

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

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

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

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

<input type="checkbox"/> Incorporated by an Act of Parliament ____/____/____ day month year	<input type="checkbox"/> Registered Not-for-Profit under the Companies Act ____/____/____ day month year
<input type="checkbox"/> Registered with Government Ministry (name) _____ Date of Registration ____/____/____ day month year	<input type="checkbox"/> Registered with the National Registry of Artists and Cultural Workers Date of Registration ____/____/____ day month year

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 MCDCA: \$ _____

Proposed use of funds requested from the MCDCA:

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 (where available)
2. Quotations from suppliers of goods and service
3. Name & picture identification of persons authorized to collect cheque on organization's behalf
4. Other (Specify): _____

DECLARATION

By signing this application we hereby certify that:

- To the best of our knowledge, the details given in this application are true and correct;
- The grant, if approved, will be spent **solely for the activities as described** in this application;
- We have read and agree to the **Criteria and Requirements for Financial Assistance** from the Ministry of Community Development, Culture and the Arts listed in the application procedures document;
- We understand that a **Project Completion Report** must be submitted to the MCDCA at the end of the project/event, and commit to providing same along with supporting media/images;
- I understand and give **authorisation to the Ministry** to utilize the submitted media elements (photos, video clips, audio recordings) for archival, reporting and promotional use only;
- We agree to provide support to the development of the community and cultural sectors, as requested by the MCDCA, as a requirement of the grant received;
- We have the authority of the organization(s) to submit this project for funding.

Name: _____ Mobile: _____

Position in Organization/Group: _____

Signature: _____ Date Signed: _____

Official Stamp of Organization/Group

Stamp Here

Name of Witness: _____ Mobile: _____

Position in Organization/Group: _____

Signature: _____ Date Signed: _____

PLEASE RETURN COMPLETED FORM TO:

The relevant Community Development Division (District Office)

FOR OFFICIAL USE

Group Registration Status: _____

Verification of bank information:

Bank Account # _____

Name(s) on Account _____

Comments on Project: _____

Other Comments (recommend/not recommended and reasons): _____

Assessment criteria evaluation form completed and attached:

(Tick where appropriate and/or insert score)

Yes: [] No: [] Assessment Score: []

Signature and stamp of Supervisor