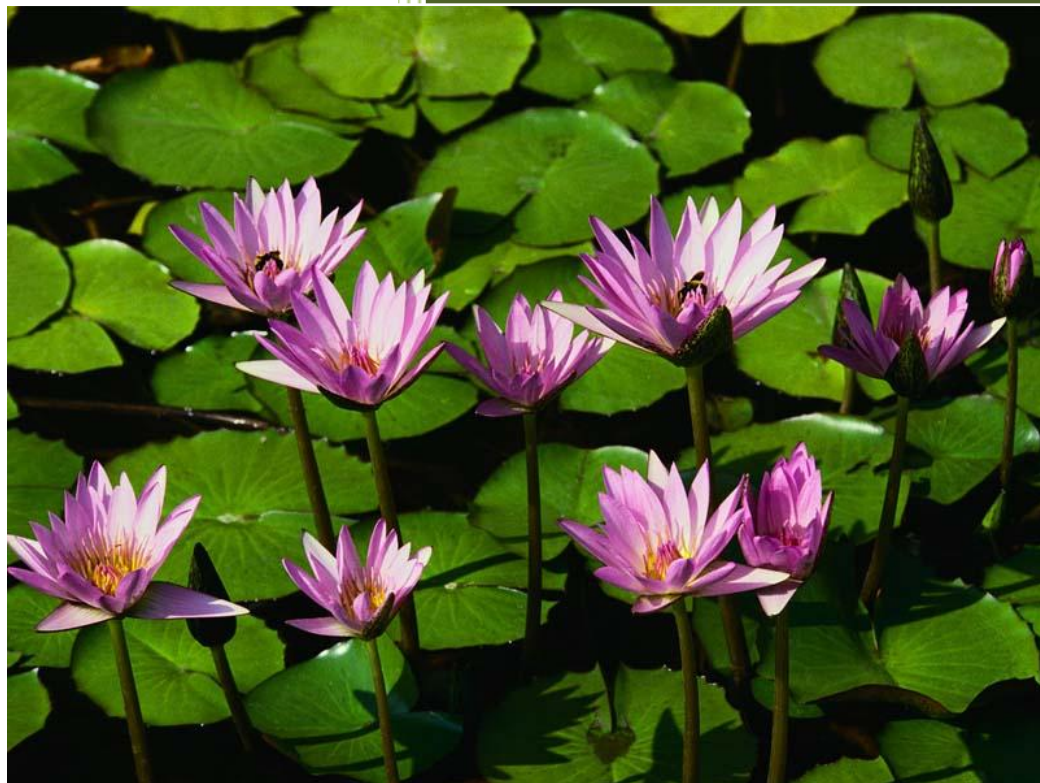


# 2011

National Development Fund for Persons with Disabilities

## Application Handbook



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# Application Handbook

## 1. INTRODUCTION

The National Development Fund for Persons with Disabilities is the funding arm of the National Council for Persons with Disabilities. This handbook describes the procedures for applying for the National Development Fund for Persons with Disabilities (from here forwards referred to as 'The Fund'). It should be used by individual persons with disabilities, organizations of and for persons with disabilities, and District or County Officers responsible for facilitating applications to the Fund. This handbook contains:

### Procedures and Guidelines

Guidelines for Applicants	Information about who is eligible for funding.
Application Procedure	Making an application to the Fund.
Analysis Procedure	Method and criteria for analysis of proposals.
Decision Procedure	Method and criteria for approving or rejecting applications.
Disbursement Procedure	Procedures for disbursing approved funds to beneficiaries.
End of Project Procedures	Procedures when the funding comes to an end.
Appeals and Complaints	Used if you are unsatisfied with the Fund's decision.
Cash Transfer Guidelines	How households with a person with sever disability can apply.

