

Vital Voices Global SME Growth Program

Program Overview

The **Vital Voices Small and Medium Enterprise (SME) Growth Program** is a one-year comprehensive and tailored program focused on building the capacity and concrete skills of SME women business owners to create actionable business plans to grow their businesses. The Program will target women-owned SMEs in the Middle East and North Africa, Sub-Saharan Africa, and Latin America and the Caribbean. The SME Growth Training Program is an online and in-person program that integrates the latest business trends, global best practices, and interactive learning techniques. These and all other programmatic elements are regionally localized to ensure that the program is accessible and applicable to women business owners and the business environments they operate in. The program consists of 4 components:

1. An intensive participant selection process,
2. Online preparatory sessions before the training that guide program participants in drafting a business plan that they will refine throughout the training,
3. A 4-day in-person regional training, and
4. Access to growth services based on needed skills and tools targeted in participants' business plans.

The application for the SME Growth Program is specific to the Latin America and Caribbean (LAC) region. If you are a LAC woman business owner please continue.

Who Can Apply

Vital Voices is seeking applications from LAC women business owners who:

- Own a businesses that has been in operation for at least 3 years,
- Employ at least 3 staff (including temporary and/or seasonal workers), and
- Generate at least USD \$25,000 in annual sales

As an interested applicant, you:

- Are motivated to build the skills and make the changes needed to grow your business,
- Are excited to participate in a one year program including on-line and in-person training and access to external business growth opportunities, and
- Recognize the value of tracking the growth of your business for up to 3 years through methods such as surveys, calls, or additional opportunities.

How to Apply

To apply for the Vital Voices Global SME Growth Program, please:

1. Complete the application through SurveyGizmo using the following link (**HIGHLY RECOMMENDED**): <http://www.surveygizmo.com/s3/1222477/Vital-Voices-Global-SME-Growth-Program-LAC-Participant-Application>
OR
2. Complete the **application that begins on page 5 of this packet. The application should be submitted to Rebecca Ganster, Vital Voices Latin America and Caribbean Program Manager at lacsmegrowth@vitalnetwork.org**

**ALL APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY
TO VITAL VOICES BY FRIDAY, MAY 31ST.**



Vital Voices Global SME Growth Program

This application should take approximately 30-40 minutes to complete. For your application to be considered complete, **answers are required for all questions unless otherwise noted.**

Please complete the application to the best of your ability. Please note that the open-ended questions have a limit on the number of characters for responses, including spaces.

Upon receipt of your application you will receive a confirmation email from Vital Voices. Vital Voices staff will contact you to provide information regarding your application's status.

Your personal and business information will remain confidential. Only Vital Voices staff members will see this information for the sole purpose of program participant selection and monitoring and evaluation.

If selected for the program, please note that acceptance is NON-TRANSFERABLE. **Successful applicants selected to participate in the program may not transfer their acceptance to another individual.**

If you encounter questions or problems with the survey, please contact: Rebecca Ganster at lacsmegrowth@vitalnetwork.org

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Vital Voices Global SME Growth Program

Vital Voices Global Partnership

Vital Voices Global Partnership – Vital Voices is a leading non-governmental organization (NGO) that identifies, invests in and brings visibility to extraordinary women around the world by unleashing their leadership potential to transform lives and accelerate peace and prosperity in their communities.

- Vital Voices equips women with business development, entrepreneurial, management and communications skills to expand their enterprises, provide for their families, and create economic opportunity in their communities
- Vital Voices is at the forefront of international coalitions to combat human trafficking and all forms of violence against women and girls
- Vital Voices empowers women to become change agents in their government, advocates for social justice, and supporters of democracy and the rule of law

Our international staff and team of over 1,000 partners, pro bono experts and leaders, including senior government, corporate and NGO executives, have trained and mentored more than 14,000 emerging women leaders from over 144 countries in Africa, Asia, Eurasia, Latin America and the Caribbean, and the Middle East since 1997. These women have returned to their communities to train and mentor more than 500,000 additional women and girls. They are the vital voices of our time.

