



BUSINESS STIPEND GRANT

BACKGROUND INFORMATION

This programme aims to ensure the survival of various tourism related businesses in anticipation of the borders re-opening, presently scheduled for 20 November 2021. Its objective is to provide a payment to small and micro businesses.

GRANT STIPULATIONS

Beneficiaries of this grant will comprise tourism related businesses that were not eligible to receive grants in the first phase of the program. The following should be noted:

- The grant will be a single lump sum stipend to assist businesses as they prepare for tourism to return to the Cayman Islands following the full re-opening of the borders in January 2022.
- Awards will be based on the provision of evidence that the business is still in operation; and
- Applicants must meet all eligibility criteria.

ELIGIBILITY FOR GRANT FUNDING

To benefit from this funding:

- Business owners must be compliant in operations as stipulated under the Trade and Business Licensing Act and other relevant regulatory requirements.
- Watersports businesses must operate outside of the Wildlife Interaction Zone (WIZ). Land Tour businesses must be holders of Tour or Watersports category Public Transport Unit (PTU) Licenses, where applicable.
- Independent taxi and tour bus businesses must be holders of the required category of Public Transport Unit (PTU) Licenses
- Restaurants must have +75% tourist patronage prior to 1 March, 2020
- Business must be at least 60% Caymanian-owned.
- Business must have been in operation for at least one year prior to 1st March 2020.
- Business must currently be in operation.
- The application must be submitted by the last published deadline, and
- Application is prepared and submitted according to the application format.



GRANT APPLICATION FORM

This form must be completed by business owners who wish to participate in the second phase of business grants. **This form is not to be completed by an Agent.** The program opens on Monday 8 November, 2021 and the application deadline is Monday 22 November, 2021. Completed applications can be submitted via email to grant.cicbd@gov.ky with the title **TOURISM INDUSTRY - APPLICATION** or delivered to the address provided at the end of this application form.

SECTION A: CONTACT INFORMATION

1. **Name of Business** (as shown on TBL): _____
2. **Name of Business Owner:** _____
3. **Business Address:** _____
4. **Mailing Address** (If different from above): _____
5. **Telephone:** _____ **Email:** _____
6. **Main Contact Person:** _____ **Position:** _____

SECTION B: BUSINESS PROFILE

7. Business Description:

8a. Is your business licensed? ☐ Yes ☐ No

8b. If yes, please indicate the type of ownership structure:

- ☐ Sole Trader
- ☐ Partnership
- ☐ Registered Company
- ☐ Others (specify) _____

9. Date Established (business must have been established by 1st March 2019 to qualify):

10. Trade and Business License (TBL) No.:

11. Business Category:

Independent taxi operator
Taxi dispatch company
Watersports operator
Tour bus operator
Land tour operator
Restaurant

12. Do you have any of the following licenses? Tick all that apply:

PTU License

Other: _____

13. Business Size:

Micro (1-4 employees and up to \$250,000 revenue per yr.)

Small (Up to 12 employees including owner and up to \$750,000 revenue per yr.)

14. District: ☐BT ☐EE ☐GT ☐NS ☐WB ☐CB ☐LC

SECTION C: GRANT UTILIZATION

15. How will the grant funding be utilized in your business? (Tick all that apply):

Allowable Expenses	
Liability insurance Safety equipment Docking and mooring fees/costs Licensing fees Commercial rent Salaries Equipment / inventory purchase Other:	Marketing Phone and Internet Boat repair/maintenance Motor vehicle repair/maintenance Administration and Booking Software

16. Cheques should be made payable to (exact name on business bank account or ID):

Note: Cheques will be made payable to business bank accounts. In cases where the business does not have a business bank account, cheques will be made payable to the business owner/operator.

SECTION D: BUSINESS DECLARATION

I/We [INSERT BUSINESS OWNER NAME(S) HERE],
do certify that the information stated above is true and correct to the best of my / our knowledge and belief.

I / We confirm that I am / we are compliant in operations as stipulated under the Trade and Business Licensing Act or other relevant regulatory requirements.

I am / we are aware that checks will be made with the relevant authorities and that any information contrary to the above may affect my application. I understand that it is a criminal offence to make a statement or representation that is false in a material fact which I / we know to be false or do not believe to be true.

I / We also confirm that upon signing this form, I/we have read and understood this declaration.

Applicant's signature

Date

SECTION E: DECLARATION AND SIGNATURE

In making this application I hereby declare that (tick the appropriate boxes):

- ☐ I declare that all the information I have supplied in this form is correct and I am aware that any false declaration may invalidate my application

I undertake to provide relevant third party suppliers invoices, contracts or any other information as requested.

I undertake to advise the Centre of any changes to the details contained in this application.

Print Name: _____ Applicant's Signature: _____

Date: _____

Please return this form and all supporting documents to Cayman Islands Centre for Business Development at grant.cicbd@gov.ky or Suite 101, Baytown Plaza, West Bay Road.

If you require further assistance please contact the Centre at 244-8009 between 9:00 am and 5:00 pm.

CICBD respects your right to confidentiality and agrees to treat the information you provide with the strictest of confidence. Your information will be processed in accordance with the law and will only be used for the Centre's purposes unless we are required by law to do otherwise.

DOCUMENTS FOR INCLUSION

DOCUMENTS	ENCLOSED
Trade and Business License	
PTU License (per asset) or other: 12 months income statement or balance sheet as at March 2020	
One form of ID	
Relevant invoices	
Payroll or employee contract	

SECTION F: FOR OFFICIAL USE ONLY

Received By: _____

Date: _____

Checked By: _____

Date: _____

Approved: ☐ Yes ☐ No

Date: _____

For further information contact:
Cayman Islands Centre for Business Development
Baytown Plaza, West Bay Road, George Town
Grand Cayman
CAYMAN ISLANDS
Tel: (345) 244-8009
Email: Grant.CICBD@gov.ky