### Forms

PO/AP/1-4	Fund Application Forms	Application forms for each of the funding categories
PWSD-CT	Household Targeting Form	Cash Transfer Interview Form
PO/AS/1-4	Application Summary Forms	For use by Programme Office and Board of Trustees

### Definitions

Applicant	Individual or organization applying for money from the Fund
Beneficiary	Individual or organization approved for funding
DGSDO	District Social and Gender Development Officer
OPWD	Organization of/for Persons with Disabilities
NCPWD	National Council for Persons with Disabilities
NDFPWD	National Development Fund for Persons with Disabilities
PWD	Person with Disabilities
The Council	National Council for Persons with Disabilities
The Fund	National Development Fund for Persons with Disabilities

**Enquiries to:** The Programme Office, National Council for Persons with Disabilities, Opposite ABC Place, Waiyaki Way, Westlands, P. O. Box 66577- 00800 Nairobi  
Mob: 0701 709562      Tel: 020 4452877      Email: [ncpwds@africaonline.co.ke](mailto:ncpwds@africaonline.co.ke)

## 2. GUIDELINES FOR APPLICANTS

The National Development Fund has been established by the Government of Kenya “for the benefit of persons with disabilities in Kenya” (The Persons with Disabilities Act, 2003). The Fund aims to use its resources to eradicate the link between poverty and disability by providing financial support to organisations and individuals. The Fund currently supports the following funding categories:

- |   |  |
|---|--|
| 1. Assistive devices and services         | For individual Person with Disabilities                          |
| 2. Educational assistance                 | For individual Person with Disabilities                          |
| 3. Economic empowerment & Revolving funds | For groups of Persons with Disabilities                          |
| 4. Infrastructure & Equipment             | For social care/education institutions                           |
| 5. Cash transfers                         | For households that include individuals with severe disabilities |

Guidelines for Cash Transfer are provided in Section 9. For all other categories please read the notes and conditions below before completing the appropriate application form. If you are unsure whether you are eligible to apply please contact your District Social and Gender Development Officer for further information.

### 2.1 Assistive Devices and Services

**What is included:** The Fund will support the provision of assistive devices and services to persons with disabilities in Kenya to enable these individuals to function in society. The Fund will give priority to those individuals requiring assistance to function in a learning, training or work environment.

Assistive devices and services are any product or service designed to enable greater independence for persons with disabilities. Common examples of such devices are wheelchairs, crutches, hearing aids, callipers, surgical boots and prosthetic arms or legs. A common example of an assistive service is sign language translation.

**What is excluded:** There are some limitations in the devices that can be applied for. Expensive items, such as motorcars and business equipment like sewing machines or laptops are not included. Many assistive devices, particularly computer software such as JAWS, can be expensive and it is very unlikely the Fund will support such items for individual use. In such cases, we would request that the individual asks their work place or education institution to contact the Fund Programme Office directly and make a larger application for equipment that can then be shared and accessed by multiple students or staff members with disabilities now and in the future. For assistive services, the funding given is normally to train individuals working in an institution like a school or hospital in sign language, so that this can be used to assist clients.

**How to apply:** There are two ways to apply for assistive devices:

1. The quickest way to apply for an assistive device is through one of the organisations who work in partnership with the Fund. These are the Association for the Physically Disabled of Kenya (APDK), the Jaipur Foot Workshop and PCA Kikuyu Hospital. You can go straight to these organisations and request an assistive device.

- APDK supplies individuals with a wide range of devices to assist people with physical disabilities. These include crutches, wheelchairs, callipers, tricycles, and surgical boots as well as others. Use the list of contacts below to find your nearest branch. APDK can deliver an assistive device to a one of its local branches for your collection. You do not need to fill in the Assistive Devices application form, but check with APDK which documentation you need to bring with you. APDK will assess you before recommending a device for you. The device will be free of charge since it is paid for by the Fund.

