

MINISTRY OF CULTURE AND COMMUNITY DEVELOPMENT
Community Action for Revival and Empowerment (CARE) Funding

All applications are to be submitted two months in advance of the event date.

Date of Application: ____/____/____ day month year	Date of Project/Activity: ____/____/____ day month year	For official use only: Date of receipt of completed application : ____/____/____ day month year
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Instructions

- | | |
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| <p>1. Please answer questions on this form in BLOCK LETTERS and write with Black or Blue ink.</p> <p>2. Do not leave any fields blank. Put N/A if field does not apply.</p> <p>3. All applicable supporting documents must be submitted along with the completed application form.</p> | <p>4. Additional information should be submitted along with application as necessary.</p> <p>5. Form must be completed, signed and witnessed by the President/Head (Chairman/Chief Executive Officer/ Director/ Owner/Founder, etc) of the organization.</p> |
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SECTION A: PROJECT SUMMARY

Name of Project/Activity:	
Venue of Project/Activity:	
Total Budget (TT\$):	Amount Requested from MCCD (TT\$):

SECTION B: INFORMATION ABOUT YOUR ORGANIZATION

Name of Organization:		
Type of Organization: <i>(Tick appropriate box)</i>		
<input type="checkbox"/> Community Council/Community Development Organizations	<input type="checkbox"/> Children and/or youth organization	<input type="checkbox"/> Environmental Organization
<input type="checkbox"/> Women’s group	<input type="checkbox"/> Faith-Based Organization (FBO)	<input type="checkbox"/> Sport
<input type="checkbox"/> Non-Governmental/Service Organization (NGO/SO)	<input type="checkbox"/> Cultural Group/Organization	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> National Association/Parent Body		
Mailing Address:		
Phone(s):	Fax:	
Email:	Website:	
Meeting Address (if different from mailing address):		

Date Founded: ____/____/____ day month year	Date of last Annual General Meeting (AGM) ____/____/____ day month year	Not Applicable <input type="checkbox"/>
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Incorporation/Registration Status and date of Incorporation/Registration (tick all that apply):

- | | |
|---|--|
| <p><input type="checkbox"/> Incorporated by an Act of Parliament
____/____/____
day month year</p> <p><input type="checkbox"/> Registered with Government Ministry (name)

Date of Registration ____/____/____
day month year</p> <p><input type="checkbox"/> Registered with Ministry of Culture and Community Development
Date of Registration ____/____/____
day month year</p> | <p><input type="checkbox"/> Registered Not-for-Profit under the Companies Act
____/____/____
day month year</p> <p><input type="checkbox"/> Registered with the National Registry of Artists and Cultural Workers
Date of Registration ____/____/____
day month year</p> |
|---|--|

Bank Information:

Does your organization have a bank account in its name? Yes No

Name of Bank: _____

Name on Account: _____

Name of Signatories: _____

Executive contact / Project Liaison Person: <i>First list the two main contact persons for questions on this application</i>		
Name	Position in Group	Telephone Nos.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

SECTION C: INFORMATION ON PREVIOUS SPONSORSHIP/ACTIVITIES

Have you previously received project funding from this Ministry? Yes [] No []

Have you previously received project funding from other Ministries? Yes [] No []

Please indicate the most recent projects for which funding was granted from any Government Ministry?

Source of Funds	Purpose of Funds	Amount \$	Year
1.			
2.			

SECTION D: INFORMATION ON THE PROJECT PROPOSED

Project Title: _____

Project Type: Please tick the relevant area(s) below indicating the type of project.

