**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? | | | | 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 |  |  |
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|  |  |  |
| **Total budget** | |  |

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