Vital Voices Global Partner

ExxonMobil

The Latin America and Caribbean Businesswomen’s Network (LAC BWN) and the Vital Voices Small and Medium Enterprise (SME) Training Program are generously supported by our founding global partner, the ExxonMobil Foundation. Since 2008, Vital Voices has been proud to partner with the ExxonMobil Foundation to build innovative regional networks that train, mentor, and connect thousands of women business leaders in sub-Saharan Africa, Latin America and the Caribbean, and the Middle East and North Africa.

ExxonMobil is the largest publicly traded international oil and gas company. ExxonMobil uses technology and innovation to help meet the world’s growing energy needs. Globally, ExxonMobil provides funding to improve basic education, promotes women as catalysts for development, and combats malaria and other infectious diseases in developing countries. In 2011, together with its employees and retirees, Exxon Mobil Corporation, its divisions and affiliates, and ExxonMobil Foundation provided \$278 million in contributions worldwide. Additional information on ExxonMobil's community partnerships and contributions programs is available at www.exxonmobil.com/community.

Vital Voices Global SME Growth Program

Vital Voices Regional Partners

Globally, Vital Voices works with the following partner organizations to build and strengthen the capacity of women leaders to grow their businesses and improve the enabling environment for women entrepreneurs.

Africa

The Africa Businesswomen's Network



Latin America and the Caribbean

The Latin America and Caribbean Businesswomen's Network



Middle East and North Africa

The Middle East and North Africa Businesswomen's Network



Vital Voices Global SME Growth Program

Please complete the following application if you are interested in participating in the Vital Voices Global SME Growth Program.

Part A: Program Requirements	
1	<p>The Vital Voices SME Growth Program requires the following minimum program requirements. Please indicate if you can meet the minimum program requirements:</p> <p>A. Completion of online preparatory sessions before the training that guide program participants in drafting a business plan (estimated 3 hours a month before the 4-day training). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Participation in a 4-day training in region (week of October 21st, 2013 Managua, Nicaragua). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Willingness to participate in follow-on services and opportunities based on needed skills and tools targeted in participants' business plans (estimated 3 hours a month after the 4-day training). <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2	<p>Do you agree to work with Vital Voices to track the growth of your business for up to 3 years through methods such as surveys, calls, or additional opportunities? <i>Your individual and business information will remain confidential.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3	<p>Do you own your business? <i>Please select one.</i></p> <p><input type="checkbox"/> Yes, I am the sole owner of my business. <input type="checkbox"/> Yes, I own the business with other individuals. <input type="checkbox"/> No, I do not own a business.</p>

IF YOU ANSWERED 'NO' TO ANY OF THE ABOVE QUESTIONS, PLEASE DO NOT PROCEED WITH THE REMAINDER OF THE APPLICATION.

Vital Voices Global SME Growth Program

Part B: Personal Information						
4	Date: <input style="width: 100px;" type="text"/>					
5	Full name:	First name: <input style="width: 100px;" type="text"/> Surname, family name, last name: <input style="width: 150px;" type="text"/>				
6	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male				
7	Position or title at business:	Position or Title: <input style="width: 150px;" type="text"/>				
8	Contact information:	Email: <input style="width: 100px;" type="text"/> Mobile Number: <input style="width: 100px;" type="text"/> Office Number: <input style="width: 100px;" type="text"/> Skype ID: <input style="width: 100px;" type="text"/> Business Website: <input style="width: 150px;" type="text"/>				
9	Business physical address:	Street: <input style="width: 100px;" type="text"/> City: <input style="width: 100px;" type="text"/> Province/District: <input style="width: 100px;" type="text"/> Postal Code: <input style="width: 100px;" type="text"/> Country: <input style="width: 100px;" type="text"/>				
	Business mailing address (if different from above):	Street: <input style="width: 100px;" type="text"/> City: <input style="width: 100px;" type="text"/> Province/District: <input style="width: 100px;" type="text"/> Postal Code: <input style="width: 100px;" type="text"/> Country: <input style="width: 100px;" type="text"/>				
10	Date of birth:	Month: <input style="width: 100px;" type="text"/> Select Month Day: <input style="width: 100px;" type="text"/> Year: <input style="width: 100px;" type="text"/>				
11	Please indicate your English language abilities.					
		Native/Fluent	Advanced	Intermediate	Beginner	None
	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do you speak any other languages?					
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: <input style="width: 150px;" type="text"/>					
12	How many months of the year do you live in the country where your business is located? Select Number of Months <input style="width: 100px;" type="text"/>					

