

Emerging Market Subsidy Program Application



REQUEST FOR INFORMATION FROM SUBSIDY APPLICANTS

1	GENERAL INFORMATION ABOUT APPLICANT ORGANIZATION	<i>Please Fill out this Column</i>
1.1	Name of the Applicant Company/ Organization/ Institution <i>(henceforth called Applicant Organization)</i>	
1.2	Full URL(s) of the website(s) of the Applicant Organization	
1.3	General Legal Nature of the Applicant Organization (for-profit/ not-for-profit/ government)	
1.4	Name and Designation of the Executive/ Officer filling out the EMS application on behalf of the Applicant	
1.5	Official email id of the Executive/ Officer filling out the EMS application on behalf of the Applicant Organization	
1.6	Official Telephone number(s) of the Executive/ Officer filling out the EMS application on behalf of the Applicant Organization <i>(with complete country- and city codes as required for an international caller)</i>	
1.7	Mobile/ Cellphone number(s) of the Executive/ Officer filling out the EMS application on behalf of the Applicant Organization <i>(with complete country- and city codes etc., as required for an international caller)</i>	
1.8	Name and Exact Designation of the Executive Head/ CEO/ President/ MD/ Vice Chancellor of the Applicant Organization	
1.9	Official email id of the of the Executive Head/ CEO/ President/ MD/ Vice Chancellor of the Applicant Organization	
1.10	Official Telephone number(s) of the of the Executive Head/ CEO/ President/ MD/ Vice Chancellor of the Applicant Organization <i>(with complete country- and city codes as required for an international caller)</i>	
1.11	Mobile/ Cellphone number(s) of the of the Executive Head/ CEO/ President/ MD/ Vice Chancellor of the Applicant Organization <i>(with complete country- and city codes etc., as required for an international caller)</i>	
1.12	Full Physical Address of the Applicant Organization <i>(No PostBox Address, please)</i>	
1.13	Telephone numbers of the Applicant Organization	

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2 PROFILE AND BACKGROUND OF APPLICANT ORGANIZATION		<i>Please Fill out this Column</i>
2.1	Nature of business of the Applicant Organization. Please mention services offered and also the customers/ clients the organization addresses	
2.2	Nature of Relationship with BCI <i>(Please mention the type of official partnership you have entered into with BCI. Please choose from: Training/ Advocacy/ Consulting/ Content/ Assessment/ Audits/Learning. In case you are yet not formally related to BCI, please write "no Relationship")</i>	
2.3	EMS program is applicable ONLY for organizations that share a formal relationship with BCI. If the Applicant Organization is yet not formally related to BCI, what relationship does it intend to have in the future to become eligible for EMS? <i>(Please choose from: Training/ Advocacy/ Consulting/ Content/ Assessment/ Audits/Learning. visit www.bci.us.org for more on BCI Partnering Options)</i>	
2.4	A brief description of the Vision & Mission of the Applicant Organization	
2.5	Brief Description of the manner in which Applicant Organization is connected to the BPO/ ICT industry of its nation	
2.6	Total Value of BPO/ICT related Projects being handled/ handled by Applicant Organization in the past five years	
2.7	Names and key objectives of at least THREE BPO/ICT projects handled by Applicant Organization in the last Five Years	
2.8	Revenues/ Billings of the Applicant Organization in the last Three Financial Years	
3 INFORMATION ON EMS REQUIREMENTS OF APPLICANT ORGANIZATION		<i>Please Fill out this Column</i>
3.1	List ITEM(S) for which the Applicant Organization intends to obtain subsidy grant from OICD, BCI. <i>(Please choose from Item S1/ Item S2/ Item S3/ Item S4/ Item S5. For more details, please visit http://bpocertifications.com/partners/ems/items-covered-under-ems.aspx)</i>	
3.2	Enunciate/ describe reasons and objectives behind seeking the subsidy for the Item(s) stated above and how does the Applicant Organization intend to use the subsidy to make a contribution to the BPO industry of its country/ region.	
3.3	List the BENEFICIARY CATEGORY(IES) under which the Applicant Organization intends to seek for the subsidy grant from BCI. <i>(Please choose from Categories A-G after referring to information contained on the page http://bpocertifications.com/partners/ems/categories-of-beneficiaries.aspx)</i>	
3.4	List GEOGRAPHIC EMS ZONE(S) applicable/ relevant for the Applicant Organization <i>(Please choose from EMS Zones G1-G4 after referring to information contained on the page http://bpocertifications.com/partners/ems/geographies-covered.aspx)</i>	

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4	ADDITIONAL INFORMATION	<i>Please Fill out this Column</i>
4.1	Please briefly describe the areas/ domains in which the Applicant Organization plans to use the BCI Subsidy. <i>(You may choose one or a combination from: Workforce Development; Leadership Development; BPO Service Delivery Quality improvement; Talent Management Quality Improvement)</i>	
4.2	Please share/ attach the Organization Chart/ Hierarchy of the Applicant Organization	
4.3	Year of formation/ incorporation of Applicant Organization and the last renewal date, if applicable. <i>(Please also attach the Registration Certificate of your Organization)</i>	
4.4	Please briefly describe the key elements of the strategy and plan of the Applicant Organization related to using the BCI Subsidy	

5 DECLARATION BY APPLICANT ORGANIZATION

I have been authorized by the management of my organization to state and declare that we have read and understood all the terms and conditions of the BCI EMS 2013 program as available on the website/ EMS document, and that, we agree to abide by them in letter and spirit. We completely understand and agree that the decision to grant subsidy to our organization is entirely upon the discretion of the OICD, BCI, and that our organization shall not campaign for the same, and that BCI is well within its rights to reject our application for subsidy, without being obliged to offer any explanation thereof. We also hereby declare that we completely understand that BCI Subsidy is NOT granted in the form of cash or money, but in the form of partial or full waivers/ discounts to the official market fee/ price of a subsidy Item listed in the EMS Policy document. We understand that BCI reserves full rights to annul or withdraw a subsidy granted to our organization in the event, our organization is found breaching the terms and conditions of EMS as laid down by the Outsourcing Industry Development Council, BCI.

DATE	NAME	SIGNATURE