

# Research & Development Facility

APPLICATION FORM



## Research and Development Facility

The Research and Development Facility aims to stimulate and support investment in new and advanced technology and innovation as a competitiveness tool for business enterprises in the non-energy manufacturing and services sector.

## Potential Clients

Manufacturers and companies in the non-energy sector needing to redesign or retool their products, services or processes to meet market-specific needs and capture market niches.

## Possible Areas Eligible for funding

- Improvement to processes
- Product development
- Adaptation of appropriate systems and technology
- Innovation in technology management systems and industrial engineering i.e. product processes, logistics, supply chain, good manufacturing practices

## Grant Information

Grant facilities will be provided at a maximum of \$100,000 per company annually, which represents two thirds (2/3) of the research and development proposal cost. The Facility aims to encourage alliances among businesses to approach technology and innovation challenges collectively through clusters. The maximum grant facility to such a cluster is \$200,000. Grant Facilities of a maximum of \$50,000 are also available for funding patent registration.

## Criteria for Submission

- Submission of a detailed Business Plan within which the intervention being sought is an integral part
- Business must be in existence for a minimum period of two years
- Investment in non-property assets (machinery and equipment, working capital) of \$50,000 - \$5 million
- Annual sales turnover between \$50,000 - \$5 million
- Business must be locally owned and operated

- Applicant(s) must show evidence of ability to contribute a minimum of thirty-three and a third (33 1/3%) of the project cost
- Joint applications will be considered for industry clusters

## Application Process

Applicants are to submit this Application Form outlining their proposal to any BDC office. A processing fee of \$100 is due on submission of an application.

If the Applicant(s) has an updated Business Plan and/or Strategic Plan, they are encouraged to submit these documents to form part of their application. Joint applications are required to submit a combined detailed Business and Strategic Plan for the group.

Application Forms are available at all BDC Offices and the Ministry of Trade and Industry. It can also be downloaded on the following websites: [www.bdc.co.tt](http://www.bdc.co.tt) and [www.tradeind.gov.tt](http://www.tradeind.gov.tt)

List of documents to be submitted with Application (where applicable):

1. Detailed budget for costs related to project
2. Financial Statements for the last two years
3. Projected Income Statement for one year
4. Projected Balance Sheet for one year
5. Projected Cash Flow for one year
6. Business Registration/Legal Documents, e.g. Certificate of Incorporation, Articles of Association, Notice of Directors, Notice of Address, Notice of Secretary
7. One form of identification for main applicants

N.B. Additional information may be requested.

Applicants should submit all completed application forms at any of the BDC's three office locations.

**HEAD OFFICE:** 151B Charlotte Street, Port of Spain

**SOUTH:** Shop 1, Ground Floor, Carlton House Extension, Carlton Centre, 63 St. James Street, San Fernando

**TOBAGO:** eTeck Mall, Sangster's Hill, Scarborough



# SUMMARY

Brief history of the business: \_\_\_\_\_

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Description of problem and/or opportunity: \_\_\_\_\_

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Objective of proposal: \_\_\_\_\_

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Activities: \_\_\_\_\_

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Beneficiaries: \_\_\_\_\_

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Risks: \_\_\_\_\_

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# PERSONAL DATA

Owner/Director: \_\_\_\_\_  
Surname First Other

ID# / DP# / PP#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide two references:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Please include copy of identification cited above.

# PERSONAL DATA

Owner/Director: \_\_\_\_\_

Surname

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Email: \_\_\_\_\_

Please provide two references:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Please include copy of identification cited above.

# THE BUSINESS

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Contacts: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

VAT: \_\_\_\_\_

BIR: \_\_\_\_\_

NIS: \_\_\_\_\_

Limited Liability Co. / Partnership / Sole Trader / Co-Operative

Other (specify) \_\_\_\_\_

Start-up Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  dd   mm   yr

Date Commenced Trading \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                  dd   mm   yr

Business Activity:

