ADB 1 Format

For office use only

Ministry of Women and Child Affairs

Food Security and Livelihood Recovery Emergency Assistance Project

Asian Development Bank

Identification of Beneficiaries

Activity Number

ADB - MWCA - ……...

Project

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.....
.....

1. Basic Information

1.1. District : ……

1.2. Divisional Secretariat Division : ……

1.3. GN Division : ……..

2. Beneficiary Information

2.1. Beneficiary Name:- Mrs/Miss…….....……

2.2. Permanent Address:…….....……..

.....……

2.3. Date of Birth: …….....……

2.4. National Identity Card Number: …….....

2.5. Mobile Number : …….....……..…….....……

2.6. Number of Dependents: Adults …… Children ……. (Special needs.....……)

2.7. Main source of income and monthly income:

2.7.1. Contribution of the beneficiary (Rs.) .....

2.7.2. Contribution of the spouse or family of the beneficiary (Rs.).....

2.7.3. Other (Rs.) .....

2.8. Samurdhi or Aswessuma:-

2.8.1. Whether family receives Samurdhi or Aswessuma : Yes / No

2.8.2. If yes, Type of the benefit: Samurdhi / Aswessuma

2.8.3. Monthly benefit amount: (Rs.) .....

2.9. Name and the registration number of the Women action society of which the beneficiary is a member: -

Name of the WAS: …… Registration number: …….....……

3. Project Information

3.1. Name of the selected project and the location:

3.1.1. Project

…….....…….

…….....…….

…….....…….

3.1.2. Location

Address : .....

Ownership : Private / Rent or Lease / Common / ....

3.2. Expected amount of grant value and goods & equipment:

3.2.1. Amount of grant value Rs. .....

3.2.2. Equipment / Goods / Raw-material

	Equipment / Goods / Raw-material	Number of Units	Unit Price (Rs.)	Total Value (Rs.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Grand Value (Rs.)				

4. Are you already engaged in such an income generating activity?
   4.1. If so, write a brief description:

   ……..
   ……...

5. Brief introduction to the project (relevance and importance)
   5.1. Introduction:

   ……...
   ……
   ……...
   ……

   5.2. Objectives:

   .....
   .....
   .....

   5.3. Products/Services produced:

   .....
   .....
   .....

   5.4. Marketing method:

   5.4.1. Geographical location : Regional ..... Island-wide ..... Export .....
   5.4.2. Targeted group : .....
   5.4.3. Selling method : By own ..... ……Through an agent.....
   5.4.4. Nature of selling : Wholesale..... Retail ..... Online .....

6. How to meet the labor requirement:
   6.1.1. By beneficiary: .....
   6.1.2. By the family of beneficiary: .....
   6.1.3. By a party paying wages: .....

6.2. Expected Expenditure:

SN:	Activity	01st Year (Rs.)	02nd Year (Rs.)
1			
2			
3			
4			
5			
6			
7			
8			
Total (Rs.)			

6.3. **Expected Income**

6.3.1. First Year Rs. .....
6.3.2. Second Year Rs. .....

I hereby certify that the above information provided by me is correct and true. Accordingly, I am obligated to receive this project assistance and successfully implement and maintain the project in a proper and proper manner. I agree / I do not agree

Date Signature of the beneficiary

2025..... ……

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- I recommend that the above information related to the project is information provided by the project beneficiary itself.
  Women Development Officer / Women Development Field Assistant
  …….
  Date: 2025.....

- I recommend/do not recommend implementing the project.
  ……..
  Divisional Secretary
  Date: 2025.....

- I recommend/do not recommend implementing the project.
  ……
  Director
  Women'Bureau of Sri Lanka
  Date: 2025.....

- I approve/do not approve implementing the project
  …….
  N.H.M.W.W.N Herath
  Additional Secretary (Development)
  Ministry of Women and Child Affairs
  Date: ……..