APDK Branch Location	Telephone Number	Email Address
Nairobi Branch, Waiyaki way	Cell phone: 0722 334677 / 0734 590497 Tel: 020 – 4451523 /4 /5	nbi@apdk.org nat@apdk.org
Mombasa Executive Office	Cell phone: 0723 732010/ 0733 804570 Tel: 041 – 474078 / 471840	executive@apdk.org
Busia Branch District Hospital	Cell phone: 0728 998559 /0733 469431 Tel: 055 - 23086	busia@apdk.org apdkbusia@yahoo.com
Embu Branch, Provincial Hospital	Cell phone: 0715 837267 Tel: 068 – 31409	embu@apdk.org apdkembu@yahoo.com
Kisumu Branch, Nyanza Provincial General Hospital	Cell phone: 0715 612 435 Tel: 057- 2026159	kisumu@apdk.org apdkksm@yahoo.com
Machakos Branch, Machakos General Hospital, Level 5	Cell phone: 0715 613127 / 0733 343271 Tel: 044- 43271	machakos@apdk.org apdkmachakos@yahoo.com
Kisii Branch, Kisii General Hospital	Cell phone: 0715 612561 / 0733 469817 Tel: 058 - 30881	kisii@apdk.org apdkkisii@yahoo.com
Nakuru Branch, Nakuru Provincial Hospital	Cell phone: 0715 612200 / 0733 469819 Tel: 051- 2213825	nakuru@apdk.org apdknakuru@yahoo.com
Eldoret Branch, Uasin Gishu District Hospital	Cell phone: 0715 612521/ 0734 327141	apdkeld@yahoo.com

- Jaipur Foot Workshop is for individuals requiring the provision of prosthetic legs and feet. It is located in Nairobi, contacting Naomi on 0721 766 841. It may be necessary to visit twice, once for a fitting and once to collect the new limb. The limb will be free of charge. You do not need to fill in the Assistive Devices application form, but check with Jaipur which documentation you need to bring with you.
- PCEA Kikuyu Hospital provides prosthetic arms. For this you do need to fill in the Assistive Devices Application form and have this signed by the District Gender and Social Development Officer. Visit PCEA Kikuyu Hospital first for an assessment, which will be free. Attach the assessment to your completed application form and send it to the Fund. The application will need to be approved by the Board of Trustees, which may take some months, before you can return to PCEA Kikuyu Hospital for the prosthetic arm. PCEA Kikuyu Hospital is located at P.O. Box 45 00 902 Kikuyu, Kenya Tel: 254-02-2044766 / 2044767 / 2044768 Fax: 2044765  
E-mail:kikuyu@pceakikuyuhospital.org Website: <http://www.pceakikuyuhospital.org/>

2. The second way to apply for an assistive device or service is to apply directly to the Fund. This should be done only when the item required is not provided by one of the partner organisations listed above. The individual should complete the 'Assistive Devices and Services' application form. They submit this to their local District Gender and Social Development Officer who will forward it to the Fund. Applicants should include:

- Professional assessment report: This report should be provided by a professional with specialist knowledge of the type of impairment you have. For example for a hearing aid the report should be provided by an ear or hearing specialist. This specialist should assess and recommend what is the most appropriate assistive device for you. For example, for someone requiring special glasses, the report should state the thickness of the lenses required, or for a wheel chair, the size and type required.
- Letter of recommendation from area provincial administration officer (i.e. Asst. Chief or Chief): Confirming that that you are resident in this area, and in need of an assistive device.
- Copy of your Medical report: This is a copy of the medical report which certifies that you have a disability. It is the same as the medical report you used to register with NCPWD.
- If there is somewhere locally where you wish to purchase the device you should supply a pro forma invoice (a quotation showing the cost of the device) with your application. If you do not know where to purchase the device you do not need to include this.

In general, the Fund will prioritise people who have never received an assistive device to ensure fair distribution of funds. However, it is possible for people to apply more than once for an assistive device. This is meant for specific cases, for example children, who as they grow need a new device because the old one has become too small or unsuitable. In such cases, an application should be submitted to the Fund as described above. The Fund may request for additional information from the Applicant to support their application.

