



LAND AND WATERSPORTS TOUR OPERATORS GRANT

BACKGROUND INFORMATION

This programme aims to ensure the survival of the land and Wildlife Interaction Zone (WIZ) licensed watersports tour operators. Its objectives are:

1. To provide a monthly stipend of CI\$750.00 over three (3) months to each business (irrespective of business size)
2. To assist with the maintenance and retention of the following types of assets related to land and watersports tour operations:
 - Boats (CI\$1,250.00 each)
 - Jet Skis (CI\$150.00 each)
 - Land Tour Buses (CI\$475.00 each)
 - Horses (CI\$375.00 each)

GRANT STIPULATIONS

Beneficiaries of this grant will comprise operators within the land and watersports tour sector.

The following should be noted:

- Awards will be made in two categories:
 - i. Business Stipend
 - ii. Asset Preservation Grant
- Awards will be based on the provision of evidence that the business is still in operation.
- For both categories of funding, applicants must provide evidence that the funds were used for business operations in order to qualify for remaining balances, 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 be holders of Wildlife Interaction Zone (WIZ) Licenses. Land Tour businesses must be holders of Tour or Watersports category Public Transport Unit (PTU) Licenses, where applicable.
- 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.



LAND AND WATERSPORTS TOUR OPERATORS GRANT APPLICATION FORM

This form must be completed by business owners who wish to participate in the Land and Watersports Tour Operator Grant Programme. **This form is not to be completed by an Agent.** The deadline for submission of the application form is **Friday, 24 September 2021**. Completed applications can be submitted via email to grant.cicbd@gov.ky with the title **LAND & WATERSPORTS TOUR OPERATOR 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:

- ☐ WIZ Licensed Boat Operator
- ☐ WIZ Licensed Jet Ski Operator
- ☐ Tour Bus Operator
- ☐ Horse/ Beach Riding Stable

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

- ☐ WIZ License
- ☐ PTU License
- ☐ Other: _____

13. Business Size:

- ☐ Micro (1-4 employees and up to \$250,000 revenue per yr.)
- ☐ Small (Up to 12 employees and up to \$750,000 revenue per yr.)
- ☐ Other (anything above 12 employees and above \$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):

Business Stipend	Asset Preservation
☐ Liability insurance ☐ Safety equipment ☐ Docking and mooring fees/costs ☐ Licensing fees ☐ Commercial rent ☐ Salaries ☐ Phone and Internet ☐ Marketing ☐ Administration and Booking Software ☐ Other: _____	☐ Asset loan repayment ☐ Asset Insurance ☐ Fuel Cost ☐ Asset Safety Equipment ☐ Asset Inspection and Licensing Fees ☐ Asset repairs ☐ Asset servicing costs (e.g. hydraulic system, engine overhauling, oil & filter change, etc.) ☐ Veterinarian costs for horses ☐ Feed and supplements for horses ☐ Farrier Services ☐ Other: _____

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: DECLARATION OF ASSETS

17a. If the business is categorized as a **Horse/Beach Riding Stable**, please specify the number of horses:

17b. If the business is categorized as a **WIZ Licensed Watersports Operator or Tour Bus Operator**, please specify the number of assets below:

Type of Asset Boat/Jet Ski/Tour Bus	Type of License WIZ/PTU	Registration Number WIZ/PTU
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

I / We, _____, [INSERT BUSINESS OWNER NAME 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 am aware that in order to claim remaining balances, I must provide evidence that the funds were used for business operations.
- ☐ 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	
☐ WIZ License (per asset)	
☐ PTU License (per asset)	
☐ Other:	
☐ One form of I.D.	
☐ Receipts and invoices	

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