

**APPLICATION FOR GRANT FUNDING**

**UNDER THE**

**INTERNATIONAL CERTIFICATION FUND**

**(ICF)**

**Formerly known as:**

**Certification Programme for Food and Beverage Standards and OTHER Product Compliance (CPFSPC)**

 **INSTRUCTIONS**

1. All relevant sections must be completed and submitted with the documents requested.
2. The completed application form must be signed by **an Executive/(s) (Manager or Managerial Level) of the Applying Enterprise and not by an Agent or Consultant** and stamped by the Commissioner ofAffidavits**.**
3. **ALL** completed Application Forms must be submitted via email and hard copy to:

*Mr. Crisen Maharaj*

*Manager*

*Capacity Building and Programme Finance*

*ExporTT Limited*

*151B Charlotte Street*

*Port of Spain*

*Trinidad and Tobago*

*Phone: (868) 612-3988 Ext. 7904*

*Mobile: (868) 796-4276*

*E-Mail:* *cmaharaj@exportt.co.tt*

*Cc.* *bnarine@exportt.co.tt*

4. exporTT shall receive, hold and treat the Application Information in the strictest confidence, observe all reasonable security precautions in its safe keeping and use best efforts to prevent its unauthorised disclosure.

**IN THE MATTER OF THE STATUTORY DECLARATIONS *ACT***

**CHAPTER 7:04**

I (Name in Block Letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, holder of Trinidad and

Tobago National Identification Number/passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of (Address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do solemnly and sincerely

declare that:

1. I am in support of this Application for grant funding for work to be conducted by a consultant and/or industry professionals to comply with International Standards.
2. This work is to be done to improve my firm’s export readiness and/or ability to contribute to import substitution.

**I hereby attached the following documents:**

|  |  |
| --- | --- |
| [ ] | Application form duly completed and signed  |
| [ ] | Business Plan (including but not limited to information on economic linkages, import substitution, job creation and foreign exchange earning capabilities) |
| [ ] | Export Plan (where applicable) |
| [ ] | Financial Statements verified by a certified party for the previous three years of operation where necessary  |
| [ ] | Detailed documentary evidence of the cost of requirements to implement standards compliance |
| [ ] | Business Registration Documents  |
| [ ] | Documentary evidence of the firm’s capability to fund its contribution if applicable |
| [ ] | A document from a consultant advising or outlining the need for the standard applied for. If unavailable, document from a relevant party recommending the need for the standard or a letter from the applicant to exporTT outlining the need for the standard.    |
| [ ] | A bank statement or a letter from your financial institution showing cash balances for the last 6 months. |
| [ ] | Other (specify)…………………………………………………………………  |
| [ ] | Copies of 3 quotations (where available) for each item being for which assistance is sought. |
| [ ] | Copy of certification or any other compliance documents for existing certifications  |

***exporTT reserves the right to request additional information.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature Signature*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name in Block Letters Name in Block Letters*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Position in Firm Position in Firm*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date Date*

**GENERAL PARTICULARS (to be completed by all Applicants)**

1. Name of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Tel. No.:\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sole Trader [ ] Partnership [ ] Company [ ]
4. Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Address of Registered Office/Mailing:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Location of factory/business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Value Added Tax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Board of Inland Revenue No.: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. National Insurance Board Employer Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Shareholding: (Where shareholder is a company please append Certificate of Incorporation, names and addresses of directors and controlling shareholder(s) and any other countries where investments are held):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Country** | **Type of shares** | **Shareholding****%** |
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1. Core business activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sector (Please select the appropriate box(es)):

[ ] Food & Beverage [ ]  Construction [ ]  Leather and other craft products

 [ ]  Textile, garments, footwear and headwear [ ]  Environmentally Friendly packaging

 [ ]  Wood, furniture and related products [ ]  Beauty and Personal Care

 [ ]  Paper, Printing & Packaging, converters [ ]  Household & Industrial Chemicals

[ ]  Agriculture & Agro-Processing as part of manufacturing which is supplying or processing products to and from primary food/beverage processors.

