Smile Together Partnership

**between and the Work Together Foundation**

**Cooperation Proposal**

|  |
| --- |
| Documents required   1. ‘Smile Together Partnership’ cooperation proposal 2. Introduction of the corresponding institution (Including proof of the institution’s economic independence/soundness, expenditures and other financial records for the last three years) 3. Resume of the personnel in charge, a copy of Proof of Employment (may be in any form applicable) 4. Certificate of Corporation Registration or a Certificate of Non-Profit Organization, and Certificate of Enterprise or a copy of its registration number (※ This can be omitted if the institution has not yet been established) |

Last Edited on August., 2015



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social Enterprise**  **Name** | |  | | | |
| **Information about the Applicant Institution** | | | | | |
|  | | Office Overseas | | Office in Korea(Optional) | |
| Legal Name of Institution | |  | |  | |
| Established Year | |  | |  | |
| Representative | Name |  | |  | |
| ID No. |  | |  | |
| Registration Information of Institution | | □ Yes, we have ↓ □ None   |  | | --- | |  | | Registration No. | |  | | Entity Type | | | □ Yes, we have ↓ □ None   |  | | --- | |  | | Registration No. | |  | | Entity Type | | |
| Office Address | |  | |  | |
| Office Phone No. | |  | |  | |
| Website | |  | |  | |
| Person to Contact | Name |  | |  | |
| Position |  | |  | |
| Direct Phone No. |  | |  | |
| E-mail |  | |  | |
| **Description of the Proposed Social Enterprise** | | | | | |
| Field Location | | *Region, Country* | Funding Period | | *MM.YYYY – MM.YYYY* |
| Address | |  | | | |
| Total Project Budget | | In USD | No. of years You have received STP funding | |  |
| Funding Amount Requested (Yearly base) | | In USD | Direct Funding for Impoverished Children | | In USD |
| I hereby apply for the Smile Together Partnership Fund offered by the Work Together Foundation.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Signature of Applicant |  | Print Name |  | Date | | | | | | |

**Project Outline *within 1 page***

|  |  |
| --- | --- |
| **Social Enterprise**  **Name** |  |
| **Mission** |  |
| **Vision** |  |
| **Goal of the year** |  |
| **Social Issues that are to be Addressed** |  |
| **Outline of the Enterprise** |  |
| **Competitiveness of the Enterprise** |  |
| **Expected Outcome of the Enterprise and its Influence** |  |
| **Why it Wishes to Cooperate with the Smile Together Partnership** |  |
| **Requests for Non-financial Support** |  |

**1. Background of the Organization**

**1) What is the background of the local community?**

**2) What is the main social problem the organization attempts to solve?**

**3) Who is faced with this problem?**

**4) How serious (or how big) is the problem?**

**5) What are the measures that the organization has taken in the past to alleviate the problem described above?**

**2. Core Competencies of Running a Social Enterprise**

*Please describe what kinds of projects will be carried out and why you think that the enterprise will be successful*

**1) Business Model & Value Chain**

**2) Market Situation**

**3) Competitiveness**

**(Human Resources, Use of Resources, Uniqueness, etc.)**

**4) Other Factors You Will Attain for the Success of the Business**

*Please state the milestone tasks required for the sustainability of the organization as agreed upon with the Work Together Foundation during the due diligence*

**3. Master Plan of the Social Enterprise**

**1) Final Goal**

**2) Three-Year Roadmap to achieve the Goal**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **First Year** | | **Second Year** | | **Third Year** | |
| **Plan** | **Actual** | **Plan** | **Actual** | **Plan** | **Actual** |
| **Goal as a Social Enterprise** |  |  |  |  |  |  |
| **Financial Objectives** | **Sales**  **Net Profit** | **Sales**  **Net Profit** | **Sales**  **Net Profit** | **Sales**  **Net Profit** | **Sales**  **Net Profit** | **Sales**  **Net Profit** |
| **Social Objectives** | **-**  **-**  **-**  **-**  **-** | **-**  **-**  **-**  **-**  **-** | **-**  **-**  **-**  **-**  **-** | **-**  **-**  **-**  **-**  **-** | **-**  **-**  **-**  **-**  **-** | **-**  **-**  **-**  **-**  **-** |