Vital Voices Global SME Growth Program

Internet Use and Accessibility	
<p>This program will use online learning materials requiring viewing videos (similar to YouTube), downloading files such as PDFs or PowerPoint presentations, and microphone/audio capability for webinars.</p>	
13	<p>Which devices do you use to access the internet? <i>Select all that apply.</i></p> <p><input type="checkbox"/> Laptop Computer</p> <p><input type="checkbox"/> Desktop Computer</p> <p><input type="checkbox"/> Smart Phone (iPhone, Android, Blackberry)</p> <p><input type="checkbox"/> Tablet (iPad etc.)</p> <p><input type="checkbox"/> Other, please describe: <input style="width: 50px;" type="text"/></p>
14	<p>Which of the following web browsers do you use? <i>Select all that apply.</i></p> <p><input type="checkbox"/> Internet Explorer</p> <p><input type="checkbox"/> Firefox</p> <p><input type="checkbox"/> Google Chrome</p> <p><input type="checkbox"/> Other, please describe: <input style="width: 50px;" type="text"/></p>
15	<p>Please rate your speed of internet connection to view a video, download a PDF, and participate in a webinar or PowerPoint presentation. (1 = very slow, 5 = very fast).</p> <p><input type="checkbox"/> 1 – Very slow <input type="checkbox"/> 2 – Slow <input type="checkbox"/> 3 – Average <input type="checkbox"/> 4 – Fast <input type="checkbox"/> 5 – Very fast</p>
16	<p>How frequently do you encounter challenges or interruptions to your internet access due to internet connectivity issues?</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Few times a day <input type="checkbox"/> Few times a week <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely or never</p>
Online and Formal Networks	
17	<p>Which online/social networks, if any, do you use for business purposes? <i>Select all that apply.</i></p> <p><input type="checkbox"/> Facebook</p> <p><input type="checkbox"/> LinkedIn</p> <p><input type="checkbox"/> Google Plus</p> <p><input type="checkbox"/> Twitter</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other, please describe: <input style="width: 50px;" type="text"/></p>
18	<p>Please list the top 3 in-person networks and/or associations that you belong to, if any, for business purposes:</p> <p>1. <input style="width: 50px;" type="text"/></p> <p>2. <input style="width: 50px;" type="text"/></p> <p>3. <input style="width: 50px;" type="text"/></p>