[ ]  Other (Please provide description) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Which international/regional/national standard are you currently in compliance with? eg: ISO 9000; ISO 22000; OSHA; GMP; HACCP; FSMA. *Please list the standard(s) and append a copy of certification or any other compliance documents:*

|  |
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1. Employee Information:

|  |  |
| --- | --- |
| Occupation | Existing |
| No. of Nationals | No. of Non-nationals |
| Managerial |  |  |
| Technical |  |  |
| Administrative |  |  |
| Production |  |  |
| Other (please specify) |  |  |
|  |  |  |
| **Total No. of Employees** |  |  |

1. What is the percentage of your current production/operating capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have plans to expand your current facilities? [ ]  Yes [ ]  No

If yes, please briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which category of assistance is being applied for? (Please select one box):

[ ]  Firm engaged in the production of Non-Energy Exports

 [ ]  Firm contributing to Import Substitution

1. Please list in table below and under the appropriate sub-heading, the assistance being sought including the cost, quantity and time anticipated to complete the certification process. Note, where the total cost exceeds TT$500,000, please complete columns 5 and 6.

|  |
| --- |
| **ASSISTANCE REQUESTED** |
| 1. **Item**
 | 1. **Estimated Cost (TT$)**
 | 1. **Source (Individual, Firm, Country)**
 | 1. **Estimated time of completion**
 | 1. **Cost covered by applicant**
 | 1. **Cost covered by ICF**
 |
| Capacity building in the conduct of standards audits, inspections and/or implementation of the process of certification: |  |
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| Acquisition of specialized equipment for adoption of standards: |  |
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| Infrastructural modifications to comply with standards implementation: |  |
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| Auditing and certification costs: |  |
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| **Total**  |  |  |  |  |  |

1. Briefly explain the need for the request (each item of the assistance that you are applying for) outlined in 18 above.

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1. What information informed to identification of the certification requirements outlined in 18 above?

 [ ]  Consultant’s advice (*Please provide copy of advice from a reputable qualified consultant including Scope of Works, Methodology, Deliverables, Disbursement Schedule, and Justification of Consultant Selection*)

 Name of Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Business/Client requirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please provide copy of documentation requiring the certification requested*

 [ ]  Other (Please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your company or any of its subsidiaries a benefited from or are benefiting from any similar certification support from exporTT? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**22.**

After obtaining the certification, how will it impact on your company’s employment as it relates to the local economy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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23. After obtaining the certification, how would your company help to generate additional business locally.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you selected “Firm engaged in the production of Non-Energy Exports” go to questions 24 - 28**

**If you selected “Firm contributing to Import Substitution” go to question 29 - 31**

**FIRM ENGAGED IN THE PRODUCTION OF NON-ENERGY EXPORTS**

1. Name and description of product(s) for which certification is being sought:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please provide in the table below, information on the annual local sales performance of your company over the last three years.

|  |
| --- |
| **Value annual local sales****(TT$)** |
| **2023** | **2022** | **2021** |
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1. Do you currently export? [ ]  Yes [ ]  No

If yes, please provide in the table below, information on your export performance for the last three years:

|  |
| --- |
| **Existing Export Markets** |
|  | **Estimated Value (USD)** | **Quantity** |
| **Country** | **2023** | **2022** | **2021** | **2023** | **2022** | **2021** |
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1. Are you currently engaged in discussions/negotiations to access new export market(s) or local business opportunities? [ ]  Yes [ ]  No

If yes, briefly describe the nature of engagement(s) and attach copies of documentation from potential buyers. (eg. purchase orders, letters, emails, fax etc.)

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1. Please provide in the table below, information on the export markets that will be targeted by your company following certification.

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| --- |
| **Proposed Export markets** |
| **Country** | **Quantity** | **Estimated annual export value USD** | **Year** |
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**FIRM CONTRIBUTING TO IMPORT SUBSTITUTION**

1. Name and description of product(s) for which certification is being sought:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide in the table below, information on the annual sales performance of your company over the last three years.

|  |
| --- |
| **Value annual local sales****(TT$)** |
| **2023** | **2022** | **2021** |
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1. Please provide in the table below, the value of imports that have been replaced by the product(s) listed in 29 above over the last 3 years and that is anticipated in the upcoming year.

|  |
| --- |
|  **Value Imports Replaced (TT$)** |
| **Product** | **(Proposed) 2024** | **2023** | **2022** | **2021** |
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***==============================================================================***

**exporTT reserves the right to refuse funding
exporTT reserves the right to request additional information**

I make this declaration conscientiously believing the same to be true and according to the Statutory Declarations Act, and I am aware that if there is any statement in this declaration which is false in fact, which I know or believe to be false or do not believe to be true, I am liable to fine and imprisonment.

Declared to at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

This \_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_)

Before me,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner of Affidavits

If selected Info,

Information as required-

***FOR OFFICIAL USE*:**

|  |  |  |
| --- | --- | --- |
| **Item** | **Date** | **Officer** |
| [ ] Application form received | ……… | ……………… |
| [ ] All required documents appended | ……… | ……………… |
| [ ] Additional documents/information required | ……… | ……………… |
| [ ] All additional requirements satisfied | ……… | ……………… |
| [ ] Application accepted | ……… | ……………… |
| [ ] Date report completed | ……… | ……………… |