

Integrated Community Development Project (ICDP)



APPLICATION FORM

Instructions:

1. Please read the application form carefully and respond to all relevant questions
2. Only completed applications will be accepted for evaluation
3. Only applicants from eligible communities will be considered (*)
4. Applications should be submitted with a recent photo of company principal/applicant,
5. Deadline for submission is April 30, 2018 by 4 pm at JSIF and select SDC Offices
6. Applicants must have a JP / Minister of Religion validate their Application Form
7. Applications should ensure all information provided is accurate

Eligible communities

(*) Anchovy, Granville, Mount Salem , Barrett Town, Retirement, Steer Town, Denham Town, Hannah Town, Tivoli Gardens, Rema/ Wilton Gardens, Majesty Gardens, Rose Town, Greenwich Town/Newport West, Maxfield Park, Canaan Heights, Treadlight, York Town , Ellerslie Garden, Russia

Profile of the Business / Entrepreneur

1. Type of Applicant:

Individual Entrepreneur

Business

Group Entrepreneur

2. Name of Applicant: _____

3. Name of Business/Enterprise (if different from the above): _____

4. Contact information

Email _____

Telephone Number _____

Address _____

5. Please indicate your Community:

Ellerslie Gardens Canaan Heights

Russia York Town

Denham Town Treadlight

Greenwich Town Steer Town

Granville Majesty Gardens

Retirement Rose Town

Barrett Town Maxfield Park

Hannah Town Mount Salem

Tivoli Gardens

Education and Training

6. Please state highest education attained by the applicant (s):

Full name	Male	Female	Last Qualification
	[]	[]	
	[]	[]	
	[]	[]	
	[]	[]	
	[]	[]	
	[]	[]	

Employment History

7. Are you currently employed (including self-employed)? Yes [] No []

8. If yes, for how long? _____

General Information

9. Have you benefitted from any previous JSIF programme?

[] Yes

[] No

If yes please state programme _____

10. Have you (business/ entrepreneur) been the receipt of any other grant programme?

[] Yes

[] No

If yes, please state the support received (Name of organization and support received)

11. Are you willing to participate in business training and development support if assessed as being necessary to develop your business?

[] Yes

[] No

Analysis of the Business / Entrepreneur

1. Are you currently running your own business?

Yes

No

If yes, please proceed to complete information under “Existing Business” - **(Section B)**

If No, and you are submitting a proposal for a new business, please proceed to complete the section under “Startup” - **(Section A)**

2. Do you have a Business Plan?

Yes

No

If Yes, please attached as supplemental document.

Section A

Start Up/ New Business

Instructions: Only applicant with a business in operation for less than 12 months should complete this section.

1. Why do you want to start a business?

2. What management experience do you have to start the business?

3. Give a brief description of the idea in terms of:

a. Type of business

b. The need the business will satisfy :

4. Please detail the funding required for your business (Please list items, and provide approximate cost):

Item	Cost	Applicant contribution	Amount Requested from JSIF	Total

5. What technical skills and/or experience do you have to start the business

Name	Title/ Responsibility	Skill and/or Experience

6. Have you identified potential customers and/or market?

Yes []

No []

Section B

Existing Business

Instructions: Only Applicant with a business in operation for more than 12 months complete this section should.

1. Why did you start the business?

2. Give a brief description of the business in terms of:

a. Type of business

b. What product/service does the business provide?

c. Where is the business operating from?

d. When did the business start operations?

e. Number of Employees:

Name	Title/Responsibility	Age	Male	Female	Years employed to business

f. Estimate gross sales minimum 1yrs):

Product	Yr. Sales	Yr. 2 sales	Total

7. Have you received funding from other agencies or individuals to support your business?

Yes

No

If yes, please state agency/ individual and the funding received

8. Do you currently have a business loan from a financial institution?

Yes No

9. How much have you invested as an individual (or group) in the business?

Item	Estimated Value	Total

Applicant Declaration

Only applications from eligible communities will be considered. By completing this application, the applicant confirms that they operate a legitimate business enterprise from one of the eligible communities.

I _____, Principal owner/Operator of the _____ Business Enterprise is from an eligible community. I further declare that all statements contained in this Application are true and correct and understand that false or inaccurate information will be the basis for disqualification.

Name:

Signature:

Date:

Name: Justice of Peace / Minister of Religion

Signature:

Date:

Official Use Only

Applicant Name	Application from Approved community	Date	Recommend for Processing
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport size Photo <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Supplemental Documents <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>