



Office use only  
Code#: \_\_\_\_\_

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**APPLICATION FORM FOR COMMUNITY PRIORITY PROJECT (CPP) GRANT**

**Instructions:**

1. Before completing this form you should read the "Community Priority Project (CPP) Grant Information Sheet" document.
2. When completing the application form you may contact the Community Development Officer/Field Supervisor in your Community/DA/Parish for support.
3. Please note that completed Application form must be submitted with supporting documents to the Social Development Commission to avoid **NOT** being processed. You should keep a copy of your application for reference.

**DO NOT WRITE IN SPACE BELOW (FOR OFFICIAL USE ONLY)**

Date Received: \_\_\_\_\_

**Checklist:**

#	Mandatory Criteria	Provision of Documents
1	Signed Application	
2	SDC-recognized Community has CPP (completed from fiscal period 2012/2013 to present); confirmed by being on SDC Head Office's CPP Listing	
3	CDC In Existence for more than a year	
4	CDC Constitution	
5	Last Three Minutes of CDC Meetings	
6	Assessment Certificate or Assessment with Passing Score	
7	Bank Account	
8	Attached Completed Project Proposal	

(1) Implementing Group (CDC) meets the above criteria Yes  No

\_\_\_\_\_  
Parish Manager's Name                      Parish Manager's Signature  
(On behalf of Committee)

(2) CDO is Working with Group

\_\_\_\_\_  
CDO's Name                                      CDO's Signature

(3) Group is Working with SDC

\_\_\_\_\_  
Parish Manager's Name                      Parish Manager's Signature

# COMMUNITY PRIORITY PROJECT (CPP) GRANT APPLICATION FORM

**NAME OF PARISH:** \_\_\_\_\_

**NAME OF COMMUNITY:** \_\_\_\_\_

**SECTION 1: DETAILS OF APPLICANT**

Name of Governance Structure (Group): \_\_\_\_\_

Is the Group a CDC ?

Yes No **GROUP INFORMATION**

Mailing Address

Telephone Number

Email Address

TRN/GCT# (if available)

**CONTACT PERSONS' DETAILS**

Name of President

Telephone number(s)

Email Address

**Profile of Governance Structure**

What date was your organization established?

What is the vision of your organization?

Briefly state how the (CPP) Grant will be utilized.

**List of Executives/Fund Management Team**

<b>Name (First and Surname)</b>	<b>Position in Organization</b>	<b>Time in Position</b>	<b>Contact Number &amp; Email</b>

**Declaration**

I declare that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge. Furthermore, we understand that the Grant Selection Committee may ask for additional information at any stage of the application process. We also understand that the SDC has the right to visit projects and speak publicly about the project and use the project as a part of any public relation material for the SDC both in the present and future. Additionally, I understand that the evaluation report regarding project activities, impacts, resources (including budgetary expenditure) and recommendations must be completed at the time so designated, and failure to do so will result in the entity not being able to access any of SDC's grant facilities until the Committee decides so to do.

Signature\* \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature\* \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature\* \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\* Signatures of Members from the Executives/Fund Management Team

**SOCIAL DEVELOPMENT COMMISSION'S ENDORSEMENT**

Parish Manager's Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

CDO's Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Organization's Accounting Information**

**Accounting**

Financial Institution & Address: \_\_\_\_\_  
\_\_\_\_\_

Account Signatories:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

(Adapted from The Government of Jamaica Administrative Grant for Community Development Committees)