Assembly Type & Related Industry

Education & Cultural Services

Transport/Communication/Storage

Printing/Publishing Paper

Textiles & Garments

Business Services

Agriculture

Sugar Industry

Construction

Wood & Related Products

Personal Services

Distribution

Petroleum Industry

Chemicals & Minerals

Other (explain): \_\_\_\_\_

No. of Owners: \_\_\_\_\_

Total No. of Employees: \_\_\_\_\_

Proposed No. of New Employees: \_\_\_\_\_

# KEY PERSONNEL – OWNERS/STAFF

Owner

Staff

Name: \_\_\_\_\_  
Surname First Middle

Qualifications: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr

Date Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr

Work Experience: \_\_\_\_\_

Duties: \_\_\_\_\_ Full Time  Part Time

Owner

Staff

Name: \_\_\_\_\_  
Surname First Middle

Qualifications: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr

Date Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr

Work Experience: \_\_\_\_\_

Duties: \_\_\_\_\_ Full Time  Part Time

Owner

Staff

Name: \_\_\_\_\_  
Surname First Middle

Qualifications: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr

Date Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr

Work Experience: \_\_\_\_\_

Duties: \_\_\_\_\_ Full Time  Part Time

Owner

Staff

Name: \_\_\_\_\_  
Surname First Middle

Qualifications: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr

Date Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yr

Work Experience: \_\_\_\_\_

Duties: \_\_\_\_\_ Full Time  Part Time

Describe how the proposed project would impact/add value in terms of:

A. Industry

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B. Organisation

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C. Process

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D. Products and Services

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E. Market

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How does this project impact on:

A. Employment

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B. Skills and Expertise of Staff

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C. Contribution to Export Sales

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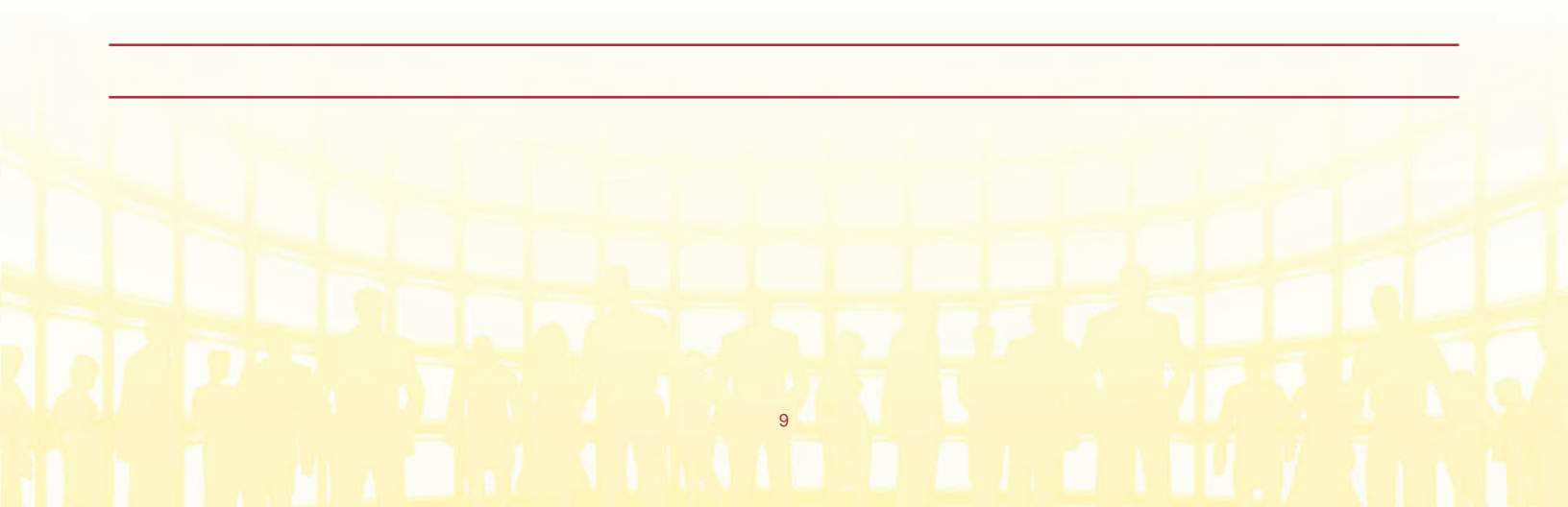
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## MAJOR COMPETITORS

| NAME | STRENGTHS | WEAKNESSES |
|------|-----------|------------|
| a)   |           |            |
| b)   |           |            |
| c)   |           |            |