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PART C: Business Information																																																				
19	Name of primary business: <input style="width: 100px;" type="text"/>																																																			
20	<p>What is your primary industry? <i>Please select one.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Agriculture/Agribusiness</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Food and Beverage</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Science</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> <i>Primary production of food/seeds</i></td> <td style="padding: 2px;"><input type="checkbox"/> Food Services</td> <td style="padding: 2px;"><input type="checkbox"/> Social Services</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> <i>Value-added processing of agricultural products</i></td> <td style="padding: 2px;"><input type="checkbox"/> Garments</td> <td style="padding: 2px;"><input type="checkbox"/> Technology</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> <i>Farm machinery and technology</i></td> <td style="padding: 2px;"><input type="checkbox"/> Handcrafts (e.g., jewelry, handbags), Home Accessories</td> <td style="padding: 2px;"><input type="checkbox"/> Hardware</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Architecture</td> <td style="padding: 2px;"><input type="checkbox"/> Health Care</td> <td style="padding: 2px;"><input type="checkbox"/> Software</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Arts and Entertainment</td> <td style="padding: 2px;"><input type="checkbox"/> Human Resources</td> <td style="padding: 2px;"><input type="checkbox"/> Services</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Banking and Finance</td> <td style="padding: 2px;"><input type="checkbox"/> Insurance</td> <td style="padding: 2px;"><input type="checkbox"/> Telecommunications</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Biotechnology</td> <td style="padding: 2px;"><input 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Non-food</td> </tr> <tr> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Retail Trade</td> <td style="padding: 2px;"><input type="checkbox"/> Other: Please specify: _____</td> </tr> </table> <p style="margin-top: 10px;">Please briefly describe your primary business's product and/or service (100 words or less): _____</p>	<input type="checkbox"/> Agriculture/Agribusiness	<input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Science	<input type="checkbox"/> <i>Primary production of food/seeds</i>	<input type="checkbox"/> Food Services	<input type="checkbox"/> Social Services	<input type="checkbox"/> <i>Value-added processing of agricultural products</i>	<input type="checkbox"/> Garments	<input type="checkbox"/> Technology	<input type="checkbox"/> <i>Farm machinery and technology</i>	<input type="checkbox"/> Handcrafts (e.g., jewelry, handbags), Home Accessories	<input type="checkbox"/> Hardware	<input type="checkbox"/> Architecture	<input type="checkbox"/> 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21	Please indicate the year of your business's first sale: <input style="width: 100px;" type="text"/>																																																			
22	<p>In many countries, legally registering your business requires multiple steps – for example, registering your business name, registering your business with the appropriate tax authorities, and obtaining any licenses or permits.</p> <p>Which of the following best describes your company's legal registration status?</p> <p><input type="checkbox"/> My business has completed all necessary steps and is legally registered.</p> <p><input type="checkbox"/> My business has completed at least one step. Please describe: <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> My business has not taken any steps to legally register the business, but plan to in the future. Please describe: <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> My business has not taken any steps to legally register and we do not plan to in the future.</p>																																																			

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Employees		
23	Please indicate the total number of employees employed by your business last year (January - December 2012) .	
	Full-Time (employees working 35 hours or more per week, year round). Please include yourself if applicable.	Female: <input style="width: 50px;" type="text"/> Male: <input style="width: 50px;" type="text"/>
	Part-Time (employees working less than 35 hours per week, year round).	Female: <input style="width: 50px;" type="text"/> Male: <input style="width: 50px;" type="text"/>
	Temporary, seasonal or contract employees.	Female: <input style="width: 50px;" type="text"/> Male: <input style="width: 50px;" type="text"/>
Annual Sales		
24	What was your business's total annual sales (the total income earned from the selling of products and/or services) in 2011 and 2012? <i>Please indicate the currency.</i>	In 2011: <input style="width: 50px;" type="text"/> In 2012: <input style="width: 50px;" type="text"/> Currency: <input style="width: 50px;" type="text"/>
Ownership		
25	Do you own your business with one or more women? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26	What percent of your business is owned by women? <input style="width: 50px;" type="text"/>	
27	At your business, what decision making authority/power do women owners have? <i>Please check all that apply.</i>	
	<input type="checkbox"/> Responsible for day-to-day operations	<input type="checkbox"/> Signing authority for checks/payments
	<input type="checkbox"/> Responsible for hiring/firing decisions	<input type="checkbox"/> Signing authority for contracts
	<input type="checkbox"/> Signing authority for lines of credit	<input type="checkbox"/> Supervision of marketing & sales
	<input type="checkbox"/> Supervision of delivery and/or production	<input type="checkbox"/> Approval of major purchases/acquisitions

