



Sensi Tech Innovation Hub
31B Spur Road, Freetown
Tel: +232 75 459-449/ +232 79 364-008

www.sensi-sl.org/apply – bspsmes@sensi-sl.org

BUSINESS SUPPORT PROGRAM APPLICATION FORM

Instructions For Applicant

There are two ways one can fill in this application form; Either online or offline, you can access the offline form at the **Sensi Tech Innovation Hub** head office (31 **Spur Road**), or download the form at this link, fill and email: bspforms@sensi-sl.org, with subject header **Business Support Application Form** for **SMEs** and **Start-up**. If you are applying online, fill in the online form below and submit it. Your application form will then be evaluated by the technical team and if shortlisted, you will be contacted to partake in the second stage of the application process.

Note: All successful applicants are required to undertake six-month business training as per the mandate of these projects

APPLYING FOR BUSINESS SUPPORT IS FREE, THERE IS NO FEE ASSOCIATED WITH THIS APPLICATION

A) LEGAL STATUS OF BUSINESS PROFILE

Country:		SME/Start-Up Name:	
SME/Start-Up Address			
SME/Start-Ups Contact			
Legal Status:			
Registered/unregistered			
Do you have a website? Yes/No, if yes Link			



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B) APPLICANT CONTACT PROFILE

Applicant Contact Details/Points:	
Name of Primary Contact:	
Position:	
Telephone:	
E-Mail:	
Your Gender:	
Date of Birth/Age	
Educational Qualification	
Computer Literacy Level	
Location of the SME’S/Start-up:	
Physical Address:	
Mailing Address:	
City or town [if urban]:	
Chiefdom/Village [if rural]:	

C. SME/Start-up Detail:

1. SME/Start-up status

- Start-up
- SME

2. The SME/Start-up was established in _____ (year)

Date of Legal Registration (Month / Day / Year) ___mm / ___day / _____Year if applicable





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3. Indicate your business sector:

- **Tourism**,
- **Digital**,

4. Provide a brief summary of your business/start-. Limit response to one paragraph.

5. List three (3) key members of your management team in support of your SME/Start-up program delivery, if Applicable

Name	Position	Contact number

5. The SME/Start-up is made up of _____ active paid employees (____ male ____ Female).

6. Annual Turn Over.....

D. ENTREPRENEUR EXPERIENCE PROFILE

5) Do you have a business idea? Yes No

6) Are you currently running your own SME/Start-up? Yes No

7) Do you have a Business Plan? Yes No

8) Have you identified potential customers? Yes No

a) If yes, who are they? _____

9) Do you have any funds to invest in this business/Start-up? Yes No

a) If yes, How much? _____





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10) Do you have any equipment to start the business/Start-up?

b) If yes, list them _____

11) As a SME/ Start-up, what are the challenges faced during the current Covid-19 pandemic?.....

12) Were you able to overcome these challenges? Yes/No,

If yes, how do you overcome these challenges? (Max 150 words

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E. SME/Start-up CONTENTS OF OPERATION

12) Provide a short description of your SME/Start-up profile. Limit response to 250 words.

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13) In Less than 250 words, what has been your key Achievement in terms of direct and indirect beneficiaries?

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14) Provide a short description of how the SME/Start-up generates or plans on generating its revenues. Limit response to one paragraph.

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15) What is the primary commodity or product that the SME or Start-up produces for revenues? Limit response to one paragraph.

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16) If you are successful at the end of the program, where do you expect to get other sources of funding? If not, why not? Limit response to 150 words.

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17). what are the biggest challenges you expect to face to turn your idea into reality after the CoVid-19 pandemic? (Max 150 words)

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18). Where would you like your SME/Start-up to be in 5 years? (Max 150 words)

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DECLARATION

I.....the undersigned, declare that the information given above is to the best of my knowledge, true and correct.

Name..... Designation.....

Signature of Applicant: Date.....

For office use only

Application Processed by: Received by:

Approved by.....