

# 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 of Affidavits.
- 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: <u>cmaharaj@exportt.co.tt</u>
Cc. bnarine@exportt.co.tt

# IN THE MATTER OF THE STATUTORY DECLARATIONS ACT CHAPTER 7:04

of	rely declare that:	 and		
1.	I am in support of this Application for grant funding for work to be conducted be consultant and/or industry professionals to comply with International Standards.	oy a		
2.	This work is to be done to improve my firm's export readiness and/or ability contribute to import substitution.	/ to		
I here	by attach the following documents:			
[]	Application form duly completed			
[]	Business Plan (including but not limited to information on economic linkagimport substitution, job creation and foreign exchange earning capabilities)	jes,		
[]	Export Plan (where applicable)			
[]	Financial Statements verified by a certified party for the previous three years operation where necessary	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			
	Signature Signature			
(B	BLOCK LETTERS) (BLOCK LETTERS)			
Pos	sition 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 Registere	-		
6. Tel. No.:	7. Mobile No.:	8. Email:	
9. Value Added Tax No	.i <u></u>	10. Board of Inland Rev	venue No.:
11. National Insurance	Board Employer Regis	stration No.:	
= :			nd Certificate of Incorporatio and any other countries whe
NAME		TYPE OF SHARES	_,
13. Core business activ	ity:		
	P; HACCP; FSMA. If		onal standards? eg: ISO 9000 opy of certification or any othe

last three years:				
16. Does your firm currently n yes, please indicate the value		nported products (import substitution)? If		
Firm engaged	ance being applied for? (Please d in the production of non-energ ting to import substitution	,		
for the completion of the certif	omit documentary evidence of catication process costing in excess	apability to finance the remaining cost ss of TT\$500,000.		
18. Employment information:				
Occupation (Indicate the major category e.g. Managerial, Technical, Administrative, Production, Other (please specify))	Nationals	isting Non-nationals		
Total No. of Employees				

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

Existing Export Markets		Proposed Export Markets			
Country	Quantity/Unit	Estimated	Country	Quantity/Unit	Estimated
		Value (USD)			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, Factor
nspectorate, Fire Services, etc.). Copies of each document to be submitted with application form

<u>Note:</u> 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,,	_)
Befo	ore 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		