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

**Full Proposal**

**2nd Call for Proposals**

**Window 3 (Area 9)**

**2nd Call for Proposal – Open from 14th August to 4th September 2025**

\* Required

**1. Information of the Lead Applicant (Association or Company)**

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| **Chairperson (or) Owner Information** *(Information should be in line with the registration)* | |
| **1.1 Name of Company (or) Association\*** |  |
| **1.2 Name of the Owner (or) Chairperson \*** |  |
| **1.3 Gender \*** | Male  Female  Other |
| * 1. **Ethnicity \*** |  |
| **1.5 Mobile Phone Contact \*** |  |
| **1.6 Email** |  |

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| **Association or Company General Information** | | |
| * 1. **Are you applying the Grant as \*** | Company  Business Association | |
| * 1. **Address of the Company (or) Association \*** |  | |
| * 1. **Period of Establishing of the Company (or) Association \*** | **Month** | **Year** |
|  |  |
| **1.10 (a) Type of Company (or) Association Registration \*** | Private Industrial Registration Certificate  DICA Registration Certificate  Form (7)  Form (105)  MSME Card  Others (Please specify.)  ……………………………...………………. | |
| **1.10 (b) Registration Number** |  | |
| Please attach the Association (or) Company Registration Certificate. \* | | |

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

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| **Company (or) Association Size \*** | | | |
| **Number of** | **Male** | **Female** | **Total** |
| **1.12 (a) Permanent Employees** |  |  | Auto Calculate |
| **1.12 (b) Temporary Employees** |  |  | Auto Calculate |
| **1.12 (c) Members**  *(If none, please input “0”)* |  |  | Auto Calculate |

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| **1.13 Agriculture Sector \*** | |
| Crop Production  Livestock and Animal Husbandry  Fisheries and Aquaculture  Forestry | Agri-processing  Agri-service  Agri-tech  Organic farming & regenerative agriculture  Other  ………………………………………………… |

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| **1.14 Please describe your Current Product(s) and Value Chain Involvement. \*** |
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| **1.15 Are your products currently sold to any of the following markets? \*** |
| Local retailers  Large domestic retailers  International buyers  Other (Please Specify)  …………………………………………………………………………………………………… |

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| **1.16 History / Development of the Association or Company \***  *(Please describe briefly the current activities, achievements of the past and vision of the future)* |
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| Please attach the Financial Statement (2024) or Audit Report (2024). |
| Please attach the Before Project Photos \* |

**2. Information of the Participant Companies**

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| **2.1 Please download the provided link below and complete the attached participant information form and provide the list of the MSMEs and that have committed to attend the proposed knowledge sharing event. \*** |
| Please attach the Information of Participants \* |
| Please attach the Business Registration of Applicant Members \* |
| Please attach the Documentary evidence to prove that Applicants are MSMEs, with either 300 employees or less or a Paid-up capital that is less than USD 720,000. \* |

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| **2.2 Have you previously received any technical assistance related to certification or food safety?** |
| No  Yes (Please Specify)  …………………………………………………………………………………………………… |

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| **2.3 What are your main challenges in meeting market or certification requirements?**  *(e.g. lack of knowledge, no access to technical assistance, cost of implementation, etc.)* |
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**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. \*** |
| Knowledge Sharing for Farmers & Agrifood MSMEs (Market Requirements & Standards) |

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| **3.2 Describe the kind of technical assistance for which you would like to seek support from RBF Plus \*** |
| Food Safety Practices  Certification Process Guidance (e.g., HACCP, GAP, GACC, ISO)  Packaging & Labelling Standards  Business Documentation & Recordkeeping  Market Trend Analysis & Consumer Preferences  Soil Management  Pest Management  Disease Management  Other (Please Specify)  …………………………………………………………………………………………………… |
| **3.2 (a) Describe the details of the above proposed project idea (technical assistance) for which you would like to seek support from RBF Plus \***  (Please indicate your event program. How will this program be developed? How are you currently sharing business-related knowledge with your employees and collaborators? How does your event program align with RBF Plus Area of Support? New knowledge related to market access, market requirements, market standards, etc.) |
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| **Information of the Proposed Technical Assistance** | | |
| **3.3 Facilitator Name \*** |  | |
| **3.4 Background of the Facilitator \*** | | |
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| **3.5 Title of the Technical Assistance \*** |  | |
| **3.6 Period of the Technical Assistance \*** | **Starting Date** | **Ending Date** |
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| **3.7 Objective of the Proposed Technical Assistance \*** |
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| **3.8 Describe the benefit of the proposed event**  *(What improvements or changes do you expect after the technical assistance? e.g - Increase in sales value, increase in productivity, improve market readiness, Improve Food Safety, etc.)* |
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| **3.9 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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| **3.10 Describe the non-financial / non-quantifiable benefits of the proposed Project Idea \***  *(Please indicate the potential benefits for the Environment and Local Community)* |
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| **3.11 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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| **3.12 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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| **3.13 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 Technical Assistance  Availability of Service Provider / Supplier  Quality of the Services  High Cost  Other (Please Specify)  …………………………………………………………….….………………………………...... |
| **3.13 (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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| **3.14 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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| **3.15 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 Technical Assistance (Supplier)** |  | |
| **Exchange Rate (MMK to USD) \*** |  | |
| **Description** | **Approximate Cost (MMK)** | **Approximate Cost (USD)** |
| 1. Technical Assistance Fees |  | Auto Calculate |
| 1. Venue Rental |  | Auto Calculate |
| 1. Learning Materials |  | Auto Calculate |
|  |  | Auto Calculate |
|  |  | Auto Calculate |
|  |  | Auto Calculate |
| **Total Project Cost** | Auto Calculate | Auto Calculate |
| Please attach the Technical Assistance Fees (Supplier) 1 Quotation with Cost Breakdown \* | | |
| Please attach the Technical Assistance Fees (Supplier) 2 Quotation with Cost Breakdown \* | | |

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| **3.15 (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 |

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| **3.16 Describe your plan for financing the proposed project \*** |
| Own Money  Contribution by association  Others (Please specify.)  ………………………………. |

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| **3.17 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\*** |  |
| **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 lead applicant.

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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. Company (or) Association Registration Certificate \*
2. Financial Statement (2024) or Audit Report (2024).
3. Before Project Photos \*
4. Information of Participants \*
5. Business Registration of Applicant Members \*
6. Documentary evidence to prove that Applicants are MSMEs, with either 300 employees or less or a Paid-up capital that is less than 720,000 USD
7. Technical Assistance (Supplier) Quotations \* (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/5tOrNr75](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fee-eu.kobotoolbox.org%2Fx%2F5tOrNr75&data=05%7C02%7CMyatMyat.Phyo%40helvetas.org%7C1668420fe19a48aea0bb08ddd97567da%7C060d649d2c9344d28200a3eb9f3c4160%7C0%7C0%7C638905820466434320%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=QeTtOg5m86wBILrip2hQ0dM8FVsjDoZd16IKP2ATspw%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.

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