Myanmar? \*** |
| A1 - Energy Efficiency & Renewable Energy  A2 - Water Efficiency  A3 - Waste Treatment & Recycling  A4 - Occupational Safety & Health (OSH)  A5 - Food Safety  A6 - Managerial & Supervisory Skills  A7 - Practical & Technical Skills |

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| **2.4 If yes, select the area under which you received grant support from RBF Plus? \*** |
| A1 - Modern Inputs and Technologies for Farmers  A2 - Technology Localization for Agrifood MSMEs  A3 - Energy Efficiency & Renewable Energy  A4 - Water Efficiency  A5 - Waste Treatment & Recycling  A6 - Occupational Safety & Health (OSH)  A7 - Food Safety & Value-Added Production  A8 - Agrifood MSMEs Participation in Trade Fairs  A9 - Knowledge Sharing for Farmers & Agrifood MSMEs |

**3. Information about the Proposed Project**

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| **3.1 Select the area under which you would like to seek grant support from RBF PLUS. \*** |
| **(Select one answer)**  A1 - Modern Inputs and Technologies for Farmers  A2 - Technology Localization for Agrifood MSMEs  A3 - Energy Efficiency & Renewable Energy  A4 - Water Efficiency  A5 - Waste Treatment & Recycling  A7 - Food Safety & Value- added Production |

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| **3.2 Do you need specific license to implement the proposed project idea? \*** |
| No  Yes (Please specify)  ……………………………….……………………………….……………………………….…. |

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| **3.3 Project Location \*** | | |
| **Building No. / Field No.** |  | |
| **Street / Road** |  | |
| **Ward / Village** |  | |
| **Town / Village Tract / Industrial Zone** |  | |
| **Township Name \*** |  | |
| Kachin  Kayah  Kayin  Chin  Rakhine | Shan  Mon  Nay Pyi Taw  Yangon  Mandalay | Ayeyarwady  Bago  Sagaing  Magway  Tanintharyi |

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| **3.4 Describe the Technology which you would like to seek grant support from RBF PLUS. \*** | |
| **Technology**  *(Grant applicants are strongly encouraged to propose the use of modernized or upgraded technological solutions)* |  |
| **Capacity**  *(Please mention the capacity of the Technology - kWh, Ton, Kg)* |  |

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| **3.5**  **Describe the detailed description of the Project Idea that utilizes the above-mentioned technology for which you are seeking support from RBF Plus. \***  *(Please describe your project idea in detail. How did it develop? What equipment, technology, or methods are you currently using in your business? How does your project idea align with RBF Plus Area of Support?)* |
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| **3.6 How many estimated employment opportunities could the proposed Project Idea create? \*** | | | |
| **Employment Opportunities** | **Male** | **Female** | **Total** |
| **Direct (Workforce)** |  |  | Auto Calculate |
| **Indirect (Farmers)** |  |  | Auto Calculate |

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| **3.7 Describe the non-financial / non-quantifiable benefits of the proposed Project Idea. \***  *(Please describe the potential benefits to the Environment and Local Community)* |
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| **3.8 Confirmation of ‘No-harm’ on GESI and Conflict Sensitivity**  *(Can you confirm that the proposed activities have been assessed to ensure they will not cause harm to any specific gender, social group, or community, and that they are designed to avoid exacerbating existing tensions or conflicts?)* |
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| **3.9 Description of project’s potential for transformative results on GESI and Conflict Sensitivity**  *(How does the project aim to bring about meaningful and lasting change in promoting gender equality, social inclusion, and reducing or preventing conflict within the target communities?)* |
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| **3.10 What are the reasons for not being able to implement the above-mentioned Project Idea until now on your own without external assistance?** \* |
| Financial Difficulties  Availability of Technology  Availability of Equipment  Availability of Service Provider / Supplier  Quality of the Products / Services  High Cost  Other (Please Specify)  …………………………………………………………….….………………………………...... |
| **3.10 (a) Describe the detailed explanation of the specific challenges, limitations, or obstacles that have prevented independent implementation of the project idea to date. \*** |
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| **3.11 If you are approaching any other Donor / Agency for Grant Assistance for the proposed idea, please present the details. \*** |
| No  Yes (Please specify the details including the name of the Donor / Agency and the support that you received.)  …………………………………………………………….….………………………………...... |

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| **3.12. Quality Assurance of Your Suppliers** *(Please mention at least two different suppliers.)* | |
| **3.12 (a) Name of Supplier 1: \*** |  |
| **S1. Contact \*** |  |
| **S1. Import from Country \*** |  |
| Please attach the Supplier 1 Quotation with Cost Breakdown and Equipment Specifications. \* | |
| Please attach the Supplier 1 Profile and Project Reference List if it is available. \* | |
| **3.12 (b) Name of Supplier 2: \*** |  |
| **S2. Contact \*** |  |
| **S2. Import from Country \*** |  |
| Please attach the Supplier 2 Quotation with Cost Breakdown and Equipment Specifications. \* | |
| Please attach the Supplier 2 Profile and Project Reference List if it is available. \* | |
| **3.12 (c) Name of Supplier 3:** |  |
| **S3. Contact** |  |
| **S3. Import from Country** |  |
| Please attach the Supplier 2 Quotation with Cost Breakdown and Equipment Specifications. | |
| Please attach the Supplier 2 Profile and Project Reference List if it is available. | |

