**REINTEGRATION PLAN: Income-generating activity**

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| --- |
| 1. Business idea
 |
| [Please describe the rationale of the plan in minimum 2 sentences] |
| 1. Applicant’s experience
 |
| Does the applicant have a relevant experience? |  [x]  yes, comparable [ ]  to some extent [ ]  no |
| [Please describe known applicant’s experience, from Country of Origin or from the Member State] |
| 1. Feasibility assessment
 |
|  [Address where the activity is performed] |
| [Choice of the place to perform the activity] |
| [Description of products/services offered] |
| [Customers’ target group] |
| [Promotion plan] |
| 1. Financial planning
 |
| Expected monthly income: | [Please provide a calculation] | [amounts in EUR] |
| Expected monthly expenditure: | [Please provide a list of costs] | [amounts in EUR] |
| Total income: |  | **Total** **costs:** |  | **Total profit:** |  |
| 1. Applicant’s cost of living
 |
| [Estimated monthly living expenses of the applicant (or applicant with his/her family)] | [amount in EUR] |
| 1. Member State’s requirements
 |
| [Please describe if any MS requirements had to be taken into account in drafting the plan - optional] |

# REINTEGRATION BUDGET

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| --- | --- | --- |
| **Reintegration budget breakdown** | **Description** | **Expense (EUR)** |
| Income-generating activity | [initial investment needed – please list the items and expand the section if needed] |  |
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| Purchase of professional equipment |  |  |
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|  |  |  |
|  |  |  |
| Other, please specify |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total budget** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total investment: |  | Amount covered by post-return package: |  | Amount covered by the applicant: |  |