

## PUM Submit new project request form

### Customer

|   |                    |
|---|--------------------|
| 1 | Organisation name? |
|   |                    |

### Project details

|   |  |
|---|--|
| 2 | What is the reason for this assistance?                            |
|   |  |
| 3 | Which project activities do you expect the expert to perform?      |
|   |  |
| 4 | What are the expected results of the project (please be specific)? |
|   |  |

### Yearly information

|    |  |  |
|----|--|--|
| 5  | Year   |  |
| 6  | Permanent employees  |  |
| 7  | Non-permanent employees  |  |
| 8  | Total turnover (in €)  |  |
| 9  | Balance sheet total (in €)   |  |
|    |  |  |
| 10 | Year   |  |
| 11 | Permanent employees  |  |
| 12 | Non-permanent employees  |  |
| 13 | Total turnover (in €)  |  |
| 14 | Balance sheet total (in €)   |  |
|    |  |  |
| 15 | Year   |  |
| 16 | Permanent employees  |  |
| 17 | Non-permanent employees  |  |
| 18 | Total turnover (in €)  |  |
| 19 | Balance sheet total (in €)   |  |
|    |  |  |
| 20 | What is the operational model of this organisation?<br><input type="checkbox"/> Distribution: Delivery of good or service to the target audience, whether through traditional transport or infrastructure<br><input type="checkbox"/> Financial Services: Financial products and services<br><input type="checkbox"/> Processing/Packaging: Processing and or packaging goods<br><input type="checkbox"/> Production/Manufacturing: Production and/or manufacturing of goods<br><input type="checkbox"/> Services: Services such as education, health, communication, transportation, social services, tourism, etc.<br><input type="checkbox"/> Wholesale/Retail: Intermediary organisation that purchases goods and sells them to new target customers |  |
| 21 | What are the products and/or services offered?   |  |
|    |  |  |
| 22 | Where and how are the products and/or services sold?   |  |
|    |  |  |

## Entrepreneur details

We ask the following details for our subsidy providers.

|    |  |
|----|--|
| 22 | What is the gender of the entrepreneur?        |
|    | <input type="checkbox"/> Female                |
|    | <input type="checkbox"/> Male                  |
| 23 | What is the year of birth of the entrepreneur? |
|    |  |

## Legal information

|     |  |
|-----|--|
| 24  | In which year did your organisation start operations?  |
|     |  |
| 25  | What is the legal form of the organisation?  |
|     | <input type="checkbox"/> Sole-proprietorship<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Associations<br><input type="checkbox"/> Co-operative<br><input type="checkbox"/> Other<br><input type="checkbox"/> Non-Profit Organisation<br><input type="checkbox"/> Non-Governmental Organisation<br><input type="checkbox"/> Joint Stock Company |
| 26  | Is your company part of a holding/group companies?   |
|     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| 27  | Does your company work under a franchising contract?   |
|     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| 28  | Is there any foreign ownership?  |
|     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| 28a | If Yes: Percentage of foreign ownership:   |
|     |  |
|     | If Yes: Please list information of foreign owners: name(s), nationality(-ies), country of residence of foreign owner:  |
|     |  |
| 29  | Type of ownership:   |
|     | Private:   |
|     | Government:  |
|     | Other:   |

## Additionality

|     |  |
|-----|--|
| 30  | Are you also supported by other organisations on the topic of your request?      |
|     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                      |
| 30a | If Yes: What kind of support do you receive and from which type of organisation? |
|     |  |

|     |   |
|-----|---|
| 31  | Are there local organisations / professional consultants available who can advise on the topic of your request?   |
|     | <input type="checkbox"/> Yes, there are affordable alternatives<br><input type="checkbox"/> Yes there are, but they can't replace PUM<br><input type="checkbox"/> No there aren't<br><input type="checkbox"/> I don't know  |
| 31a | If Yes there are, but they can't replace PUM: Why can't these organisations / consultants replace PUM?  |
|     | <input type="checkbox"/> These organisations / consultants don't have the expertise I need<br><input type="checkbox"/> My organization can't afford the price of these organisations / consultants<br><input type="checkbox"/> The quality of these organisations / consultants is not sufficient<br><input type="checkbox"/> These consultants don't work in my region<br><input type="checkbox"/> Other reason(s) (please specify under any additional comments on the next page) |

## Extra

### Additional information

How did your company first hear about PUM?

- ☐ From a private sector support organisation in my country (sector associations, consultancy firms etc)
- ☐ From a public sector support organisation in my country (governments, chamber of commerce etc)
- ☐ From an international development organization
- ☐ Through a PUM seminar
- ☐ Through support from the Netherlands in the past
- ☐ Through the embassy
- ☐ Through the internet
- ☐ Through the local PUM Representative or contact person
- ☐ Through CBI
- ☐ Other, please specify which one

If Other: Other ways of hearing about PUM:

Additional comments Projectrequest:

Documents: