



## COVER PAGE

Are you a <b>majority owner</b> of a business that: a. has been operational for <b>at least one year</b> AND b. has <b>0 to 50 employees</b> ?	
<input type="checkbox"/> Yes: You are eligible for the competition	<input type="checkbox"/> No: You are not eligible for this competition
1. Name of your business: _____	
2. Business location/address: Region: _____ Zone/Sub-City _____ Woreda _____ Town _____ Kebele _____ House No. _____	
3. Full name (First Name, Last Name): _____	
4. Gender ( <i>select one</i> ): <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Date of Birth ( <i>day-month-year in G.C</i> ): _____	
6. Nationality ( <i>select one</i> ): <input type="checkbox"/> Ethiopian <input type="checkbox"/> Non-Ethiopian	
7. Kebele ID number: _____	
8. Residential (Home) Address: Region: _____ Zone/Sub-City _____ Woreda _____ Town _____ Kebele _____ House No. _____	
9. Provide up to three contact phone numbers: Primary: _____ Secondary: _____ Tertiary: _____	
10. Name of alternative contact person (in case we cannot reach you):	
11. Alternative contact person's mobile phone numbers: Primary: _____ Secondary: _____	
12. Email ID: _____	
13. If you were provided an Entrepreneurship Development Institute (EDI) ID for this competition, please enter it here: _____	

## A. Lead Applicant Information

1. What is your highest level of education completed? (select one)			
<input type="checkbox"/> No education	<input type="checkbox"/> Vocational training		
<input type="checkbox"/> Less than primary school	<input type="checkbox"/> Two years university education (Diploma)		
<input type="checkbox"/> Primary school (8th grade)	<input type="checkbox"/> Bachelor Degree		
<input type="checkbox"/> High school (10th grade)	<input type="checkbox"/> Master Degree or higher		
<input type="checkbox"/> Preparatory School (12th grade)			
2. How many <b>total</b> years of work experience do you have, including all jobs you have had? _____			
3. Have you ever attended an EDI Entrepreneurship Training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
4. Have you ever attended EDI Business Development Training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
5. How did you find out about this competition?			
<input type="checkbox"/> Call/SMS from EDI	<input type="checkbox"/> Email from EDI	<input type="checkbox"/> EDI website	<input type="checkbox"/> Social media <input type="checkbox"/> Friend
<input type="checkbox"/> EDI Research Partner	<input type="checkbox"/> Other _____		
6. Did you receive any assistance in filling out this application?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, at EDI offices	<input type="checkbox"/> Yes, from EDI Research Partner	
<input type="checkbox"/> Yes, from someone else ( <i>specify</i> ) _____			

## B. About the business

1. Are there other shareholders in the business? If yes, what percent of the business do you own?			
<input type="checkbox"/> No, I own 100% of the business		<input type="checkbox"/> Yes, I own _____% of the business	
2. What industry is your business? ( <i>Select all that apply</i> )			
<input type="checkbox"/> Agribusiness	<input type="checkbox"/> Business or Personal Services	<input type="checkbox"/> Chemicals and pharmaceuticals	
<input type="checkbox"/> Clothing and Textiles	<input type="checkbox"/> Construction and Infrastructure	<input type="checkbox"/> Education and Skills Development	
<input type="checkbox"/> Energy and Renewables	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Food/Nutrition/Beverages
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Media/Marketing/Creative	<input type="checkbox"/> Technology
<input type="checkbox"/> Resources and Green Economy	<input type="checkbox"/> Retail and Distribution	<input type="checkbox"/> Telecommunications	
<input type="checkbox"/> Tourism and Hospitality	<input type="checkbox"/> Transport and Logistics	<input type="checkbox"/> Other: _____	
3. Briefly describe your products and/or services. What do you sell to the market? ( <i>150 words maximum</i> )			



