



MINISTRY OF COMMERCE, MANUFACTURING, BUSINESS DEVELOPMENT, COOPERATIVES AND CONSUMER AFFAIRS
and the
SAINT LUCIA DEVELOPMENT BANK (SLDB)
MSME LOAN-GRANT FACILITY APPLICATION FOR COOPERATIVE SOCIETIES

PLEASE FILL THE FORM IN BLOCK LETTERS

Part 1		COOPERATIVE SOCIETY INFORMATION			
1.	Cooperative Society Name				
2.	Cooperative Registration	Cooperative Registration No. _____			
3.	Cooperative Address	Physical Address			
		Postal Address			
4.	Listing of Geographical Boundaries				
5.	Cooperative Email Address				
6.	Number of Members				
7.	Average Age of Members	31-40 <input type="checkbox"/>	41-50 <input type="checkbox"/>	51-60 <input type="checkbox"/>	61+ <input type="checkbox"/>
8.	Sex of Members (indicate number)	Male		Female	
9.	Principal Classification	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Consumer <input type="checkbox"/>	Specialized <input type="checkbox"/>
10.	Sub-Sectors	Agriculture <input type="checkbox"/>	Transportation <input type="checkbox"/>		
		Livestock <input type="checkbox"/>	Apiculture <input type="checkbox"/>		
		Fisheries <input type="checkbox"/>	Agro-Processing <input type="checkbox"/>		
		Creative Industries <input type="checkbox"/>	Agro-Tourism <input type="checkbox"/>		
		Food and Beverage <input type="checkbox"/>	Professional Services <input type="checkbox"/>		
		Other (specify) <input type="checkbox"/>			
11.	Nature of Cooperative (brief description)				
12.	How long has the Cooperative been in operation?	Pre-Venture (not started)	<input type="checkbox"/>		
		Cooperative Enterprise (up to 2 years)	<input type="checkbox"/>		
		Established (more than 2 years)	<input type="checkbox"/>		
13.	Number of employees	0-5 <input type="checkbox"/>	6-20 <input type="checkbox"/>	21-50 <input type="checkbox"/>	



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14.	Annual Sales (in XCD)	Between \$100,001 and \$500,000	<input type="checkbox"/>
		Between \$500,001 and \$1,000,000	<input type="checkbox"/>
		Not applicable	<input type="checkbox"/>
15.	Estimated value of enterprise assets (in XCD) e.g. (vehicle, land, machinery, etc.)		
16.	Estimated value of enterprise liabilities (in XCD) (e.g. Loan, Hire Purchase)		

Part 2		CONTACT INFORMATION	
17.	Contact Name		
18.	Contact Details	Telephone Number	
		Mailing Address	
		Email Address	
		Alternate Number (Name, Email and Tel Number)	
19.	Contact Designation	President (BOD) <input type="checkbox"/> Director <input type="checkbox"/> Manager (Operations) <input type="checkbox"/> Secretary (BOD) <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>



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Part 3		COOPERATIVE SOCIETY LOAN-GRANT REQUEST			
1.	What is the total cost of your proposed project (in XCD)?				
2.	How much funding is requested (in XCD)?				
3.	If the total cost exceeds funding request, please indicate source of additional financing.				
4.	State the purpose of the loan-grant. (Summarize your request, including critical success factors.)				
5.	Do you have any existing Loans or Grants for the cooperative society?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.	If "YES", please provide details.	Institution(s)	i)	ii)	iii)
		Type (Loan/Grant)			
		Amount XCD			



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Part 4	ENTERPRISE TRAINING & TECHNICAL INFORMATION				
7.	Have you received training from the Ministry of Commerce or the Cooperative within the last two (2) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.1	Are you able to navigate online platforms such as Zoom and Google Meet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	Are you skilled in the use of Microsoft Office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.3	Do you have access to these software programmes on your computer or tablet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.	Are you using any financial recording system in your establishment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
9.	If "YES" to No. 8 above, please indicate the recording system.	Manual (e.g. Notebook) <input type="checkbox"/>	MS Excel or Similar <input type="checkbox"/>		
		Accounting Software:			
		Wave <input type="checkbox"/>	QuickBooks <input type="checkbox"/>		
		Xero <input type="checkbox"/>	Peachtree <input type="checkbox"/>		
		Other (please specify): <input type="checkbox"/>			
10.	Please indicate the type(s) of records kept.	Details of the Systems:			
		Sales <input type="checkbox"/>	Cash Reconciliation <input type="checkbox"/>		
		Accounts Receivables <input type="checkbox"/>	Cash Disbursement <input type="checkbox"/>		
		Accounts Payable <input type="checkbox"/>	Customer Database <input type="checkbox"/>		
		Inventory System <input type="checkbox"/>	Supplier Database <input type="checkbox"/>		
		Asset Register <input type="checkbox"/>	Long Term Debt <input type="checkbox"/>		
		Other (please specify): <input type="checkbox"/>			



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11.	Does your business have an online presence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Please indicate which platforms are used.	Business Website <input type="checkbox"/>	Instagram <input type="checkbox"/>
		Facebook Page <input type="checkbox"/>	YouTube Channel <input type="checkbox"/>
		X <input type="checkbox"/>	Other (please specify): <input type="checkbox"/>
13.	How was your Cooperative impacted by COVID-19?		
14.	Give a short explanation on how the loan-grant facility will benefit your cooperative.		



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Declarations:

We, the authorized officers, _____ hereby declare/agree:

1. That the above information is true and correct. 2. That we have not withheld from the Ministry of Commerce, Manufacturing, Business Development, Cooperatives and Consumer Affairs and the Saint Lucia Development Bank (SLDB) any information pertinent to this application. 3. To authorize the Bank to make any enquiries related to the above information and this application. 4. To provide any additional information or documents pertinent to this application.

Applicant name	Position	Signature	Date (dd/mm/yyyy)
Cosignatory name	Position	Signature	Date (dd/mm/yyyy)
Cosignatory name	Position	Signature	Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Date Received:	Received by:	Signature:
Date Assigned:	Assigned by:	Assigned to:
Date Reviewed:	Reviewed by:	Signature:
Application Status:	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/> Pending <input type="checkbox"/>