



APPLICATION FORM

GOVERNMENT OF GRENADA'S GRANT ASSISTANCE - COVID - 19

PURPOSE

To promote business sustainability and provide financial assistance to businesses directly affected by the COVID Pandemic.

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 ARE YOU REGISTERED WITH GTA (where applicable)

8.0 NUMBER OF EMPLOYEES FOR WHOM SUPPORT IS REQUIRED

9.0 NUMBER OF NEW EMPLOYEES HIRED AFTER JULY 1ST 2021

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

YES

NO

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

YES

NO

12.0 BANKING DETAILS (for deposit of Grant support):

(a) Name of Bank

(b) Name of Account

(c) Account Number

(d) Financial Institution

(e) State any significant accounting activity within the last 6-13 months

13.0 COMMENTS

14.0 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

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
Kirani James Athletic Stadium (East Wing) Ground Floor
St. George's, Grenada W.I

Email: covideconomicstimulus@gmail.com

- For further information please contact: Mobile: (473) 416-0097
 - Email: 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

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

