**Female Health and Hygiene Accelerator application form**

This form is meant to facilitate that you prepare your answers before submitting, as the online form does not save unsubmitted answers. However notice that applications can only be done through the online form available at <https://fhha.creation.camp/apply-now/>. Applications received by email will not be considered. Good luck!

**General**

Please provide general information about your business that will enable the selection committee to understand who you are, what you do, where you operate, etc.

* 1. Name of your business / organisation:\*
* 2. Primary country of operations:\*
	+ Kenya
	+ Uganda
	+ Ghana
* 3. CEO / Founder:\*

*Enter the first and given name of the current CEO or one of the founders of your company.*

* 4. Main contact person, if other than CEO / Founder:

* 5. Contact number:\*

*Please, include the country calling code +##*

* 6. Email address:\*
* 7. Website:\*

*Enter the URL of your official company website. If not available, indicate your main business profile on social media.*

* 8. Please select in which country/countries your organisation/company is registered\*

*Multiple entries are possible*

* + Kenya
	+ Uganda
	+ Ghana
	+ Other
* 9. In which counties/districts/regions of your target country/countries do you serve your clients?\*

**Your company's female health and hygiene solution**

Please provide information that will enable the selection committee to understand how your products and services are linked to the current female health and hygiene challenges in Kenya, Ghana and/or Uganda.

* 10. Brief description of the enterprise and its offer\*

*Please summarise what your business does, including a description on the services/products you offer and how you generate revenues from them (max. 1,000 characters including spaces)*

* 11. Who are your main customers? How many of them are in rural, peri-urban and urban areas (give an estimate as a percentage of your total customers)?\*
* 12. Type of customers:\*

*Which one of the following model describes your business most accurately?*

* + Business to Customer (B2C)
	+ Business to Business (B2B)
	+ Business to Donor Organization (B2D)
	+ Business to Government (B2G)
	+ Multiple (please indicate below)
* 13. What makes your business model unique and innovative?\*

*Max. 1,000 characters including spaces*

**Maturity**

Please provide information that will enable the selection committee to determine whether your business has a suitable profile in terms of organizational maturity.

* 14. Since when have you been in operation?\*
* 15. Total number of customers to date\* (*The value must be a number)*
* 16. Total turnover last year\*

*How much revenue in USD equivalent have you generated from selling your products/services in 2023? The value must be a number.*

* 17. Have you already raised third-party funding (i.e. investments, donations, grants, loans, etc.) with an equivalent value of more than USD 10,000 USD?
	+ Yes
	+ No
* 18. If you have already raised third-party funding with an equivalent value of more than USD 10,000 USD, please indicate which\*

*Multiple entries are possible*

* + Grants
	+ Loans
	+ Equtiy
	+ Other
* 19. How much money in USD equivalent did you raise in grants?

*If you haven't raised any money in this category enter 0. The value must be a number.*

* 20. How much money in USD equivalent did you raise in loans?

*If you haven't raised any money in this category enter 0. The value must be a number.*

* 21. How much money in USD equivalent did you raise in equity?

*If you haven't raised any money in this category enter 0. The value must be a number.*

* 22. How much money in USD equivalent did you raise in other types of funding?

*If you haven't raised any money in this category enter 0.*

**Team**

Please provide information that will enable the selection committee to understand how your business is set-up as a team and how your company is run internally.

* 23. How many co-founders does your enterprise have?

*The value must be a number*

* 24. Total number of employees

*How many regular members does your team count? Exclude temporary staff.*

*The value must be a number.*

* 25. Percentage of women employees\*

*Indicate a percentage of how many of your employees are women. The value must be a number.*

**Impact Scaling Potential**

Please provide information that will enable the selection committee to understand your company's potential to provide sustainable, cost-efficient solutions to address the prevailing challenges related to female health and hygiene at scale.

* 26. Briefly describe how your business generates impact\*
*How do you directly or indirectly improve access to female health and hygiene products and/or services in rural, peri-urban and urban areas? Do you measure this impact? If yes, how? (max. 1,000 characters including spaces)*
* 27. How does your business model directly or indirectly benefit vulnerable women and girls at the base of the pyramid?\*

*Max. 1,000 characters including spaces*

* 28. Do you see climate-related risks for you company now or in the near future? If yes, briefly describe the risks and the corresponding (potential) mitigation strategies\*

*Max. 500 characters including spaces*

* 29. Which or your activities/areas of business is potentially creating negative impacts on the climate? Do you see options to reduce or offset these negative impacts?\*

*Max. 500 characters including spaces. Examples: Increased solid waste in areas with insufficient waste management resulting from single-use sanitary pads. CO2 emissions from using fossil fuel powered trucks and equipment.*

**Outlook on Growth**

Please provide information that will enable the selection committee to understand your company's outlook on growth in terms of your aspirations for the development of your business in the coming years.

* 30. How many additional customers do you want to reach in the coming 2 years?\*

*The value must be a number.*

* 31. How much investments (grants/debt/equity) in USD equivalent do you need to achieve this goal?\*

*The value must be a number*

* 32. The Female Health and Hygiene Accelerator offers the opportunity to access catalytic grants of up to USD 10,000 to help your business accelerate its growth and success. How would you use this grant to accelerate your business growth?\*

*Max. 1,000 characters including spaces*

* 33. What key capacity gaps have you identified within your organization (i.e. technical knowledge, specialized skills, etc.) that you want to overcome during the Female Health and Hygiene Accelerator?\*

*Max. 1,000 characters including spaces*

* 34. Anything else you would like to communicate to the selection committee?\*

*Otherwise proceed to the next section (Document Upload). Do not forget to SUBMIT the form after uploading the documents.*

**Document Upload**

* After uploading\*
*Do not forget to click SUBMIT to submit the application form.*
	+ Mark this box if you are sure that you have answered all the mandatory questions.