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| **3.13 Present an estimate of the investment in MMK and USD needed to implement the proposed Project Idea. \***  *(It would help if you could provide a detailed breakdown of the proposed investment.)*  *(Only mention the details of preferred supplier)* | | |
| **Preferred Supplier \*** |  | |
| **Exchange Rate (MMK to USD) \*** |  | |
| **Specification of Proposed Machinery (or) Technology (or) Service** | **Approximate Cost (MMK)** | **Approximate Cost (USD)** |
|  |  | Auto Calculate |
|  |  | Auto Calculate |
|  |  | Auto Calculate |
|  |  | Auto Calculate |
|  |  | Auto Calculate |
|  |  | Auto Calculate |
| 1. Transportation Cost |  | Auto Calculate |
| 1. Installation Cost |  | Auto Calculate |
| **Total Project Cost** | Auto Calculate | Auto Calculate |

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| --- | --- | --- | --- | --- |
| **3.13 (a) Budget Requirement (Amount in MMK) \*** | | | | |
| **Total Budget**  **(MMK)** | **MSME Contribution** | | **RBF Plus Contribution** | |
| **Amount (MMK)** | **%** | **Amount (MMK)** | **%** |
| Auto Calculate | Auto Calculate |  | Auto Calculate | Auto Calculate |

(If the number of applicants for the MSME application project is high, RBF Plus reserves the right to reduce the grant percentage.)

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| **3.14 Describe your plan for financing the proposed project \*** |
| Own Money  Private Borrowing  Bank Loans  Others (Please specify.)  ………………………………. |

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| **3.15 Present an estimate of the pay-back period of the above-mentioned investment. \*** *(Guesstimates that may not be substantiated by detailed financial feasibility studies are acceptable at this stage.)* | |
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| **Pay-back Year** |  |

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| **3.16 Describe the implementation time frame for the proposed project immediately after the conclusion of the Grant Agreement.** \* |
| **(Select one answer.)**  1-3 Months  4-6 Months  7-9 Months  10-12 Months |

**4. Contact Person for the Proposed Project**

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| **4.1 Contact Person Information for the Proposed Project** | |
| **Name \*** |  |
| **Title / Position \*** |  |
| **Mobile Phone Contact \***  *(Please start with 09)* | 09 |
| **Email \***  *(Please be sure to fill in correctly, as RBF Plus will send a notification email to this email address within 24 hours of your submission.)* |  |

I hereby confirm that all the information listed above is accurate and provided by me, the owner of the Enterprise.

|  |  |
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| Signature |  |
| Name of the Owner / Managing Director |  |
| Date |  |
|  | |
| Please attach the Certification Letter confirming the accuracy of the information contained in the application, together with the business owner’s signature. | |

**Required Attachments to submit the Concept Note to RBF Plus**

Scans and photocopies are acceptable at this stage, though the originals need to be verified by the RBF Plus Secretariat later if the project moves into the stage of being approved for grant support. Required attachments are as follows:

1. National Registration Citizen (NRC) card of the Business Owner \*
2. Household Registration List of the Business Owner \*
3. Company (or) Business (or) Association Registration \*
4. Documentary evidence to prove that the Applicant is an MSME, with either 300 employees or less or a Paid-up capital that is less than USD 720,000 \*
5. Financial Statement (2024) or Audit Report (2024)
6. Before Business Operation Photos \*
7. Supplier Quotations & Supplier Profile \* (At least two quotations from different suppliers) \*
8. Certification Letter confirming the accuracy of the information contained in the application, together with the business owner’s signature \*

**Submission Instructions**

* Please submit your Concept Note through the following **Online Kobo Link**:

[https://ee-eu.kobotoolbox.org/x/jRXvSEuF](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fee-eu.kobotoolbox.org%2Fx%2FjRXvSEuF&data=05%7C02%7CMyatMyat.Phyo%40helvetas.org%7C1668420fe19a48aea0bb08ddd97567da%7C060d649d2c9344d28200a3eb9f3c4160%7C0%7C0%7C638905820466404697%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=vo05NaDRuQjVyGK8YFTxOLlzZ02KHHkneSUgMucgSfU%3D&reserved=0)

Please note that once you make a successful submission, you will receive **a notification email** from RBF Plus within (24) hours.

* We suggest you to **first fill in the information in Word template** **of Concept Note** and later **copy and fill in the Kobo Link**.
* If you encounter any difficulties completing the form, please watch the instructional video provided below.

<https://youtu.be/i2d67zbOvMg?si=J-ZypvK4Yl9z4zeE>

<https://youtu.be/QQ0D7-SNzys?si=JPRcP_p0k-pCFUcC>

Any queries regarding RBF Plus support can be addressed to mobile phone numbers:

09-456876613, 09-263702397, 09-757700697, 09-5032680, 09-774212405, 09-428061803