## 2.2 Educational Assistance

**What is included:** Education grants aim to empower people with disabilities by enhancing opportunities for them in education, training and rehabilitation institutions. Individuals or their guardians can apply for financial support with fees for secondary, tertiary education, vocational training, vocational rehabilitation centres, universities and special educational establishments. Primary school will not be funded except for persons with intellectual disabilities. In this case the amount funded is for tuition fees including boarding. In exceptional circumstances the Fund may also give grants to the children of persons with disabilities, even if the child does not have a disability. This would only be the case if there is evidence that the parent's disability has led to extreme poverty which prevents the child accessing education.

**What is excluded:** The Fund will cover up to 75% of course fees, the applicant is expected to cover 25%. If a person is in formal employment they are required to cover 50% of fees and the Fund will cover up to 50%. In exceptional circumstances the Fund may pay 100% of fees but the applicant will be asked to provide additional evidence of extreme poverty.

If a course lasts more than one year the fund will pay only for the first year initially. The Beneficiary (the student) will be expected to fill in a report to the Fund each quarter. If this reporting is completed and shows that the student is attending the course and making satisfactory progress, then the Fund will aim to support the Applicant for the following years also. The Beneficiary (the student) should contact the Fund in the third quarter of each year to let them know if they wish to receive funding again the following year. Please note that funding for education assistance is paid to the educational institution directly, not to the Beneficiary.

**How to apply:** Applicants should complete the 'Educational Assistance' application form and submit it to their DGSDO. They should include the following documents:

- Copy of national identity card (or parent's/ guardian's if beneficiary is under 18yrs)
- Copy of letter of admission
- Copy of fees schedule
- Copy of certificate of previous education: As stated in section b. 4 of the Application Form
- Letter of recommendation from a provincial administration officer (Chief/Asst. chief)
- Signature of the District Education Officer/Head Teacher/ Principal: There is a space provided on the application form to confirm that this institution is registered and recognized by government to offer the course which the applicant has applied for.

It is strongly recommended that the Applicant submits their form to the DGSDO 6 months before the start of the course to allow enough time for processing.

## 2.3 Economic Empowerment & Revolving Funds

**What is included:** The Fund will provide grants to community and self help groups for economic empowerment or revolving fund schemes. These grants aim to help persons with disabilities gain self-sufficiency in generating income and to enable them to gain the skills and experience to access the loans required to grow their business. The groups must be of and for persons with disabilities. This can include the carers of persons with disabilities. The group must be at least one year old to be eligible. Groups need to be legally registered to operate within the Republic of Kenya and also registered with the National Council for Persons with Disabilities in order to apply.

Revolving fund schemes are schemes where established groups of persons with disabilities provide loans to their members. Groups can apply to the Fund for a grant to start off this scheme. The group can then give loans to group members to run self managed small businesses. It is expected that group members will repay the loan to the group. Any profits should add to savings, be re-invested, or contribute to welfare of persons with disabilities and their families. For example, by offering loans to new members or using profit to buy medicines. Please note that the grant provided by the Fund does not need to be repaid.

Economic empowerment grants are for established groups of persons with disabilities to start up business activities. This could include, for example, agriculture, rearing livestock, bead making, shop keeping etc.

Any application for income generating activities will need to show clear understanding of demand in the local market, in other words, that the products will sell, and that this will make a profit. They should also show what benefits the business will bring to Persons with Disabilities in the community.

**What is excluded:** The Fund does not currently give grants or loans to individual persons with disabilities. The Fund will not pay for the purchase or rent of business premises, nor for running costs such as fuel or electricity.

**How to apply:** Groups should complete the 'Economic empowerment & Revolving fund' Application Form and submit it to their local District Gender and Social Development Officer. They should attach

- Copy of Registration certificate
- Copy of group constitution/ by-laws
- Copy of Minutes: Minutes of the meeting where the application to the Fund was discussed.
- List of members: The list should indicate male/female, ID number and signature. It should show only active members.
- Copy of last year's bank statement: If the group does not have a bank account this is not required.
- Rules governing running of revolving loan fund: If the group does not have a revolving fund this is not required.

