INCLUSIVITY





GUIDELINES FOR THE TEAM SANGSTER INCLUSIVITY GRANT

READ CAREFULLY BEFORE COMPLETING THE APPLICATION FORM

The MBJ Inclusivity Grant seeks to support programs/projects being implemented by registered local organizations that target the growth and development of community members who have a disability. Applicants must clearly outline the intended social impact of their proposed program or project on individuals with disabilities.

Guidelines:

- The MBJ Inclusivity Grant awards will be disbursed based on our committee's evaluation of the multiplier impact of project proposals using only the information submitted on the application form or documents appended therein.
- The MBJ Inclusivity Grant can only be accessed by community-based organizations (not-for-profit groups and social enterprises) operating a project within Jamaica that supports persons with disabilities;
- Administrative expenses should not exceed 10% of the proposed project's total budget;
- Individual applications will not be considered.
- If your organization is not registered with the Companies Office of Jamaica, we encourage you to submit proof of registration with the Council for Voluntary Social Services, the Ministry of Education and Youth, or other recognized agencies and organizations.

ENSURE ALL APPLICABLE SUPPORTING DOCUMENTATION IS SUBMITTED WITH YOUR APPLICATION. APPLICATIONS WILL BE CONSIDERED INCOMPLETE WITHOUT THESE DOCUMENTS.

- Certificate of registration with the Companies Office of Jamaica
- Proof of registration with the Council for Voluntary Social Services, the Ministry of Education and Youth, or other recognized agencies and organizations (if not registered with the Companies Office of Jamaica).



INCLUSIVITY



APPLICATION FORM

MBJ Airports Limited with the support of its SIA partners invites interested community-based organizations operating within Jamaica to submit applications for the MBJ Inclusivity Grant.

Your funding application will be evaluated according to the information you provide on this form. Use extra sheets if necessary.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY THE EVALUATION COMMITTEE.

GENERAL INFORMATION						
Name of Organization :						
Full Address :						
Phone # :	Contact Person 1:					
E-mail Address :	Contact Person 2:					
BACKGROUND (ORGANIZATIONAL)						
Provide a brief history of your organization (no more than 250 words).						



INCLUSIVITY



APPLICATION FORM

	BACKGROUND (ORGANIZATIONAL)					
	Provide the details of your organization's core activities and programs.					
	SOURCES OF REVENUE	AMOUNT				
1.						
2.						
<u>2.</u> <u>3.</u>						
2.3.4.						
2.3.4.						
2.3.4.						
2.3.4.						



INCLUSIVITY



APPLICATION FORM

Project Title :

DESCRIPTION OF THE PROJECT

Please list all information as clearly and concisely as possible so that we can understand your project goals, objectives and intended outcomes.

Project Timeline

Total Budget :	Locatio	n of Project :					
Summary of Project							
GOALS AND	O OBJECIVES OF THE P	ROJECT					
Clearly and concisely list all information so that we can understand your project goals, objectives and intended outcomes							
Clearly and concisely intended outcomes.	<i>r</i> list all information so that we can unc	lerstand your project goals, objectives and					
	vist all information so that we can und	derstand your project goals, objectives and ACTIVITY					
intended outcomes.							
intended outcomes.							
intended outcomes.							
intended outcomes.							
intended outcomes.							
intended outcomes.							
intended outcomes.							
intended outcomes.							
intended outcomes.							

INCLUSIVITY



APPLICATION FORM

BUDGET LINE ITEM DE	SCRIPTION	UNITS	TOTAL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please submit applications to:

MBJ Airports Limited Sangster International Airport C/o Commercial Department (Departures Terminal) 876-952-3124

Email: teamsangstergrant@mbjairport.com