**3) Plans for Independent Operation after the Completion of the STP Funding Period**

**○ Description of the plan**

**3-1) Financial Statement**

|  |  |
| --- | --- |
| **Account** | **Based on the end of last year** |
| **Assets** | *Deposit money of the rented property, vehicles, etc* |
| **Debts** | *Unpaid payments* |

3-2) Estimated Profit and Loss Statement

\* The table's contents can be altered according to the social enterprise’s needs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contents** | | **End of last year** | **First Year** | **Second**  **Year** | **Third**  **Year** | **Fourth**  **Year** | **Fifth**  **Year** |
| **Total**  **Revenue** | Sales |  |  |  |  |  |  |
| Smile Together Partnership Fund |  |  |  |  |  |  |
| Donations |  |  |  |  |  |  |
| Funds from third parties |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| **Total (A)** |  |  |  |  |  |  |
| **Total**  **Spending** | Labor costs |  |  |  |  |  |  |
| Operation Fees |  |  |  |  |  |  |
| Research and Development |  |  |  |  |  |  |
| Etc. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total (B)** |  |  |  |  |  |  |
| **Net Profit (A-B)** | |  |  |  |  |  |  |

**4. Plans for Running the Social Enterprise**

|  |
| --- |
| **Current Situation of the Social Enterprise**  *Please describe the current phase of operation that the enterprise is in and what further capacities it needs to secure in order to complete its goals successfully.* |

**1) Governance of the Social Enterprise**

**2) Research & Development Investment**

**(Facilities Installation, Human Resources Development, Etc.)**

**3) Market Research & Marketing Activity**

**4) System & Activities for Inventory Management**

**5) System & Activities for Financial Accounting**

**6) Other Activities You Are Planning for the Sustainability of the Business**

7) Timeframe of Operation

Complete the chart below showing the operations that took place each month. (Insert“O”)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Operation** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**5. Plans for Promoting Social Impact**

**1) Utilization of Local Resources**

**(Encouraging participation from local residents and local partners)**

**○ ….**

**○ Measuring the success**

|  |  |  |
| --- | --- | --- |
| **Details** | **Measurement of Success** | **How it will be measured** |
|  |  |  |
|  |  |  |
|  |  |  |

**2) Fostering Local Youth Leadership**

**○ ….**

**○ Measuring the success**

|  |  |  |
| --- | --- | --- |
| **Details** | **Measurement of Success** | **How it will be measured** |
|  |  |  |
|  |  |  |
|  |  |  |

**3) Contribution on the Local Community with Social, Cultural, Environmental Factors**

**○ …**

**○ Measuring the success**

|  |  |  |
| --- | --- | --- |
| **Details** | **Measurement of Success** | **How it will be measured** |
|  |  |  |
|  |  |  |
|  |  |  |

**4) Direct Support to Impoverished Children**

**○ …**

**○ Measuring the success**

|  |  |  |
| --- | --- | --- |
| **Details** | **Measurement of Success** | **How it will be measured** |
|  |  |  |
|  |  |  |
|  |  |  |

**\* We are interested in your impact on employment, the quality of life of impoverished children, the fostering of local youth leadership, etc., and we will ask about these in the final report. Please refer to the ‘Results Sharing Paper’ of the STP to research it in advance.**

6. Cooperation Proposal for the Smile Together Partnership

1) Plans for Capital/Financial Management

1-1) Revenue (Funding)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total Budget (100%) | Funding Amount | | Timeframe for Disbursement | Funding Entity | Remarks |
|  |  | ( %) |  |  |  |
|  | ( %) |  |  |  |
|  | ( %) |  |  |  |

1-2) Expenditure (Budget)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Classification | Category | Item | Details | STP  Fund | Non-STP  Fund | Total | Remarks |
| Labor Costs |  |  |  |  |  |  |  |
| R&D |  |  |  |  |  |  |  |
| Operation |  |  |  |  |  |  |  |
| Social Contributions |  |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  |
| Total | | |  |  |  |  |  |

2) Non-Financial Support Needs from the STP

7. Plans for Promotion of the Smile Together Partnership