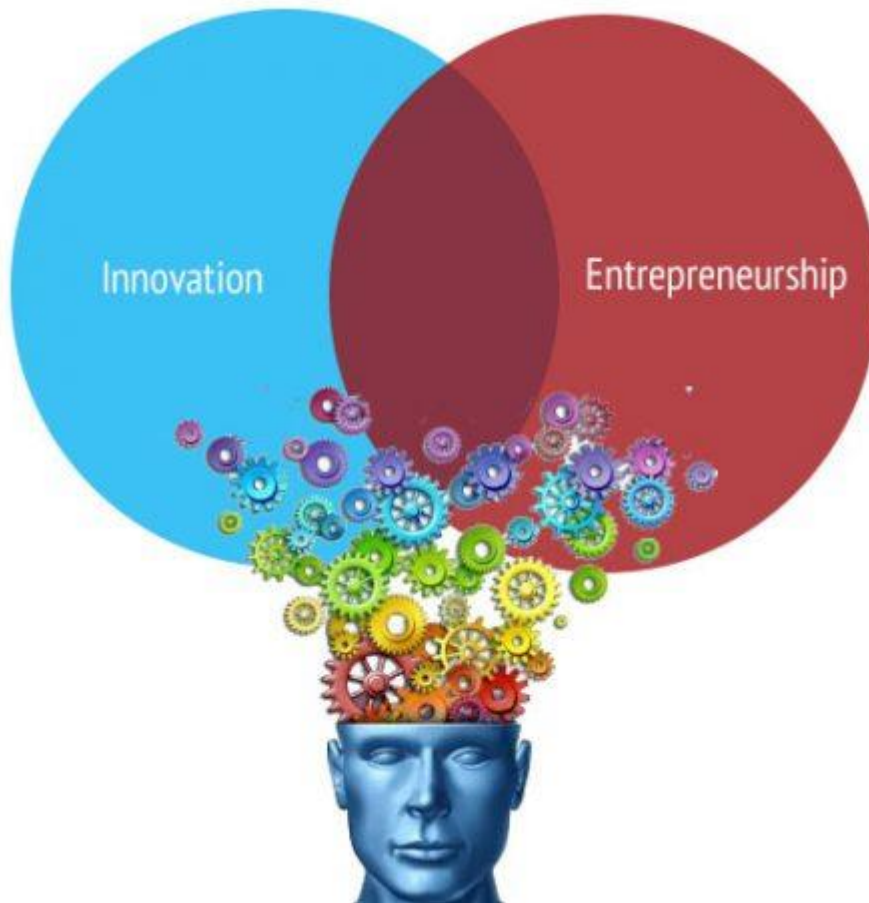




ICDP II
Enterprise Development Grant Application Form





Instructions:

1. Application Forms may be collected and submitted on the JSIF's website or at the JSIF's office
2. Please read the application form carefully and respond to ALL questions
3. All applications should be typed OR completed in pen and submitted by the deadline indicated
4. Only completed applications will be accepted for evaluation
5. Applications should be submitted with a recent photo of applicant
6. Applications should be submitted with a business proposal
7. Applicants may be required to provide a certified copy of their business registration document(s) upon successful acceptance
8. Deadline for submission is Monday, August 31, 2020 by 4 pm at JSIF Office or online at feedback@jsif.org
9. Applicants should ensure that the information provided is accurate as this will form the basis of the evaluation

Criteria:

1. Enterprise (s) must be operating for over one (1) year
2. The enterprise (s) must operate within the targeted communities listed below:
 - August Town (St. Andrew)
 - Greenwich Town (St. Andrew)
 - Denham Town (Kingston)
 - Treadlight (Clarendon)
 - Salt Spring (St. James)
 - Anchovy (St. James)



Application Form

Socio-Demographic Background

1. Name of Business Owner/Name of Applicant _____
2. Name of Business / Enterprise _____
3. Contact information:
 - Email _____
 - Telephone Number _____
 - Address _____
4. Age Range:
 - 18- 23
 - 24- 29
 - 30-35
 - 36-41
 - 41 and Over
5. Type of applicant:
Individual Entrepreneur Group Entrepreneur
6. Please indicate your Community:
August Town (St. Andrew)
Greenwich Town (St. Andrew)
Denham Town (Kingston)
Treadlight (Clarendon)
Salt Spring (St. James)
Anchovy (St. James)



Education and Training

7. Please state highest education level attained (Applicant):

Full name	Male	Female	Qualification	Year
	[]	[]		
	[]	[]		
	[]	[]		
	[]	[]		
	[]	[]		

Employment History

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

8a. If yes, for how long? _____

General Information

9. Have you applied to any other grant?

Yes []

No []

9a. If yes, please state _____

10. Have you benefitted from any previous JSIF's programme?

Yes []

No []

10a. If yes, please state programme _____

11. Is your enterprise the recipient of any other grant programme (s) between 2019-2020?

Yes []

No []

11a. If yes, please state the support received and the amount

12. Are you willing to participate in business training and development support?

Yes []

No []



Entrepreneurial Analysis

1. Is your business registered?

Yes []

No []

1a. Type of Registration _____

2. Do you have a business plan?

Yes []

No []

3. When did the business start operations?

4. Why did you start the business?

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

a. Type of business

b. What product (s)/service (s) the business provides?

c. Please state your business's address?



d. Number of Employee (s):

Name	Male	Female	Position	Years employed
1.	[]	[]		
2.	[]	[]		
3.	[]	[]		
4.	[]	[]		
5.	[]	[]		

e. Estimate gross sales minimum (last 12 months):

Product	Last 12 months Sales	Total
1.		
2.		
3.		
4.		
5.		

6. Do you currently have a business loan or debt from any financial institutions or other sources?
Yes [] No []

If yes, please provide the following information:

Name of Financial Institution or Source	Loan/Debt Amount \$\$
1.	
2.	
3.	
4.	
5.	

7. How much have you invested as an individual (or group) in the business (last 12 months)?

Item (s)	Estimated Value	Total
1.		
2.		
3.		
4.		
5.		



Budget:

Instructions:

1. List the distinct items being requested. The grant will cover procurement of equipment only
2. No recurrent expenditures will be covered
3. Goods or services are exempt from the grant
4. Successful applicants maybe required to submit invoices for items
5. The total value of equipment must not exceed \$400, 000.00

Item (s)	Brief Description of item	Total Estimated Value (JMD)	Amt (\$) requested from JSIF
<i>E.g. Refrigerator</i>	<i>4-door 120-Watt 60 Hz, 28 ¾ to 39 ¾ inches in width</i>	<i>\$60, 000.00</i>	<i>\$60, 000.00</i>
1.			
2.			
3.			
4.			
5.			
Grand Total			



Applicant Validation Information

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

I (we) _____, Main owner(s)/Operator(s) of the _____ Business Enterprise is from the approved community.

Name(s)

Signature (s) & Date



Official Use Only

Applicant Name	Application from Approved community	Date	Recommend for Processing
	Yes [] No []		Yes [] No []
Passport size Photo Yes [] No []	Other Supplemental Documents (Business Registration documents and Bank statement) Yes [] No []		