**GSIF**

**GENDER SMART INNOVATION FACILITY**

**APPLICATION FORM**

**Deadline: Apply by**

APPLY BY

March 24th, 2023

Midnight

**Guidelines**

1. Before proceeding with this application, we draw your attention to the Guidelines and information of this Facility which is contained in the GSIF brochure.
2. The notes below provide essential information that will guide your responses and the information we require to assess your application. Please refer to these when completing the application form.
3. Defining a specific women market segment(s) that your organization would like to serve is highly recommended. You are free to indicate more than one market segment as soon as you are sure you will dedicate human resources to work on them. Justifying why you have chosen the market segment(s) as well as providing any information that you already know is very important.
4. Your initial ideas on product and distribution models are also important and will be used to assess the feasibility and relevance of your proposal. However, these will be refined during the implementation phase with support from the consultants.
5. The deadline for receipt of your application is no later than 24th March 2023 at midnight (CAT). Any applications received after this date will not be considered.
6. All applications must be submitted via online application form using the link below:  <https://form.fsdmoc.org.mz>
7. Upon submission of application form, you will receive an automatic reply acknowledging receipt of your application. Kindly follow up if you do not receive the acknowledgement email.
8. Please ensure that the application is complete as incomplete applications will NOT be considered. In addition to completeness, please ensure that your application is clear, consistent and compelling. This will increase prospects for consideration.
9. As you complete your application and wish to seek clarifications, do not hesitate to contact us on the contacts provided. Any queries or questions about the process or content can be sent via email request to [fsdmoc@fsdmoc.org.mz](mailto:fsdmoc@fsdmoc.org.mz) with copy to [mail@finprobitysolutions.com](mailto:mail@finprobitysolutions.com). The deadline for seeking clarifications on the application process is 17th March, 2023**.**
10. Upon submission and if shortlisted, you may be contacted to provide additional information or clarify some of the content in your application.

1. Applicant information

|  |  |  |
| --- | --- | --- |
| 1.1 | Applicant name (e.g. name of organisation) |  |
| 1.2 | Name and title of contact person |  |
| 1.3 | E-mail address |  |
| 1.4 | Telephone number, including area code |  |
| 1.5 | Physical address |  |
| 1.6 | Postal address |  |
| 1.7 | Start date of organisation’s operations |  |
| 1.8 | Company’s vision and mission statement |  |
| 1.9 | Do you currently have any financial services targeting women? | Yes  No |
| 1.10 | If yes, please provide details (i.e. Number and details of products, description of clientele, length of experience and regions served.  Attach relevant brochure/s or product information |  |
| Declarations | | |
| 1.11 | Our company has a valid operating license | Yes  No |
| 1.12 | Our company is interested and willing to enter into cooperation with FSDMoc | Yes  No |
| 1.13 | Our company is willing to report to FSDMoc about the results of the project | Yes  No |
| 1.14 | Our company is willing to provide necessary information that might be relevant to the project and share data of their clientele.  Note: Non-disclosure agreement will be signed and FSDMoc and FinProbity Solutions will keep all the data confidentially. | Yes  No |

1. Proposal

|  |  |
| --- | --- |
| * 1. Why are you applying to this facility? |  |
| * 1. Market segment description   What specific women market segment(s) are you thinking about?  Note: You are free to select more than one market segment. | Smallholder farmers  Small business owner - Training  Micro business owner - Training  Small business owner - Non-Training  Micro business owner - Non-Training  Salaried (medium-high income) and formally employed  Salaried (low-wage earner) and informally employed  Other (specify): |
| * 1. Justification for selected market segment   Why would you want to target this market segment(s)? |  |
| Have you already had interactions with this market segment(s) e.g. market interest through inquiries, discovery interviews, demand studies, surveys, conversations, tests, pilots, etc? | |
| Yes  No | |
| * 1. If yes, what sort of interaction? | |
|  | |
| * 1. What do you already know about this market segment(s)? | |
|  | |
| * 1. What type of gender smart digital financial services are you thinking about?   In case of existing product, please kindly provide information on the product including how long it has been on the market, performance indicators and challenges. | |
|  | |
| * 1. What partnerships do you forsee in effectively get this financial service to women and why? | |
|  | |
| * 1. Capacity: What is the composition of your proposed implementing team and their capabilities to undertake this project. Outline team members, roles in the organization and relevant capabilities and experience | |
|  | |
| * 1. Institutional culture: What is your organization’s institutional culture? | |
|  | |
| * 1. Product development: What is your organization’s product development cycle? | |
|  | |

1. Partnerships

NOTE:

* To be completed, only for partnership proposals.
* If you have more than one partner, kindly fill in this section for each partner

Kindly provide information for proposed partner(s) on this project.

Your partner information

|  |  |  |
| --- | --- | --- |
| 3.1 | Name of partner organisation |  |
| 3.2 | Name and title of contact person |  |
| 3.3 | E-mail address |  |
| 3.4 | Telephone number, including area code |  |
| 3.5 | Physical address |  |
| 3.6 | Postal address |  |
| 3.7 | Type of organisation: Please tick the response which fits best: | Commerical bank  Savings and Credit Cooperative  DFS provider  Fintech  Insurance company  Microinsurance company  Insurtech  Microfinance institution/ Micro Bank  Mobile Network Operator  Mobile Money Operator  Technology and platform developer  Other distribution channels and aggregators  (Specify)…………………………………… |
| 3.8 | Purpose, mission and/or objectives of your partner. |  |
| 3.9 | Start date of organisation operations |  |
| 3.10 | Is the organisation already serving the women market segments? | Yes  No |
| 3.11 | If yes, please provide details (i.e. Number and details of products, length of experience) and attach relevant brochure/s or product information |  |
| 3.12 | Why have you decided to work with this partner? |  |
| 3.13 | Roles and responsibilities in partnership  Kindly indicate the respective roles and responsibilities of your organisation and your partner. |  |
| 3.14 | Why do you think this is the ideal partner for your proposed initiative? |  |

1. Final declaration

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| --- | --- |
| We confirm that all the information submitted in this proposal is accurate and correct and we remain available to answer any clarifications or provide supporting documents if required. | Yes  No |