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Internal Business Procedures and Tools	
The following questions will assess your business's internal procedures and tools. We will use this information to design the program to best meet your business' needs.	
28	<p>Do you maintain records of financial transactions in your business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>If yes, how does your business keep track of financial transactions? <i>Please select one.</i></p> <p><input type="checkbox"/> Computerized system <input type="checkbox"/> Handwritten records <input type="checkbox"/> Other, please describe: _____</p> <p>If you selected computerized system please specify: <i>Please select one.</i></p> <p><input type="checkbox"/> Microsoft Excel or similar spreadsheet application</p> <p><input type="checkbox"/> Professional accounting software (e.g. Quickbooks)</p> <p><input type="checkbox"/> Other computerized system, please describe: _____</p>
29	<p>How often do you use the following accounting procedures and/or tools?</p> <p>A. <u>Tracking of cash transactions</u> (e.g. reconciliation of financial transactions, petty cash and change fund, etc)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently</p> <p>B. <u>Financial reports</u> (e.g. recording transactions relating to a company's revenue, sales, and other business expenses)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently</p> <p>C. <u>Employee payroll/salary</u> (employee timesheets, overtime, etc)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently</p> <p>D. <u>Safeguarding of assets</u> (e.g. method of protection of daily operations and finances such as inventory or insurance)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently</p>
30	<p>How often do you use the following financial management procedures and/or tools?</p> <p>A. <u>Budgeting</u> (e.g. a financial plan and a list of all planned expenses and revenues used for saving, borrowing and spending)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently</p> <p>B. <u>Auditing</u> (e.g. assessing internal systems and verifying accuracy and reliability of financial information)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently</p> <p>C. <u>Financial projections and analysis</u> (e.g. estimating the future financial performance of a business)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently</p> <p>D. <u>International banking</u> (e.g. administer and accept international wire transfers)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently</p> <p>E. <u>Internal controls</u> (e.g. methods that ensure the integrity of financial and accounting information)</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently</p>

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	<p>F. <u>Cash flow management</u> (e.g. monitoring, analyzing, and adjusting your business' cash flows to avoid extended cash shortages)</p> <p style="text-align: center;"> <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently </p>
31	<p>How often do you use financial information for decision-making?</p> <p style="text-align: center;"> <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Frequently </p>
32	<p>Do you have any of the following human resources procedures and/or tools?</p> <p>A. <u>Organizational chart</u> (e.g. a chart that defines job titles, roles, responsibilities, and authority of all staff)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure. </p> <p>B. <u>Job descriptions</u> (e.g. a description or list of general tasks, functions or responsibilities of all staff)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure. </p> <p>C. <u>Employee supervision</u> (e.g. monitoring of delegated activities, responsibilities, or tasks)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure. </p> <p>D. <u>Recruitment and dismissal</u> (e.g. hiring and firing policies and procedures)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure. </p> <p>E. <u>Salary and benefits</u> (e.g. compensation and benefits such as insurance, paid time off, etc)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure. </p> <p>F. <u>Professional development</u> (e.g. performance appraisal process and procedures including promotion, professional development opportunities, performance improvement plan and training and development)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure. </p>
PART D: Business Vision and Growth	
33	<p>Do you currently have a business plan?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure. </p>
34	<p>Do you envision your business growing over the next 2 years?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure. </p> <p>If yes, then please indicate how you envision growing your business by selecting all the options listed below that apply.</p> <p style="padding-left: 20px;">I envision developing and/or improving my skills and/or my business's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Business plan <input type="checkbox"/> Understanding of my business's market <input type="checkbox"/> Network <input type="checkbox"/> Business leadership skills <input type="checkbox"/> Business ethics <input type="checkbox"/> Executive financial management skills <input type="checkbox"/> Human resources and talent management systems and tools <input type="checkbox"/> Technology and information management systems and tools <input type="checkbox"/> Other – "I plan to grow my business in other ways", please describe:

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35	Have you taken innovative action(s) in the past two years in relation to your business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below in 100 words or less: <input type="text"/>
36	Have you taken calculated business risks(s) in the past two years in relation to your business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below in 100 words or less: <input type="text"/>

Thank you for taking the time to complete the Vital Voices Global SME Growth Program application. Please submit your completed application to Rebecca Ganster, at lacsmegrowth@vitalnetwork.org