



2020 Program Application

There are NO FEES to apply or participate in the program if you are selected

Pa gen okenn frè ni pou aplike ni pou patisipe si ou seleksyone nan pwogram nan

APPLICATION TIMELINE

- **November 2019: Application opens**
- **January 31, 2020: Application DEADLINE**
- March 2020: Finalists Interviews
- Mid-March 2020: Applicants are notified of application status
- Mid-March: July 2020: Travel/Visa Preparation and Orientation
- July 2020: BEL Initiative Program begins

SELECTION CRITERIA FOR COMMITTEE

The committee will use the following criteria to evaluate applications. These are not required and applicants are not expected to meet each bullet point.

- Committed to return to Haiti to implement ideas, knowledge, and skills obtained
- Scalability of your company or organization
- Have been operating your business for at least 1 year
- Impact that your company is having on your community or Haiti
- The ability to work cooperatively in diverse groups and respect the opinions of others
- Strong communication skills
- Creative/Innovative thinker and risk taker

WHO CAN APPLY?

Those who meet the minimum requirements listed below are encouraged to apply. Applicants will not be discriminated against by race, gender, religion, disability or sexual orientation. Minimum requirements:

- Your company or organization must be based in Haiti
- Must have some proficiency in English
- Must be at least 18 years of age by start of program
- Must be eligible to receive a United States J-1 or B-1 visa

DOCUMENTS TO SUBMIT WITH APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> REFERENCE LETTER | <input type="checkbox"/> COPY OF VISA (IF APPLICABLE) |
| <input type="checkbox"/> HEAD-SHOT PHOTO (REQUIREMENT) | <input type="checkbox"/> BUSINESS REGISTRATION/INCORPORATION CERTIFICATES (IF APPLICABLE) |
| <input type="checkbox"/> COPY OF PASSPORT (IF APPLICABLE) | |

The 2020 BEL Initiative program is made possible through a grant from the U.S. Embassy in Haiti in collaboration with the Georgia Haitian-American Chamber of Commerce, Inc., the University of Iowa Institute for International Business and Sa Se Biznis Pam.





PROOF OF REVENUE (IF APPLICABLE)

*Please make sure your application is complete and submitted with all required documents. We will not consider incomplete applications.

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FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

DATE OF BIRTH: _____

GENDER:

MALE

FEMALE

EMAIL _____

STREET ADDRESS _____

CITY _____

DEPARTMENT _____

(Ex: Artibonite, Centre, Nord, etc..)

COUNTRY

PHONE NUMBER

ALTERNATE PHONE NUMBER

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NAME OF BUSINESS OR ORGANIZATION _____

HOW LONG HAS YOUR COMPANY BEEN IN OPERATION _____

IS YOUR BUSINESS LEGALLY REGISTERED IN HAITI?

YES NO (PLEASE ATTACH COPY OF REGISTRATION OR PATENT CERTIFICATES)

WHAT IS YOUR COMPANY'S ANNUAL REVENUE? _____

(ATTACH PROOF OF ANY)

NUMBER OF EMPLOYEES _____

INDUSTRY _____

(Ex. Agriculture, Textile, Construction, Healthcare, etc.)

DO YOU HAVE ANY TRAINING IN THIS FIELD? _____

HIGHEST LEVEL OF FORMAL EDUCATION _____

DESCRIPTION OF WHAT YOUR COMPANY OR ORGANIZATION DOES?

WHAT PROBLEM IS YOUR ORGANIZATION SOLVING OR SEEKING TO SOLVE?

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WHY SHOULD YOU BE CHOSEN TO PARTICIPATE IN THIS PROGRAM? (attach extra sheet if you need more space)

WHAT DO YOU HOPE TO GET OUT OF THIS PROGRAM? (attach sheet if you need more space)

PLEASE LIST ANY ASSOCIATIONS/ORGANIZATIONS THAT YOU OR YOUR BUSINESS ARE MEMBER OF (Ex: Chamber of Commerce, business clubs, women associations, etc.. (Provide proof of membership if possible)

DO YOU HAVE A PASSPORT?

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YES NO (PLEASE ATTACH COPY IF YES)

THE 2020 BEL INITIATIVE PROGRAM IS SCHEDULED FOR JULY 17-AUGUST 9, 2020 (ABOUT 3 WEEKS). WILL YOU BE ABLE TO PARTICIPATE THROUGH THE WHOLE PROGRAM?

YES NO

DO YOU HAVE A UNITED STATES VISA OR RESIDENCE CARD?

YES NO (PLEASE ATTACH COPY IF YES)

THE 2020 PROGRAM MAY INCLUDED TWO TIERS: LEVEL 1 AND LEVEL 2. IF YOU ARE SELECTED, YOU WILL BE PLACE IN ONE OF THE LEVELS BASED ON THE STAGE OF YOUR BUSINESS.

EMERGENCY CONTACT (HAITI)

FIRST NAME _____

LAST NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

EMERGENCY CONTACT (UNITED STATES)

FIRST NAME _____

LAST NAME _____

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PHONE NUMBER _____

EMAIL ADDRESS _____

DOCUMENTS TO SUBMIT WITH APPLICATION

- | | |
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| <input type="checkbox"/> COPY OF PASSPORT (IF APPLICABLE) | <input type="checkbox"/> PROOF OF REVENUE (IF APPLICABLE) |

Please make sure your application is complete and submitted with all required documents. We will not consider incomplete applications

SIGNATURE _____ DATE _____

By providing my signature, I understand that if I have misrepresented or omitted any facts relative to this application, I can be denied or removed from the program. I also commit to helping Haiti become a developed nation through my talent, efforts and skills.

SUBMIT APPLICATION TO: belinitiativehaiti@gmail.com

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