



22 Camp Road
Kingston 4
Jamaica W.I.

Tel: (876) 928 – 8304/928 – 1856
Fax: 876 938 - 2531

Office use only
Code#: _____

GOVERNANCE CAPACITY GRANT APPLICATION FORM

Instructions:

1. Before completing this form you should read the “Governance Capacity Grant Guidelines and Conditions” 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 documents	Provision of documents/ Comments	Parish Manager's Signature
1	Signed Application		
3	Constitution		
4	Last Three Minutes		
5	Assessment Certificate/Score		



CAPACITY GRANT APPLICATION For GOVERNANCE STRUCTURES

PROJECT TITLE: _____

THEME SELECTED _____

NAME OF PARISH: _____

NAME OF COMMUNITY: _____

NAME OF STRUCTURE: _____



SECTION 1: DETAILS OF APPLICANT

Name of Governance Structure: _____

Type of Group:

- CDC
- PAC
- PDC
- DAC

GROUP INFORMATION	
Mailing Address	
Telephone Number	
Email Address	
TRN/GCT#	
CONTACT PERSONS' DETAILS	
Name of contact person (1)	
Position held in organization	
Telephone number(s)	
Email Address	
Name of contact person (2)	
Position held in organization	
Telephone number(s)	



Email Address	
Profile of Governance Structure	
What date was your organization established?	
What is the vision of your organization?	
What are the general objectives of your organization?	

List of Executives (Ensure this section is completed)			
Name (First and Surname)	Position in Organization	Time in Position	Contact number & Email



Community Initiative Matrix (please list at least three successfully completed projects between 2015 - 2019)

Initiative	Time-Line	Description	Partners	Beneficiaries	Impact
<ul style="list-style-type: none"> E.g Breakfast Feeding Programme 	April 2014 – June 2016	Providing breakfast meals to the needy student	LASCO	Youth 3- 18 yrs	Improved educational attainment & attendance
•					
•					
•					

SECTION 2: PROJECT DETAILS

PROJECT DETAILS

Project Name:

Expected Start Date		Expected End Date	
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Exact Duration of Project: **Ensure this section is completed**

Project venue(s):

State the PURPOSE/GOAL of this project:



State the OBJECTIVES of this project:		
Targeted Beneficiaries		
Directly (how many)		
Who are they? (Gender, Age)		
Indirectly (how many)		
Who are they? (Gender, Age)		
Theme (place “x” in bracket of area chosen): <ul style="list-style-type: none"> <input type="checkbox"/> Organizational Development <input type="checkbox"/> Promotion of an active Citizenry <input type="checkbox"/> Improved partnerships between local governance structures and the local authority <input type="checkbox"/> Advocacy and promotions of local governance structures 	Please describe how your project will contribute to this theme:	
Describe how this project will address the group’s need and overall impact expected (Ensure this section is completed)		
Project Team		
Name	Position	Role/Responsibility

Describe how this team will manage, monitor and evaluate the programme/project.





SOCIAL DEVELOPMENT COMMISSION – GOVERNANCE CAPACITY GRANT FUND

Project Details contd.: (Description of project activities, outputs, outcomes, expected and impact assessment) Please provide on a separate sheet if necessary.
This section is mandatory.

Activities	Indicators	Outcome/Impact
Training in Project Proposal Writing	36 persons trained in project proposal writing	Increased project proposal development and more projects approved to address developmental challenges



Project Challenges and risks

Describe any challenges or risks that may influence the successful completion of the proposed project

How will these risks be managed:

Describe your organizations plan to maintain/sustain this project: (please provide a comprehensive response)

SECTION 3: PROJECT FINANCING

Summary funding required in Jamaican Dollars

- 1. Amount requested form the Social Development Commission \$ _____
- 2. Amount co-funded by other donors \$ _____
- 3. Applicants Contribution \$ _____

- Total project costs = \$ _____

PLEASE ATTACH DETAILED BUGET DOCUMENT (Budget should be aligned to implementation plan)



Project Implementation Schedule

ACTIVITY (MUST BE LINKED TO ACTIVITIES OUTLINED EARLIER)	RESOURCE ALLOCATION \$	TIMEFRAME - MONTHS/ WEEKS/DAYS (MUST BE LINKED TO TIMEFRAME IDENTIFIED EARLIER) (IDENTIFY CLEAR TIMEFRAME)											
		TIME FRAME: 1 MONTH (4 WEEKS)											
		1	2	3	4	5	6	7	8	9	10	11	12
1. Purchasing of stationery	40,000	√											
2. Mobilise & sensitization	5000		√										
3. Hire trainer	20,000		√										
4. Training Activity	25,000			√	√								



SECTION 4: AUTHORIZATION

Awareness of Fund

How did you hear about the Governance Capacity Grant Fund?

- Community Development Officer (C.D.O.)
- SDC Website
- Other Groups
- Other : Please state _____

Declaration

We certify that the above information in this application form is true to the best of our knowledge and that the relevant supporting documents and information has been sent to the Governance Capacity Grant Fund Selection Committee for consideration. Furthermore, we understand that the Governance Capacity 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.

Signature _____ Print Name: _____ Date: _____

Signature _____ Print Name: _____ Date: _____

Signature _____ Print Name: _____ Date: _____

SOCIAL DEVELOPMENT COMMISSION'S ENDORSEMENT

Parish Manager's Signature _____ Print Name: _____ Date: _____



CDO's Signature _____ Print Name: _____ Date: _____

Organization's Accounting Information

Accounting

Financial Institution & Address: _____

Account Signatories:

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

Account Name: _____

Account Number: _____