



PROJECT SHEET

Name and last name :

Region of origin :

Division of origin :

Phone number :

E- mail :

THE PROMOTER

| | QUESTIONS | ANSWERS |
|---|-----------------------------------------|---------|
| 1 | Gender of promoter | |
| 2 | Age of promoter | |
| 3 | Promoter's highest qualification | |
| 4 | Highest degree specialty | |
| 5 | Professional experience of the promoter | |

HIS COMPANY

| | | |
|----|-----------------------------------------------------------------------------------|--|
| 6 | Company name | |
| 7 | Sector of activity (agri-food, cotton-leather-textile, wood, ICT, catering, etc.) | |
| 8 | Main products/services | |
| 9 | Year of creation of the company (year of formalization) | |
| 10 | Registration number (RCCM, Coopérative, etc.) | |

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| 11 | Number of employees | |
| 12 | Background (brief history of the creation of the company) | |
| 13 | Direct beneficiaries (target population) | |
| 14 | Vision (N/A if not existing) | |
| 15 | Mission (N/A if not existing) | |
| 16 | Your business strategy (N/A if non-existent) | |
| ITS CORPORATE FUNCTIONS (marketing, production, human resources and finance) | | |
| 17 | What is your Marketing strategy (N/A if not existing)? | |
| 18 | Is this strategy accompanied by an action plan? | |
| 19 | Do you have ANOR certified products? | |
| 20 | Do you have a quality and continuous improvement approach? | |
| 21 | In which market are you present (one region, less than 5 regions, all of Cameroon, CEMAC, Africa, Europe, Asia)? | |
| 22 | Do you have a monitoring system for your market? | |
| 23 | What is your production strategy (N/A if not existing)? | |
| 24 | Is this strategy accompanied by an action plan? | |
| 25 | Do you have standardized and sufficiently optimized processes? | |
| 26 | Do you have an artisanal, semi-automated or fully automated production system? | |

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| 27 | Do you have an inventory management system? | |
| 28 | What is your personnel strategy (N/A if not existing)? | |
| 29 | Is this sub-strategy accompanied by an action plan? | |
| 30 | Do you have a staff evaluation and capacity building system? | |
| 31 | Do you have a security system for your staff? | |
| 32 | Do you have formalized internal regulations? | |
| 33 | What is your financial management strategy (N/A if not existing)? | |
| 34 | Is this sub-strategy accompanied by an action plan? | |
| 35 | Do you keep a cash book? | |
| 36 | Do you have an investment plan? | |
| 37 | Do you have a budget control system? | |
| ITS PERFORMANCES | | |
| 38 | What is your average annual turnover? | |
| 39 | What is your average annual profit? | |
| 40 | Sales situation over the last two years (decreasing-stagnant-increasing) | |
| 41 | Profit situation over the last two years (decreasing-stagnant-increasing) | |
| 42 | Cash situation over the last two years | |

| | | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| | (decreasing-stagnant-increasing liquidity) | |
| 43 | Status of production equipment and machines (New - outstanding depreciation - already amortized) | |
| ITS LEVEL OF ICT AND INNOVATION | | |
| 44 | Level of ICT use in your company (basic, office, collaborative intranet, social networks, software package, etc.) | |
| 45 | Level of use of Artificial Intelligence, Virtual Reality, IOT | |
| 46 | Are you about to introduce a new technology or product to the market? | |