

Call # 2

FY: 2020/2021

**GOVERNMENT OF JAMAICA
ADMINISTRATIVE GRANT APPLICATION
FORM**

COMMUNITY DEVELOPMENT COMMITTEE

NAME OF PARISH: _____

NAME OF COMMUNITY: _____

SECTION 1: DETAILS OF APPLICANT

Name of Governance Structure: _____

GROUP INFORMATION	
Mailing Address	
Telephone Number	
Email Address	
TRN/GCT# (if available)	
CONTACT PERSON'S 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 funds will be utilized- itemize the goods or services that will be bought/procured e.g. Office equipment, office furniture, stationery – CDC stamp, seal, ink, refreshment for AGM, stipend for CDC Secretariat etc.	

List of Executives/ Fund Management Team (Names of at least the 5 compulsory positions)			
Name (First and Surname)	Position in Organization	Time in Position	Contact number & Email
	President		
	Secretary		
	Treasurer		
	PRO		
	Vice President		

Declaration By Members of the CDC Executive

We 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 Government of Jamaica Administrative 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, we understand that a report of expenditure must be completed at the end of the quarter and failure to do so will result in the entity not being able to access any of the SDC’s grant facilities until the entity is compliant. Lastly, the SDC reserves the right upon receipt of the grant, to inspect the operations of the group/beneficiary in a bid to measure its functionality.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Organization's Accounting Information

Financial Institution & _____
Address: _____

Account
Signatories:

1. _____
2. _____
3. _____
4. _____

Account Name: _____

Account Number: _____

For Official Use Only

RECEIPT OF APPLICATION AT SDC HEAD OFFICE
SDC Representative's Name: _____
Signature: _____
Date Received: _____