Applicants are advised to apply 3-6 months in advance of when they hope to start the project, to allow time for processing.

## 2.4 Infrastructure & Equipment

**What is included:** Infrastructure and equipment grants aim to enable the maintenance and growth of organizations which provide education or social services for persons with disabilities. Eligible organizations are education institutions, including special schools and special units, and social service delivery organizations, including non-government organizations and social care institutions.

Examples of infrastructure projects are day care centres that have won support to improve toilets to make them accessible for persons with disabilities, or schools that expand units focused on children with disabilities. There are many other types of projects which could get funding. Examples of equipment grants include schools equipping classrooms with chairs and desks that are accessible for children with disabilities or universities equipping ICT facilities for students with visual impairments.

**What is not included:** The Fund does not give grants to buy or rent premises. It cannot pay for recurring costs such as staff costs, fuel, water or electricity bills. The Fund does not give money to set up new institutions, only to further improve existing ones. The grants are only for institutions with services specifically for persons with disabilities. Organisations which provide services for the general public, including persons with disabilities, are not eligible and are encouraged to find funds from their own budgets to ensure they mainstream disability in their organisations.

**How to apply:** Applicants should complete the 'Infrastructure & Equipment' application form and submit it to their local DGSDO. Organisations that operate at a national level, such as universities, may

apply directly to the Fund without first going to a DGSDO. All applications should include the following attachments:

- Project work plan detailing all activities to be undertaken
- Projects itemized budget
- Copy of registration certificate (for CBO's, Societies, NGO's and Institutions)
- Annual accounts for the previous financial year
- List of committee/Board members (include name, ID. no, gender, disability phone number, signature)
- Extracts of minutes/resolutions of meeting at which this matter was discussed
- Copy of organization constitution/regulations

In addition, they must attach the documents relevant to the equipment or infrastructure they are applying for, and these are listed in the Infrastructure & Equipment Application Form (PO/AP/4).

## 2.5 Eligibility

- All Beneficiaries (institutions, organizations, groups and individuals) must comply with the Persons with Disabilities Act, 2003.
- All individuals requesting assistance need to be registered as a person with disability with the National Council for Persons with Disabilities. Registration information is available from the DGSDO.
- All Organisations of/for Persons with Disabilities that apply for funding must register with the National Council for Persons with Disabilities.
- All institutions, organisations and groups seeking support must provide evidence that they are legally registered with the relevant Government bodies such as the Ministry of Education, Department of Gender and Social Development, NGO coordination Board, Registrar of Societies or other relevant bodies required to operate in the Republic of Kenya. They must have been running for at least one year before they are eligible for funding.
- All Applicants must support their application with originals or copies of the documentation specified in the relevant application form.
- The Board of Trustees reserve the right to use an appropriate mechanism to verify any information given on application including but not limited to physical visits to the projects where necessary.

## 2.6 Exclusions

The Fund does not currently support:

- The establishment of new institutions,
- Personnel costs, e.g. salaries and recruitment
- Recurrent expenditures, e.g. rent and bills, routine maintenance, vehicle repairs, fuel and insurance
- Consumables, e.g. meals, meeting refreshments
- Advocacy projects
- Medical expenses

- Training, workshops or seminars unless as part of a project proposal submitted by an organization/group where there is a specific benefit to income generating activities.

## **2.7 Size of Grants**

There is no maximum limit on the amount of money that can be applied for. However, the amount should be realistic for the activity proposed and for the size of the Applicant group or organization. The Applicant should be able to demonstrate evidence of managing similar amounts of money in the past. If an unrealistic amount of money is applied for this could be detrimental to your application.

