

Call # 1

FY: 2022/2023

**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 All Executives Members/ Fund Management Team**

<b>Name (First and Surname)</b>	<b>Position in Organization</b>	<b>Time in Position (date of election or appointment)</b>	<b>Contact number &amp; Email</b>

**Declaration**

We declare that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of our 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 relations material for the SDC both in the present and future. Additionally, we understand that a report of expenditure must be completed for each grant received 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, upon the award of a grant, the SDC reserves the right to inspect the operations of the group/beneficiary in a bid to measure its functionality.

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

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ 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: _____