

CALL FOR PROPOSAL FORM

Name: _____ Business Type: _____

Location: _____ Email _____ Ph: _____

Gender: _____ Age Group: 0-17 / 18-35 / 36-55 / 56+ Disability: Y / N Date: ___/___/___

Business License No: _____ Activities Licensed: _____ Years of Operation: _____

No. of Employees: ___ No. of Females Employed: ___ No. of Youth Employed: ___ (18yrs – 35yrs)

Which area best represents your business nature: (Circle ONE) *ENVIRONMENT / SOCIAL / ECONOMIC / WOMEN IN BUSINESS / PEOPLE WITH DISABILITY / OTHER*

Nominated Bank Account _____ Account Name: _____ Bank Name: _____

Please describe in 200 words or less what your business does and how it will improve Samoa's image for visitors during CHOGM 2024.

Please list the breakdown of the fund your business is applying for.

Description <i>(quote)</i>	Amount	Materials	Supplier <i>(Must provide)</i>
<i>Eg. Repaint Shop</i>	\$1500.00	<i>Paint, Brushes.</i>	<i>Bluebird Hardware</i>
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____
4. _____	\$ _____	_____	_____

Attachments:

1. Business license 2024
2. Valid ID
3. Quote(s)

For office use only:

Date received: _____ Name of officer: _____

Number allocated for the application: 2024/ _____

Comments by panel/committee:

Total Approved by the Panel: \$ _____