

**APPLICATION FOR GRANT FUNDING**

**UNDER THE**

**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*

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

***CHAPTER 7:04***

|  |
| --- |
| *I ……………………………………………………………………………………………………..**of………………………………….……………………………………… 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 attach the following documents:*  |
| [ ] | Application form duly completed |
| [ ] | 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  |
| [ ]  [ ] | BIR Tax Clearance Certificate VAT Clearance Certificate (where applicable) |
| [ ] | NIS Certificate |
| [ ] | Documentary evidence of the firm’s capability to fund its contribution if applicable |
| [ ]  | Property Tax receipt (when effected)  |
| [ ]  | Police Certificate of Character for Applicant(s) |
| [ ]  | Other (specify)…………………………………………………………………  |
|  |  |

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

 *Signature Signature*

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

  *(BLOCK LETTERS) (BLOCK LETTERS)*

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

 *Position in Firm Position in Firm*

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

 *Date Date*

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

1. Name of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Sole Trader [ ] Partnership [ ] Company [ ]

3. Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address of Registered Office/Mailing:

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

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

6. Tel. No.:\_\_\_\_\_\_\_\_\_\_ 7. Mobile No.:\_\_\_\_\_\_\_\_\_\_\_ 8. Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Value Added Tax No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Board of Inland Revenue No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

11. National Insurance Board Employer Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. 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% |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

13. Core business activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Does the firm currently comply with any international/regional/national standards? eg: ISO 9000; ISO 22000; OSHA; GMP; HACCP; FSMA. If yes, please append a copy of certification or any other compliance documents:

15. Does your firm currently export? If yes, please indicate the value of annual export sales for the last three years:

16. Does your firm currently manufacture goods to replace imported products (import substitution)? If yes, please indicate the value of annual sales turnover:

17. Identify the type of assistance being applied for? (Please select one box):

Firm engaged in the production of non-energy exports

 Firm contributing to import substitution

**Note:** The applicant must submit documentary evidence of capability to finance the remaining cost for the completion of the certification process costing in excess of TT$500,000.

18. Employment information:

|  |  |
| --- | --- |
| Occupation(Indicate the major category e.g. Managerial, Technical, Administrative, Production, Other (please specify)) | Existing |
| Nationals | Non-nationals |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total No. of Employees** |  |  |

19. Export Markets:

|  |  |
| --- | --- |
| Existing Export Markets | Proposed Export Markets |
| Country | Quantity/Unit | Estimated Value (USD) | Country | Quantity/Unit | Estimated Value (USD) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

20. Annual Sales:

|  |  |
| --- | --- |
| Food/Beverage/Product | Annual |
| Local Sales Value (TT$) | Export Sales Value (TT$) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

21. Requirements to implement standards compliance:

Non-capital Requirements/ Expenditure (consulting/technical services, etc.)

|  |  |  |
| --- | --- | --- |
| Description | Estimated Cost (TT$) | Source (Individual, Firm, Country) |
|  |  |  |
|  |  |  |
|  |  |  |

**Note on Documentary Evidence:** *Applicants are to submit a proposal from a reputable qualified consultant including Scope of Works, Methodology, Deliverables, Disbursement Schedule, and Justification of Consultant Selection.*

22. Please list the approvals obtained for your current production space (Town & Country, Factory Inspectorate, Fire Services, etc.). Copies of each document to be submitted with application form.

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

**Note:** If approved, you will be required to provide documentary evidence of costs for work to be done. During implementation, you will be required to submit quarterly progress reports to exporTT.

**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 | ……… | ……………… |