



GROUP INVESTMENT ACTIVITY

Ideation Form

This is a companion document to [A Guide to CARE's VSLA in Emergencies](#), and a sub-tool of the [VSLAiE Group Investment Activity Standard Operating Procedure](#).

Use this form to help each VSLAiE group assess its group investment activity ideas for feasibility, profitability, and sustainability.

OCTOBER 2025

Ideation Form

VSLAIE GROUP DETAILS

Group Name: _____

Location: _____

Date of Formation: _____

Number of Members: _____

Primary Contact: _____

1. Group Investment Activity Idea Overview

Proposed Group Investment Activity:

(Please describe the type of business the group is considering, including the product or service it will offer)

Group Investment Activity:

What inspired this idea?

2. Capacity Assessment

Does the group have prior experience in this type of business or industry?

Yes

No

If yes, please provide details:

What skills do group members possess that are relevant to this investment activity?

(e.g., technical skills, marketing, sales, financial management)

What additional skills or training will the group need to successfully run this business?

Does the group have access to the necessary resources to start this business?

Yes

No

(equipment, tools, space, etc.)

If no, what resources are needed?

3. Market Assessment

Who is the target customer for the product or service?

(e.g., age group, sex, occupation, location)

What is the local demand for this product or service?

(Please describe if there is a need for the product/service and how frequently it is sought)

Do competitors offer the same or similar products or services?

Yes

No

If yes, who are the competitors, and how does their offering differ?

How will the group's business be different from or better than what is currently available?

(Please explain the unique selling proposition or competitive advantage)

4. Supply Chain and Vendor Relationships

Where will the group source raw materials or products for its business?

(Please list potential suppliers or vendors the group plans to work with)

Does the group have established relationships with these vendors?

Yes

No

If no, how will the group establish these relationships?

Are there challenges with securing consistent and affordable supplies for the business?

Yes

No

If yes, please describe:

5. Knowledge of Local Context

What local challenges exist that might impact the group investment activity?

(e.g., political instability, natural disasters, poor infrastructure)

How will the business adapt to these challenges?

(Please describe any contingency plans or strategies.)

Are there cultural or religious considerations that might affect the business operations?

Yes

No

If yes, please explain:

6. Demand and Supply Analysis

What is the current local demand for the product or service?

(e.g., is it a daily need, seasonal demand, or luxury good?)

How does the group plan to meet this demand?

(Please describe production or service delivery strategy)

How will the group handle fluctuations in demand or supply chain disruptions?

(e.g., backup vendors, adjusting inventory, alternative sourcing options)

7. Financial Feasibility

What are the estimated start-up costs for this business?

(Please list major expenses, such as equipment, raw materials, labor, etc.)

How will the business generate income?

(e.g., sales, subscriptions, service fees)

What are expected monthly operating expenses?

What is the estimated profit margin for the product or service?

(Please indicate how much profit the group expects to make after covering expenses)

8. Long-Term Sustainability

What is the group's plan for growth and expansion?

(e.g., adding new products/services, expanding to new locations)

How will profits be managed and reinvested?

(Will all profits go to the cash box, or will a portion be reinvested into the group investment activity?)

What steps will the group take to ensure the long-term sustainability of the business?

(e.g., building reserves, securing partnerships, market diversification)

9. Additional Comments or Concerns

Group Representative's Name:

Name: _____ Date: _____