In many cases a grant will only contribute to part of the total project costs. Applicants will be encouraged to contribute themselves or seek additional sources of funding towards a project. Groups are advised to approach alternative funders at an early stage.

## **2.8 Application Process**

Applications should be made according to the application procedures. Please ensure the correct application form is used. If you are unsure whether your application meets the criteria above, or if you have any queries about our current thematic and geographic priorities, we recommend that you contact the District Gender and Social Development Officer with a brief description of your project and any specific questions. National or regional organizations may contact the Fund directly.

## **2.9 Assessment of Applications**

Unfortunately the Fund does not have sufficient resources to fund all the projects that fall within the eligibility criteria. It will examine each project on its own merits, but decisions will be made to fund projects that would best deliver the results described by the Persons with Disabilities Act (2003) and by the NDFPWD Board of Trustees.

Applications must demonstrate a clear need for the proposed project and specific objectives that are a realistic response to the identified need. The need may be local, regional or national. Key criteria for assessment will be the organisation's previous record in carrying out projects, the outcomes the project will deliver and the capacity of the organisation to deliver them.

The Fund will seek to achieve regional balancing in the selection process to ensure that any one region is not left out and we uphold our commitment to serve persons with disabilities across Kenya. All categories of disability will on application be considered for assistance and disability and gender equity will be a factor in the consideration.

## **2.10 Publicity**

The Fund requests any publicity undertaken by beneficiaries acknowledges the support of the Fund. For example by naming the Fund in a press article or including its logo on literature. Occasionally this will be

made a specific requirement in which case this will be specified in the memorandum of understanding. The Fund is entitled to use, for its own publicity, aid awards and refer to the organisation benefiting.

### **2.11 Enquiries to**

The Programme Office, National Development Fund for Persons with Disabilities, Opposite ABC Place next to the Army Barracks , Waiyaki Way, Westlands, P. O. Box 66577- 00800 Nairobi

Mobile: 0701 709 562 Telephone: 020 4452877 Email: [ncpwds@africaonline.co.ke](mailto:ncpwds@africaonline.co.ke)

**Funding criteria and guidelines may be subject to revision from time to time. Please ensure you have the most recent version by contacting your DGSDO or the NDFPWD Programme Office**

### 3. APPLICATION PROCEDURES

- 3.1 The Fund gives grants to individuals and organizations in accordance with the categories and criteria specified in the Fund's 'Guidelines for Applicants'. At present the five categories are:
  - Assistive Devices and Services
  - Education Assistance
  - Economic Empowerment & Revolving Funds
  - Infrastructure & Equipment
  - Cash transfer (See Section 9)
- 3.2 Application forms and the Appropriation Guidelines are made available by District Gender and Social Development Officer (DGSDO) and on the NCPWD website. The Applicant should read these before completing the application form.
- 3.3 Applicants should complete the application form and return it to their local DGSDO except if applying for an assistive device in which case refer to Guidelines Section 2.1. Only national organizations can return their application direct to the Fund.
- 3.4 DGSDO's should record receipt of the application on the 'NCPWD District Record of Applications' form.
- 3.5 Completed applications are reviewed by the DGSDO and the District Gender and Social Development Committee.
- 3.6 The District Gender and Social Development Committee membership will include a representative of persons with disabilities and it will co-opt members with relevant technical expertise to assist in the vetting of applications.
- 3.7 The committee will meet once every quarter to vet and forward applications to the Fund.
- 3.8 At this stage the application will be rejected or recommended in accordance with the following criteria:
  - a) The application form is complete and correct and all required documents are attached.
  - b) The DGSDO can verify the existence of the individual or group and that the information stated in the application form is true and complete.
  - c) The ability of the group/individual to meet the objectives they have stated in the application and the suitability of the amount of funding requested for meeting those objectives. There will be a degree of professional judgment involved in this decision.

