**PRODUCT UP-SCALING SUPPORT – FACTSHEET**

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| **Product Up-scaling Support** | **201X-XX: Title** |
| **Country / Region** |  |
| **Partner Financial Institution/s** |  |
| **Grantee** | *If the grantee is not an SCBF member, please indicate endorsement by another member.* |
| **Overall Budget** | CHF xxx’xxx (**….%** self-contribution) |
| **SCBF Contribution** | **CHF xxx’xxx** (….% SCBF funding share) |
| **Date of Approval** | dd.mm.yyyy |
| **Duration** | mm.yyyy until mm.yyyy |
| **Context** | *Please give a short description of financial inclusion in country, enabling regulations, financial sector with regards to this intervention, outreach etc.*  *In the second paragraph highlight the importance of this innovation/intervention (new distribution channel, product/service, transformation etc.) and refer to the role of the financial institution within the sector/market in the country.* |
| **Current Status of the MFI** | *Please put here a short business profile of the financial institution: business summary incl. MFI aim, outreach, products/services, branches, current status (business life cycle). Explain the need for the SCBF capacity building support.* |
| **Objective and**  **Main Activities** | *Explain the overall goal of the SCBF intervention and different major steps that have to be taken within the project.*  ***Last sentence:*** *“Upon project completion, the financial institution should be in a position to.....”* |

**Factsheet shall not be longer than 1 page!**