



## **APPLICATION FORM**

### **GOVERNMENT OF GRENADA'S GRANT ASSISTANCE - COVID - 19**

#### **PURPOSE**

**1.0 To provide payroll support to the Tourism Sector in Grenada, Carriacou and Petite Martinique to alleviate any potential job loss ( layoffs) as a result of the negative effects of the COVID-19 pandemic. This payroll support is for employees within the identified sector and does not apply to owners, directors and or management of the approved businesses.**

#### **2.0 NAME OF ESTABLISHMENT**

#### **3.0 TYPE OF BUSINESS**

#### **4.0 ADDRESS**

#### **5.0 CONTACT DETAILS**

(a) Telephone

(b) Fax

(c) Email

#### **6.0 TAX IDENTIFICATION NUMBER**

#### **7.0 NUMBER OF EMPLOYEES FOR WHOM SUPPORT IS REQUIRED**

**8.0 NUMBER OF EMPLOYEES FOR WHOM SUPPORT IS REQUIRED**

**9.0 VACATION EARNED BY EMPLOYEES FOR WHOM THIS SUPPORT IS BEING REQUESTED HAVE UTILIZED THEIR LEAVE TO DATE**

**YES**

**NO**

**10.0 WHERE VACATION LEAVE HAS NOT BEEN FULLY UTILIZED, THE EMPLOYEE HAS BEEN PAID FOR SUCH LEAVE AT THE TIME OF THIS APPLICATION**

**YES**

**NO**

**11.0 BANKING DETAILS (for deposit of Grant Support)**

**(a) Name of Bank**

**(b) Name of Account**

**(c) Account Number**

**12.0 COMMENTS**

**13.0 TOTAL GRANT REQUEST (complete appendix 1 with the supporting details)**

**Amount**

**Period (Month)**

**DECLARATION**

I ..... being duly authorized to act on behalf of the Applicant hereby declares that the information submitted is true and covenants on behalf of the Applicant that the Applicant will observe and perform in accordance with the purpose(s) restricts the use of the grant to the Applicant once approved and imposes obligations on the Applicant to act solely in accordance with the purpose(s) states in item 1.0. The Applicant covenants that if it fails to utilize the grant for the purpose(s) stated in item 1.0 that it/he/she is to be deemed to be in breach of the stated purposes(s) in item 1.0 and is therefore liable to repay the value received and not used for the stated purpose(s) in Item 1.0 and on demand promises to pay to the Government of Grenada any and all sums not used for the purpose(s) stated in Item 1.0 and associated expenses incurred by the Government of Grenada to recover sums. The approval of this Application shall not be deemed to constitute a partnership or agency or fiduciary relationship and the Applicant has no right to make commitments for or on behalf of the Government of Grenada and or otherwise hold the Government liable for sums granted.

**Signed:**

**General Manager/Owner**

**Name:**

**Official company stamp**

**Date**

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**FOR OFFICIAL USE**

**REVIEWED BY**

**COMMENTS**

**APPROVED**

**NOT APPROVED**

**COMMENTS**

**SIGNED.....**

**STAMP**

## NOTES

- All applications forms must be completed in its entirety. Incomplete forms will not be processed.
- All salaries are subject to monthly legal deductions e.g. taxes and NIS payments
- Forward applications to:  
COVID-19 Economic Support Secretariat  
Financial Complex, Carenage  
St. George's, Grenada W.I  
Email: [covideconomicstimulus@gmail.com](mailto:covideconomicstimulus@gmail.com)
- For further information please contact: Tel: (473) 440-2731 Ext 31217 Mobile: (473) 416-0097  
Email: [covideconomicstimulus@gmail.com](mailto:covideconomicstimulus@gmail.com)
- All forms to be returned to the Ministry of Finance by 10th of the month in which the grant is applicable

Appendix 1

Name of Employee	NIS number	Address	Contact details of employee	Total monthly salary	Employer’s Contribution	GOG’s contribution

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consideration will be given to provide support to management by special application with outlined circumstances.

