

CANADA CARIBBEAN DISASTER RISK MANAGEMENT FUND

PROJECT APPLICATION FORM

Before you start to fill out the project application form please read the *Guide to Project Submissions* pamphlet (http://www.cdema.org/project_submissions_guide.pdf).

Please note that your application **must** be submitted in the format provided below. Applications that differ from this format will **not** be accepted.

SECTION A. ABOUT THE ORGANISATION					
1. Name of Organisation/Group					
2. Address					
	Tel:	Email:			
	Fax:				
3. Contact Person for this Application	Mr/Mrs/Ms:				
	Position held in the organisation/group:				
	Tel:	Email:			
4. How many people are involved in your organisation/group? Please put numbers in the boxes below.					
Executive committee	(Number)	Volunteer members	(Number)	Paid staff	(Number)
5. Is your organisation registered with the Department of Cooperatives and Friendly Societies or the Companies Office or with any other government agency?	<input type="checkbox"/> Yes If yes, please indicate which agency?(please attach rules/constitution)			<input type="checkbox"/> No If no, does your group have a set of rules or a constitution? (please attach)	

6. When did your organisation/group start?

7. What are the main activities of your organisation/group?

8. Does your group have a bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SECTION B. THE PROJECT

9. Project Title	
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10. Goal and Expected Results

a. What problem is the project trying to solve?	
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b. How does the problem affect different groups in your community? In what ways does this problem affect women, men, children and the elderly in differently?	
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c. How will the project solve the problem?	
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<p>d. Does the project need to address the different needs of the men, women, children, and elderly in the community? If so, how will this be done?</p>	
<p>e. What are expected results of the project?</p>	
<p>f. How does this project support your community disaster plan?</p>	

<p>11. Beneficiaries</p>	
<p>a. Who will benefit from the project? (Please be as specific as possible)</p>	
<p>b. How will they benefit from the project?</p>	
<p>c. Have they been involved in designing the project? If yes, please explain how.</p>	

<p>12. Activities</p>		
<p>a. What are the main activities of the project that will allow you to get the results you described in question <u>10. e</u> above, and who will be responsible for carrying out each activity?</p>	<p>Activity</p>	<p>Responsibility</p>

b. How will you ensure that all the people who will benefit from the project know about it?		
c. How will you sustain the benefits of the project after it has been implemented?		
d. Over what period of time will you implement the project?	Start date: End date:	

13. Threats to Project Success	
a. What problems could prevent the project from being completed successfully?	
b. What can be done to avoid these problems or reduce their effects on the project?	
c. Will the project damage the environment in any way?	
d. Does the project involve physical works or the modification of a site? How will these changes affect the environment?	

e. Is the project site within thirty meters (98 1/2 Feet) of a gully, stream, river, pond, lake, or the sea.	
f. What types of pollutants could the project release into the environment?	
g. How will the project benefit or improve the environment?	

14. How much will the project cost? Please give a breakdown of the main items. (Please add as many rows as you need in order to show us your complete budget.)

	Budget (\$ local currency)			
Type of activity (specify details)	<u>CIDA \$</u>	<u>Recipient \$</u>	<u>Others \$</u>	<u>Totals \$</u>
Fees				
Labour				
Services				
Equipment				
Materials				
Freight/Transport				
Administration expenses				
Other (specify)				
Totals				

15. If the total cost of the project is more than the amount you are requesting from the CCDRM Fund, please explain how you will fund the difference.

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16. What is the community contribution to the project?	
Item	Cost/In-kind contribution
Total	

SECTION C. DECLARATION

<p>17. Declaration</p> <p>By submitting this application, you are confirming the following:</p> <ul style="list-style-type: none"> ▪ The information in this application is correct. ▪ This application has been prepared with the knowledge and consent of the organisation's/group's Executive Committee. ▪ This application has the support of the organisation's/group's membership.
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Signature of person submitting the application	Print Name	Date
Position within the organisation:		

The following should be completed by the Chairperson of your organisation/group. If the Chairperson is submitting this application, it should be completed by another member of the Executive Committee		
Signature	Print Name	Date
Position within the organisation:		

Mailing address for applications:
 Coordinator, CCDRM Fund, Canadian High Commission, Bishop's Court Hill, St. Michael,
 P.O. Box 404, Bridgetown, BB11000, BARBADOS.
 Tel: (246) 425-0386 or (246) 429-3550.
 Email: ccdrmf.cancarib@gmail.com.