

## Application Instructions

Please submit this application electronically in word format (not a pdf). Attachments may be in pdf format.

**Please include the following with your application:**

- A cover letter on your organization's letterhead, briefly outlining your request, and signed by your executive director or board chair.
- Most recently audited or independently reviewed financial statements
- List of current board of directors, with board titles and professional affiliations
- One paragraph resumes of key staff, including qualifications relevant to the specific request.

Submit your organization's completed Application Form by **June 30, 2019**, to:

The JB Fernandes Memorial Trust II  
C/O Trinidad Country Club  
137 Long Circular Road  
Maraval  
Attention: Patrice Forde

OR mail completed nomination and any supporting materials to:

The JB Fernandes Memorial Trust II  
C/O P.O. Box 602  
Port of Spain

**Please note:**

- Unsolicited applications are not accepted by the JB Fernandes Memorial Trust II;
- An invitation to submit a proposal does not guarantee funding;
- The Trust may request additional information during the application process;
- A completed application form is required for consideration for funding.

# Application Form

# The JB Fernandes Memorial Trust II

Date of Application :	Click here to enter text.
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## Organizational Information

Legal Name of organization:	Click here to enter text.		
Year Founded:	Click here to enter text.		
Mission:	Click here to enter text.		
Website:	Click here to enter text.		
Address:	Click here to enter text.		
Number of:	Full-time staff:	Part-time Staff:	Volunteers:
Primary staff contact responsible for proposal:	Name/ Title	Click here to enter text.	
	Phone	Click here to enter text.	
	Email	Click here to enter text.	
Name of President /CEO (if not primary contact):			

## Grant Request Information (Please indicate if US or TT dollars)

Grant Request Amount:	\$
Purpose of Grant (one sentence):	Click here to enter text.
Check one:	<input type="checkbox"/> General Operating Support <input type="checkbox"/> Project Support <input type="checkbox"/> Capacity Building
<i>For project support only answer the following:</i>	
Project name if applicable:	Click here to enter text.
Total project budget:	\$
Dates covered by budget (D/M/YR):	

*For project-specific requests, submit a detailed project budget with your application. See Appendix A*

## Organizational Financial Information (For the most recent fiscal year available)

(Please indicate if US  or TT  dollars)

When does your Fiscal Year Start?	MM/YYYY
When does your Fiscal Year End?	MM/YYYY
Organizational Revenues:	\$
Operating Expenses:	\$
Surplus/Deficit:	\$
Fund Balance/Reserves (Deficit):	\$

**Last Updated: June 2019**

**Organizational Funding Breakdown (Please indicate if US  or TT  dollars)**

Type of Support	Amount Received	% of Overall Revenues
Government:		
Foundation:		
Corporate Donations:		
Individual Donors:		
Fundraising:		
Income Generating Activities:		
In-kind Services & Donations:		
Other (explain):		

**Please list your organization’s 5 major donors, with amount and year received.**

**(Please indicate if US  or TT  dollars)**

1.	Click here to enter text.
2.	Click here to enter text.
3.	Click here to enter text.
4.	Click here to enter text.
5.	Click here to enter text.

**Organizational Overview**

**1. Briefly describe the history and give an overview of your organization. What issue(s) does it seek to address? (approx. 250 words)**

Click here to enter text.

**2. Briefly describe your organization’s main program(s) and goals (approx. 150 words).**

Click here to enter text.

**3. If not covered above, describe the particular strengths of your model, or innovative aspects of your program’s implementation (approx. 150 words).**

Click here to enter text.

**4. Who is your typical client and how do they learn about your program? (approx. 150 words).**

Click here to enter text.

**Last Updated: June 2019**

Grant Proposal

- 1. Briefly describe the proposed grant project (approx. 150 words).

Click here to enter text.

- 2. Briefly describe the proposed project address(es) (approx. 250 words).

Click here to enter text.

- 3. Please describe the population(s) that your proposed project will serve, any relevant demographic information and estimated numbers of people to be served. (approx. 150 words).

Click here to enter text.

b. As of the date of this application, please fill out the chart below:

Age	# of Males served	# of Females served
0-15 years old		
16-24 years old		
24+ years old		

- 4. Using bullet points, list 2-3 (minimum) expected and measurable outcomes that this grant will help your organization to achieve. You will be asked to disclose these outcomes in your report(s).

Click here to enter text

b. How specifically will you evaluate and assess your anticipated outcomes?

Click here to enter text.

- 5. How do you plan to continue to support this program beyond JBFM Trust II funding?

Click here to enter text.

**Projected Organizational Budget by fiscal year**

We recognize that figures may change; provide your best projection. You may attach a brief explanation of any items you feel necessary. In projecting your budget for the next fiscal year, ***do not include*** the funds you are applying on this application.

Please check to confirm that you have NOT included the funds you are applying for on this application in the budget below:

Specify currency: (Please indicate if US  or TT  dollars)

REVENUE	CURRENT FISCAL YEAR 20____	NEXT FISCAL YEAR 20____
Government		
Foundation Grants		
Corporate Grants		
Individuals		
In-kind services and donations		
Other (explain)		
<b>TOTAL</b>		
EXPENSES	CURRENT FISCAL YEAR 20____	NEXT FISCAL YEAR 20____
Salaries and Benefits		
Professional Fees (i.e. consultants, accounting)		
Travel		
Equipment		
Rent		
Utilities		
Insurance		
Staff Training		

<b>TOTAL</b>		
<b>Surplus/(Deficit) – subtract expenses from revenues:</b>  <i>If this is a negative balance, attach an explanation of how you expect to meet your expenses this year?</i>		

**If there is a disparity between your current budget and your projected budget (i.e. increase in funding, or, a decrease in funding) please explain why below.**

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**Appendix A:**  
**Project-Specific Funding Request Budget**

For a specific project, show the breakdown of requested funds as specified in the columns below.

Grant Request: \_\_\_\_\_  
Dates Covered by this request: \_\_\_\_\_  
Currency: \_\_\_\_\_

**Budget Narrative: Use this space to explain the basis of your expenses:**

Click here to enter text.

**Application Check list:**

- Completed Application Form;
- A cover letter on your organization’s letterhead, briefly outlining your request, and signed by your executive director or board chair;
- Most recently audited or independently reviewed financial statements;
- List of current board of directors, with board titles and professional affiliations;
- One paragraph resumes of key staff, including qualifications relevant to the specific request;

**Signature of Person Responsible for this grant application:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

**For Grant Committee use only**

**A. Grant Category**

This grant is for:

<input type="checkbox"/> Education	<input type="checkbox"/> General Support
<input type="checkbox"/> Health	<input type="checkbox"/> Program-specific Support
<input type="checkbox"/> Capacity Building	

**B. Staff Analysis**

Click here to enter text.