4. Has your business advertised using any of the following methods? ( <i>select one</i> ):
<input type="checkbox"/> Newspaper/magazine <input type="checkbox"/> Radio announcement <input type="checkbox"/> Flyers/brochures <input type="checkbox"/> Business cards <input type="checkbox"/> Brokers <input type="checkbox"/> Loud speakers/on street <input type="checkbox"/> None <input type="checkbox"/> Other, specify: _____
5. Do you have a current business license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
6. If yes, License Number: _____
7. In what month and year did the business begin operating? ( <i>month-year in G.C</i> ) _____
8. Do you have a written financial record keeping system for the previous 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

**C. Current Business Performance** (*for all questions below, write 0 if none*)

1. What was the total income your business earned during the PAST MONTH after paying all expenses, including salaries, rents, materials, etc. Expenses include payments to business owners if these were paid as a salary. That is, what were the profits or losses of your business (in birr) during the PAST MONTH?  <i>If you experienced a profit: PREVIOUS MONTH PROFITS:</i> <input style="width: 150px; height: 20px;" type="text"/>  <i>If you experienced a loss: PREVIOUS MONTH LOSS:</i> <input style="width: 150px; height: 20px;" type="text"/>  <i>Only one box should be filled – a business can only experience a profit or a loss in a given month, not both.</i>
2. What is the total number of current paid full-time employees (excluding the lead applicant – 0 if none)? Male: _____ Female: _____
3. What is the <b>total</b> combined number of hours worked in a <b>typical week</b> by all of your employees?

4. What are your current revenues (in birr)? List your major items and the revenues they generated in the PAST MONTH. *Categorize the items up to six categories.*

Description of Revenue Item	Previous Month Revenue
<b>Total Revenue</b>	



5. What are your current business expenditures (in birr)? List your expenses for the PAST MONTH.

Description of Business Expenditure Item	Previous Month Expenditures
Supply Purchases	
Rent	
Salaries	
Administrative Expenses	
Water, electricity, and utilities	
Repairs and Maintenances	
Transport	
Other	
<b>Total Expenses</b>	

6. What are the business' current assets (in birr)?

Description	Actual or Estimated Value of Assets
Cash (e.g., on hand, in bank, in MFI)	
Business receivables (e.g., trade debtors)	
Stock/Inventory	
Other (e.g., Loan payable, Iqub receivables)	
Fixed Assets	
<b>Total Assets</b>	

7. What are the business' current liabilities (in birr)?

Description	Actual or Estimated Value of Liabilities
Loans, payable within one year	
Loans, longer than one year duration	
Trade Creditors	
Taxes Payable	
Other liabilities	
<b>Total Liabilities</b>	

**D. Your Business Plan** (for all questions below, write 0 if none)

1. Business Expansion Plan Title (describes the plan for your business in title form):



2. Describe the expansion plan you are proposing for your business (200-words maximum):

3. Elaborate the specific business goals that you plan to achieve (150 words max).



4. Explain the strategies that you will use to realize the business expansion (200 words max):

5. Describe your competitive advantage over industry competitors. (150 words max)

6. If you win the top prize of 500,000 ETB, describe how you will use the funds to implement your proposed business idea (150 words max)?



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7. If you win the top prize of 500,000 ETB, how many full-time paid employees do you expect to have after one year? (*Excluding the lead applicant – 0 if none*):

8. If you win the top prize of 500,000 ETB, what do you expect your monthly revenue to be **after one year**?

Description of Revenue Item	Projected Monthly Revenue
Sales of goods/services	
Renting	
Commission	
Other	
<b>Total Projected Revenue</b>	

9. If you win the top prize of 500,000 ETB, what do you expect your monthly expenditures to be **after one year**?

Description of Business Expenditure Item	Projected Monthly Expenditures
Supply Purchases	
Rent	
Salaries	
Administrative Expenses	
Water, electricity, and utilities	
Repairs and Maintenances	
Transport	
Other	
<b>Total Projected Expenditures</b>	

**E. Declaration**

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By filling out this application form, I, the Lead Applicant, declare that I have read all the contents in this application form, and I duly certify the information entered in this application are all true and representative of my company. I understand this information will be audited prior to receiving any prize and, if the information is found to be inaccurate, I will be disqualified from the competition.

Signature of Lead Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp of Business (*if available*):