



Office use only

Code#: _____

Year: _____

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LOCAL ECONOMIC DEVELOPMENT GRANT (LEDG) APPLICATION FORM

Instructions:

1. Before completing this application, please read the “Local Economic Development Grant” Information document.
2. When completing the application, you may contact the Community Development Officer/Field Supervisor/ Local Economic Development Coordinator in your Community/Development Area/Parish for support.
3. Please note that the completed application must be submitted with supporting documents to the Social Development Commission. This will avoid Application being rejected.
4. Do keep a copy of your application for reference.
5. Please collect receipt upon submission of Application Form from the Social Development Commission
6. Please insert pages if additional space is required to complete each section



SOCIAL DEVELOPMENT
COMMISSION
Building Communities...Building Jamaica

LOCAL ECONOMIC DEVELOPMENT GRANT (LEDG)





APPLICATION FORM

PROJECT TITLE: _____

NAME OF PARISH: _____

COMMUNITY LEI LOCATED: _____

NAME OF LOCAL ECONOMIC INITIATIVE (LEI): _____

| Thematic Area (area for Grant Funding) | ✓ |
|---|---|
|  Capacity Building | |
|  Procurement of Inputs for Business Expansion | |
|  Marketing | |
|  Business Registration | |

PROJECT PROPOSAL

SECTION 1: DETAILS OF APPLICANT

- ✚ Name of LEI: _____
- ✚ Type of **Business/Industry**: _____
- ✚ Name of CDC/DAC/PDC that own/ co-own or is affiliated to LEI: _____
- ✚ Year LEI was established: _____ ● Number of persons employed: **F/T**_____ **P/T**_____
- ✚ In which year was the LEI’s Local Economic Development (LED) Support Plan completed? ____

| LEI CONTACT | |
|-----------------------------------|--|
| Mailing Address | |
| Telephone Number | |
| Email & Website address | |
| TRN/GCT# (if available) | |
| CONTACT PERSONS DETAILS | |
| Name of Manager | |
| Telephone number(s) | |
| Email Address | |
| BUSINESS INFORMATION | |
| Is the LEI registered? Y/N | |
| Type of Registration | <input type="checkbox"/> Cooperative <input type="checkbox"/> Benevolent Societies <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Not applicable |

SECTION 2: PROJECT OVERVIEW

Write in this section the PROJECT SUMMARY:

SECTION 3: CONTEXT

WRITE BRIEF PROFILE ON LEI:

SECTION 4: PROJECT AIM

State the GENERAL CHANGE anticipated if project is implemented













SECTION 5: PROJECT OBJECTIVES

[SPECIFICS OF THE PROJECT.... What will be achieved or purchased if Grant is received]







SECTION 6: BENEFICIARIES

[List the direct and indirect beneficiaries who will benefit from the Grant]

| | Direct Beneficiaries | Indirect Beneficiaries |
|---------------|----------------------|------------------------|
| How Many? | ✚ | ✚ |
| Who are they? | ✚ 1. | ✚ 1. |
| | ✚ 2. | ✚ 2. |
| | ✚ 3. | ✚ 3. |

SECTION 7: BUDGET: *(LEI and or CSO Contribution should be minimum 5 % total project cost)*

| A | | | | B | | | |
|-------------------------|----------|-------------------|--------------------|--------------------------------------|----------------------------------|--------------------------|--------------------|
| Item | Quantity | Unit Cost \$\$ | Total Cost \$\$ | Amount Requested from SDC \$\$ | LEI/ CSO Contribution \$\$ | Other Fundors \$\$ | Total Cost \$\$ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| GRAND TOTAL (A): | | | \$0.00 | GRAND TOTAL (B): | | | \$0.00 |

Notes to the Budget template:

- i. Both Grand Total figures (A & B) must be identical.
- ii. Please indicate the dollar value of the LEI/CSO contribution which can be cash or the dollar value of in-kind/ sweat equity (*volunteers*)

• **BUDGET SUMMARY**

- ✚ Amount Requested from the SDC: \$ 0.00
- ✚ LEI/ CSO Contribution: \$ 0.00 *(Minimum 5% project contribution_cash/kind)*
- ✚ Other Fundors*: \$ 0.00
- ✚ **TOTAL PROJECT COST = \$ 00.00**

***NOTE:** State below name (s) of other Fundors and amount being donated where applicable

| Name of Funder | Amount donated to LEI | Date funds expected |
|----------------|-----------------------|---------------------|
| ✚ | | |
| ✚ | | |
| ✚ | | |

SECTION 8: SUPPLIERS' INFORMATION [Insert Proforma Invoice summary information in the table below]

| NAME OF SUPPLIER | ITEM | COST | TRN / GCT # |
|------------------|------|------|-------------|
| ✚ | | | |
| ✚ | | | |
| ✚ | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Note:

- i. **Attach ALL three (3) Proforma invoices to Application Form**
- ii. **Please ensure Proforma Invoices state the Suppliers' TRN / GCT #, contact details to include: address, telephone number etc.;**
- iii. **Proforma Invoices should show: item, quantity, unit cost and total cost**
- iv. **Proforma invoices are to be signed and dated by Supplier(s)**