- Social events (e.g. Mothers' & Fathers' Days, Awards Functions, cultural events, community concerts etc.)
- Employment and entrepreneurial development and income generating projects
- Health and wellbeing
- Furniture and equipment for community services
- Training & capacity building
- Children, adolescents and youth development programmes
- Family life (Parenting seminars, parent/adolescent/teen relationships workshops, family life management)
- Environmental enhancement
- Other (please specify): _____

Project Site (where will the project take place): _____

Project Duration: _____ days/weeks/months

From: ____/____/____
day month year

To: ____/____/____
day month year

Problem Description (Please explain/describe the problem or community need the project is seeking to address):

Project Objectives (Please list in bullet form what the project hopes to accomplish):

Project Activities (Please list the key activities of the project designed to accomplish stated objectives):

Proposed Beneficiaries (Please describe the target population to be served e.g. Vulnerable children & youth, elders, all community members):

Estimated number of persons to be served by the proposed activity:
(Insert relevant age range e.g. (0-6, 7-12, 13-18, 19-24, 25-30....65 and over etc.))

	Age-range	Age range	Age-range	Total
Male				
Female				

Collaborators: *(Indicate the organizations or agencies with whom you are partnering on this project)*

Organization/agency	Roles /responsibility

Are any approvals from other agencies/ individuals required to commence the project? Yes No
 If yes, please indicate in the space below the name of the agency/ individual and the approval needed:

SECTION E: INDICATORS OF PROJECT SUCCESS

What will be the evidence that your project was a success? *(e.g. number attended, participant feedback)*

- 1.
- 2.
- 3.

SECTION F: INFORMATION ABOUT YOUR PROJECT'S ESTIMATED BUDGET

What is your organization's financial contribution to the project? \$ _____

Have you applied to any other state agencies and/or private organisations for support to this project? Yes No

If yes, please provide detail:

State Agency/Private Organisation	Purpose of Funds	Amount (\$)	Status			
			All	Part	Nil	DK*

*DK - Don't Know

Total Project Budget: \$ _____ Total amount of funds raised: \$ _____

Amount of funds now requested from the MCCD \$ _____

Proposed use of funds requested from the MCCD:

Main budget items and associated costs

Budget items	Costs
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL	

Donations or in-kind contributions

Good or Services	Provided by	Value

CHECKLIST

Note: Supportive documents must be attached to this form. Fields with ** are mandatory.

1. Copy of Group's Registration Certificate
2. Three quotations for every budget line item that the applicant is applying for, (must be submitted from reputable service providers.) **
3. Name & picture identification of persons authorized to collect cheque on organization's behalf **
4. Identification from signed applicants. **
5. Confirmation of Organisation's Trinidad and Tobago Banking Information. Verify banking information to confirm correct spelling of the name on the organisation's bank account by submitting a bank statement/letter from the bank (white off account number) which must be stamped and signed by the bank. In the absence of a bank account, submit a letter addressed to the Permanent Secretary on request to pay the supplier/s. **

DECLARATION

By signing this application we hereby warrant and undertake that:

- We possess the authority to act on behalf of the Organisation hereinbefore named in relation to the Application for grant funding;
- To the best of our knowledge and belief, the information supplied in this Application is true and correct;
- The grant, if approved, will be applied **only to facilitation of the activities outlined** in this Application;
- We have read and agree to the **Criteria and Requirements for Financial Assistance** from the Ministry of Culture and Community Development (hereinafter 'MCCD') which is itemized in the application procedures document;
- We shall submit to the Grants Secretariat, MCCD upon completion of the activities described within this Application, a **Project Completion Report** along with media including but not limited to, photos, video recordings and audio recordings of the activities described in this Application; and
- We shall permit the MCCD to record in any format, all or any part of the activities outlined within this Application, and/or to obtain all necessary permissions facilitate same, and/or to authorize the MCCD to use any such recordings made by the MCCD or any media submitted by the Application in any form whatsoever for purposes including but not limited to archival, reporting or promotional purposes.

Name: _____ Mobile: _____

Position in Organization/Group: _____

Signature: _____ Date Signed: _____

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Stamp Here

Official Stamp of Organization/Group └ — — — — — ┘

Name of Witness: _____ Mobile: _____

Position in Organization/Group: _____

Signature: _____ Date Signed: _____

PLEASE RETURN COMPLETED FORM TO:
The relevant Community Development Division (District Office)

