



# THE NATIONAL COMMISSION FOR SELF HELP LIMITED

## Community Infrastructural Development (CID) Programme Application Form.

Head Office: Lassale Court, 75 Abercromby Street, Port-of-Spain Phone: 612-6274 Fax: 627-8435

South Office: #54 Southern Main Road, Marabella Phone: 612-6274

Constituency/Area Code: \_\_\_\_\_

Project No: \_\_\_\_\_

**1. PROJECT TYPE(S):** (Please tick any of the following)

- Road       Retaining Wall       Drainage       Bridge       School       Cultural       Steps
- Social       Health       Recreation       Community Centre       Other: \_\_\_\_\_

**2. Name of Group/Organization/Applicant(s):**

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**3. Project Location/Address:**

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**4. (a) Have your group approached any other agency for funding?**       Yes     

No

**(b) If yes, state the name of the funding agency and amount:**

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**5. Name(s) of Coordinator(s):**      1. \_\_\_\_\_      Contact No.: \_\_\_\_\_

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2. \_\_\_\_\_      Contact No.: \_\_\_\_\_

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3.

**6. Brief Description of Proposed Project:**

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**7. Number of Persons Benefitting from Project:** \_\_\_\_\_

**8. Gender Mix:** \_\_\_\_\_ (Male) \_\_\_\_\_ (Female) \_\_\_\_\_ (Children)      **(This is mandatory)**

### Community Commitment Form

We, the residents listed, are aware of the efforts being made to undertake a community self-help project and we are prepared to support it by way of providing the necessary labour, materials or any other contribution that will exemplify this.

#### SIGNATURES OF BENEFITTING COMMUNITY

1	14
2	15
3	16
4	17
5	18
6	19
7	20
8	21
9	22
10	23
11	24
12	25
13	26

***I hereby certify that the above information, which I have provided, is true and correct. I also acknowledge that any falsified information submitted may result in the automatic denial of my request for assistance and prosecution by the relevant authorities, in accordance with the Perjury Act, Chap. 11:14 of the Laws of Trinidad and Tobago.***

Coordinator Signature: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE**  
**PROJECT OFFICER'S EVALUATION SHEET**

1. Does the project meet NCSHL's criteria and is recommended for approval?

Yes                       No

2. (a) If no, please state reason(s)

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(b) If yes, the labour required is:

Non-Skilled                       Semi Skilled                       Skilled

3. Do you recommend that a contractor be assigned to assist with the provision of labour and materials?

Yes                       No

Project Officer: .....

Date: .....

Senior Project Officer: .....

Date: .....