

# Michael Manley Award for Community Self-Reliance 2011

## ENTRY FORM

*Please complete this form clearly. Use additional paper where necessary*

Name of Community: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Name of Community Project: \_\_\_\_\_

Year and month of establishment of project:  
\_\_\_\_\_

Who started the project and how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much community involvement was there in the early development of the project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What support has the project got from outside the community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At what stage did outside support begin? \_\_\_\_\_  
\_\_\_\_\_

Nature of the Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(continued on page 2)**

Give names of members of project committee \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many persons are involved in the project? \_\_\_\_\_ Men \_\_\_\_\_ Women. Total \_\_\_\_\_

How is the project kept going? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

\_\_\_\_\_  
\_\_\_\_\_ (PTO)

Describe the economic impact of the project (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the social impact of the project (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the cultural impact of the project (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the environmental impact of the project (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To what extent do the youth of the community participate in the project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(continued on page 3)**

How does the project aid in the education and welfare of adults, youths and children of the community?

---

---

---

---

---

Does the project earn income? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how is the money used? \_\_\_\_\_

---

---

---

Is there any other information that you would like the judges to take into consideration?

---

---

---

---

---

Please give directions to your location: \_\_\_\_\_

---

---

---

---

**(REMEMBER TO ADD EXTRA PAPER IF YOU NEED IT TO ANSWER THE QUESTIONS)**

**On completion of this form, return by June 15, 2011 to: Michael Manley Foundation, 1A Hope Boulevard, Kingston 6. Tel: 927 2288 / email: mmfoundation @cwjamaica.com**