

COVID-19 Tourism Grant Program Application Form

Please complete all questions on this form. When submitting via email, kindly upload all the necessary documents along with the completed form. Required documents may be found on our website at www.eximbankja.com. Please ensure that all answers are reviewed before submitting.

For EXIM's internal use only

Application #:

1. Applicant's Details

Business Name:

Business Email Address:

Telephone Number:

Business Address:

Parish:

Tax Payer Registration#:

(Day/Month/Year)

Tax Compliance #:

TCC Expiration Date:

Date of Incorporation:

(Day/Month/Year)

Licensed By:

JTB

MOT

Assessed By TPDCo:

Yes

No

TPDCo Regulating Sector*

Name of Contact:

Title of Contact:

Email of Contact:

Contact's Mobile Number:

* TPDCo reg sector: Apartments, Bike Rentals, Car Rentals, Guest House, Tour Operators, Watersports Operators, In-Bond Merchants, Travel Agencies, Villas

2. Principal Owners, Shareholders and Directors on record as at July 31, 2020 (Please list all).

Please note that the details of the person(s) signing this form must be included below. Use the key below to fill in the 'Role' column:

O - Owner

MD - Managing Director

GM - General Manager

S - Shareholder

CEO - Chief Executive Officer

COO - Chief Operations Officer

D- Director

CFO - Chief Financial Officer

NAME	TRN	CONTACT#	ROLE	NATIONALITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Number of Employees as at July 31, 2020: _____

4. Verified number of Employees per SO2 filed at December 2019: _____

Please submit a copy of the form

5. Description of the Business Operation:

6. Has your business been adversely impacted by the COVID-19 Pandemic?

Yes

No

Describe how your business has been impacted:

7. List the main areas of the company's COVID-19 Recovery Plan:

8. Summary of Financial Position of the business (Attach separate Financial Statements).

	FYE 2019	FYE 2018	Year-to-date 2020
Total Revenue	<hr/>	<hr/>	<hr/>
Cost of Sales	<hr/>	<hr/>	<hr/>
Operating Profit	<hr/>	<hr/>	<hr/>
Administrative Expenses	<hr/>	<hr/>	<hr/>
Net Profit	<hr/>	<hr/>	<hr/>
Current Assets	<hr/>	<hr/>	<hr/>
Total Assets	<hr/>	<hr/>	<hr/>
Short-Term Liabilities	<hr/>	<hr/>	<hr/>
Total Liabilities	<hr/>	<hr/>	<hr/>
Equity	<hr/>	<hr/>	<hr/>

9. Summary of Intended Use of the COVID-19 Tourism Funds.

Provide brief details of the purpose of the Grant below:

10. Amount being applied for:

	<u>Total Project Cost</u> \$IMD	<u>Grant Amount</u> <u>Applied for \$IMD</u>	<u>Difference</u>
a. Investment in Plant/Building			
b. Investment in Equipment			
c. Investment in Raw Materials			
d. Staff Training			
e. Staff Salary - Emoluments*			
f. Operation Costs: Working capital; Supplies; Rent; Utilities*			
g. Other (not to include expenses related to redcoration, marketing & promotion, dividend payments and maintenance.			
h. Total			

**A maximum of 30% of the sum requested can be used for Working Capital Support i.e Staff Salaries and other similar recurrent expenditure. Attach pro-forma invoices to support costing and paid invoices to support amounts for which reimbursement is requested. GCT and TRN numbers MUST be included on all pages of invoices submitted.*

PLEASE NOTE:

Only invoices dated April 01, 2020 and onwards will be considered for reimbursement

11a and 11b: Proof = Letter from a Financial Institution indicating approved loan, and/or Bank Statement showing funds on the business' bank account for example.

11a. Proof of ability to provide 10% of project cost?

Yes No

11b. Proof of ability to cover remaining project costs?

Yes No Not Applicable

12. Beneficiary Details:

Beneficiary Name: _____

TRN: _____

Beneficiary Bank and Branch: _____

Branch Code: _____

Amount to be paid: _____

Account Type (Savings or Chequing): _____

Beneficiary Account Number: _____

13. Details of Benefits received under COVID-19 CARE Program:

Funds received under BEST Cash component:

Number of Employees for which BEST Cash benefit received:

Funds received - Small Business Grant component:

Funds received - General Grant component:

Number of former employees benefiting from SET Cash component:

14. Declaration (Please check each box):

I hereby declare that all information set out in this application is true to the best of my knowledge and belief.

I hereby consent for my Financial Institution - Bank Account details to be verified electronically.

I hereby consent to maintain all relevant documents and records relating to the expenditure of funds received through the COVID-19 CARE Tourism Grant.

I hereby consent for my business to be subject to independent audit related to the use of funds provided through the COVID-19 CARE Tourism Grant by Auditors assigned by the Ministry of Finance and Public Service.

Name:

Name:

Title:

Title:

Dated:
dd/mm/yyyy

Dated:
dd/mm/yyyy

Authorized Signature:

Authorized Signature:

REMINDER: Please ensure Consent Form below is also completed and submitted along with all other required documents .

CONFIDENTIALITY DISCLOSURE:

Aside from certain types of information that may be considered proprietary or public information that cannot be released, most grant related information submitted by applicants will be considered public information, and once an award is made, subject to possible release to the public.

Applicants are discouraged from submitting information that is deemed proprietary unless essential for proper evaluation of the application. However, if the application contains information that the applicant's organization considers to be trade secrets, information that is commercial or financial, or information that is privileged or confidential, the pages containing that information should be identified. Such information will be treated with confidence, with the understanding that the information will be used or disclosed only for evaluation purposes.



CONSENT FOR DISCLOSURE BY CREDIT BUREAU
PURSUANT TO SECTION 11 (3) OF THE CREDIT REPORTING ACT, 2010



I/WE THE UNDERSIGNED DO HEREBY CONSENT to the disclosure of **my/our** Credit Information by any Credit Bureau licensed under the Credit Reporting Act, to National Export-Import Bank of Jamaica Limited ("**EXIM Bank**").

This consent shall:

- (i) Subsist for the duration of this and any future credit facility which **I/WE** may have with EXIM Bank;
- (ii) Remain valid and binding during the existence of any credit facility with EXIM BANK until the credit facility comes to an end or upon termination of **my/our** relationship with EXIM BANK;
- (iii) Be applicable to all credit applications that **I/we** may make to EXIM BANK for credit facilities where **I/WE am/are** either the Borrower or Guarantor and /or for the purpose of facilitating risk assessment for the granting of additional credit facilities, or any other purpose deemed necessary by EXIM Bank and in accordance with the Credit Reporting Act.
- (iv) Be provided to the credit bureau, if necessary.

INDIVIDUAL	COMPANY/BUSINESS
Full Name	Name of Company/Business
Address	Registered Address
Taxpayer Registration Number	Taxpayer Registration Number
Date	Date
	Name & Position
	* Signature
	Name & Position
* Signature	* Signature

☐

The consent was read to me by the witness who explained its full effects and I understood the contents.

OR

☐

The consent was read by me and its contents understood.

Signed in the presence of: _____

Profession: **Attorney-at-Law / Justice of the Peace / Bank Manager / Bank Officer**

Signature: _____