SECTION 9: PROJECT IMPLEMENTATION SCHEDULE [this is a plan describing the **sequence** of project activities and allocated resources to include PROJECT timeframe.] Schedule **Must** tie to project budget stated above.

| Activity | Resource Allocation \$ | Timeframe in Weeks / Months <i>(Select one)</i> | | | | | | | | | | |
|----------|---------------------------|---|---|---|---|---|---|---|---|---|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| a. | | | | | | | | | | | | |
| b. | | | | | | | | | | | | |
| c. | | | | | | | | | | | | |
| d. | | | | | | | | | | | | |
| e. | | | | | | | | | | | | |
| f. | | | | | | | | | | | | |
| g. | | | | | | | | | | | | |
| h. | | | | | | | | | | | | |
| i. | | | | | | | | | | | | |
| j. | | | | | | | | | | | | |
| k. | | | | | | | | | | | | |
| l. | | | | | | | | | | | | |
| m. | | | | | | | | | | | | |
| n. | | | | | | | | | | | | |
| o. | | | | | | | | | | | | |
| p. | | | | | | | | | | | | |

SECTION 10: PROJECT MONITORING AND EVALUATION

[Indicate the activities to monitor the project throughout project implementation; highlight also the sustainability of the project]

| PROJECT GOAL/AIM | PROJECT OBJECTIVE (S) | ACTIVITIES | WHO IS RESPONSIBLE | BY WHEN | EXPECTED OUTPUT | IMPACT | RISK |
|------------------|-----------------------|------------|--------------------|---------|-----------------|--------|------|
| 1. | 1. | 1. | • | • | 1. | 1. | 1. |
| | | 2. | | | 2. | 2. | 2. |
| | | | | | | | |
| | 2. | 1. | | | 1 | 1. | 1. |

• **MONITORING AND EVALUATION**

[state the activities to monitor and evaluate the project throughout & after project implementation for eg. weekly, monthly meetings, project site visit etc]

✚ _____

✚ _____

✚ _____

✚ _____

• **PROJECT SUSTAINABILITY/MAINTENANCE** [State briefly how the Local Economic Initiative (LEIs) will continue its operation after/beyond receiving grant] *that is*, how will LEI continue to build its capacities *that is*, human, financial, operational etc]

✚ _____

✚ _____

✚ _____

SECTION 11: Applicant's Accounting Information

| | |
|-------------------------------------|----|
| Financial Institution: | |
| Address: | |
| Account Name: | |
| Account Number: | |
| Name of Account Signatories: | 1. |
| | 2. |
| | 3. |

DECLARATION

I/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 Grant Selection Committee may ask for additional information at any stage of the application process. I/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/We 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 Local Economic Initiative (LEI) not being able to access SDC's Grant facilities for **minimum three years**.

Signature* _____ Print Name: _____ Date: _____

Signature* _____ Print Name: _____ Date: _____

Note:

- i. Local Economic Initiatives (LEIs) that are **Affiliated to** a civil society organization must obtain one (1) signatory from its Business Executive and one (1) signatory from the Civil Society Organization's (e.g. CDC/DAC/PDC) President or his designate
- ii. Local Economic Initiatives (LEIs) that are owned by the civil society organization (e.g. CDC/DAC/PDC) must obtain two (2) signatures from the Executive Members

APPENDICES:

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE COMPLETED AND SIGNED APPLICATION FORM

| DOCUMENTS | ✓ |
|--|--|
| ✚ LED Support Plan | |
| ✚ Business Model | |
| ✚ Business Plan (NB: <u>not mandatory</u> <i>however</i> an asset) | |
| ✚ Statement of Affiliation <i>where applicable</i> | |
| ✚ Business Fair Attendance Registers two (2) | NB: Registers must reflect Business name, Proprietor's name or the name of his /her designate or business partner |
| ✚ Capacity Building Session Attendance Register one (1) | NB: Registers must reflect Business name, Proprietor's name or the name of his /her designate or business partner |
| ✚ Suppliers' Proforma Invoices three (3) | NB: successful applicants will be asked to solicit original Invoice (s) |
| ✚ If Local Economic Initiative (LEI) is registered , attach copy of the relevant documents such as, Business name Certificate, Articles of Association, Charter, Articles of Incorporation etc. | |

NOTE:

- ✚ **Please complete Application Form by typing responses into spaces provided.**

- ✚ **To locate documents required, please contact your SDC Community Development Officer, Field Supervisor or Local Economic Development Coordinator**

- ✚ **DO NOT ATTACH Local Economic Initiative (LEI) LIST.** The Local Economic Initiative (LEI) Listing maintained at SDC's Head Office as at December 31, 2020 will be used to verify LEI's existence.

- ✚ **Successful applicants will be asked to source Original Invoice (s).**
 - Please ensure Invoice (s) state the Suppliers' TRN / GCT #, contact details to include: address, telephone number etc.;
 - Invoices should show: item, quantity, unit cost and total cost
 - Invoices are to be signed and dated by Supplier(s)

Thank you...