- 3.9 The DGSDO will record the reason for their decision on the application form and inform the Applicant. If an application is rejected the DGSDO should state the reason for the rejection. Recommended applications will be forwarded to the Fund by the DGSDO within one week of the committee meeting.
- 3.10 The Fund will acknowledge receipt of applications forms by email to the DGSDO.
- 3.11 If an application is received with missing information the additional information will be requested from the DGSDO, who should contact the Applicant. If an application is received without a DGSDO recommendation it will be returned to the Applicant.
- 3.12 Recommended applications that are received by the Fund are date stamped, allocated a unique reference number and an electronic record is created. They are then filed.

## 4. ANALYSIS PROCEDURES

- 4.1 Applications are analyzed by the Programme Office. Applications are analyzed in date order.
- 4.2 Each application is summarized and entered into the Fund database.
- 4.3 Contact is made with the Applicant to verify information in the application and to request additional information as required.
- 4.4 Applications may be rejected at this stage under the following circumstances:
- a) The application is for activities which fall outside the criteria of the Fund.
  - b) The Applicant is required to provide further evidence for the stated activities.
  - c) There is reason to believe that the objectives stated in the application are not realistically achievable, or the funding applied for is unrealistically high or low for the stated activities, or the group lacks sufficient skills, experience, or means to achieve the stated activities.
- 4.5 When an application is rejected at the Analysis stage then the Applicant is contacted and a reason for rejection is given. The reason is also noted on the electronic and hard copy files. Rejected applications will be stored for no more than one year after which they are archived.
- 4.6 Eligible applications are forwarded to the Board of Trustees.

## 5. DECISION MAKING PROCEDURES

- 5.1 Eligible applications are forwarded to the Programmes Committee of the Board of Trustees. The subcommittee will meet once per quarter and will make a recommendation to the Board of Trustees whether to approve or reject applications.
- 5.2 The Board of Trustees consider the Programmes Committee's recommendations and are responsible for making a final decision about which applications will be funded.
- 5.3 Unsuccessful Applicants are informed by letter which includes the reason for their rejection. Their file is stored and electronic record updated.
- 5.4 Successful Applicants are informed by letter. At the same time they will receive a memorandum of understanding (in duplicate) containing the conditions of funding. These conditions will include the Applicant's stated objectives, schedule for payment of funds including details of payable instalments, and reporting requirements.
- 5.5 The Fund will send an electronic report of successful and unsuccessful Applicants to the DGSDO once per quarter. The Fund will publish the list of successful applicants on its website and update this quarterly.

## 6. DISBURSEMENT PROCEDURES

- 6.1 The Memorandum of Understanding (MOU) is a contract between the Applicant and the Fund. The Applicant must sign both MOU's and return them to the Fund. Once the MOU has been signed, no changes to the project shall be made without the prior written approval of the Fund. Under no circumstances should NDFPWD funds be used for any purpose other than that for which they were granted.
- 6.2 Once the MOU is received by NDFPWD and signed by the director, the Programme Office raises a request for funding to the Director.
- 6.3 The Director approves the request for funding and passes this to the Accounts Office. The Accounts Office raises a cheque or does a bank transfer for the funded amount. Cheques and transfers will only be made direct to the organization, group or institution and not to an individual account.

- 6.4 Written confirmation that funds have been received is required from two authorized signatories of the organization and should be posted back to the Fund within 2 weeks.
- 6.5 The MOU is scanned, electronic records are update, and one hard copy stored in the Applicant's file. The other hard copy is sent to the DGSDO who will pass it to the Applicant for their records.
- 6.6 All funded Applicants are expected to report every quarter using the reporting template provided by the Fund. In addition, one evaluation visit will take place during the funding period. More details can be found in the Monitoring & Reporting Handbook. Only Beneficiaries of Assistive Devices do not need to report but may be asked to participate in a case study.

## 7. END OF PROJECT PROCEDURES

- 7.1 The end of the funding period is defined as one year after the final instalment has been paid by NDFPWD. This means that Beneficiaries continue to complete reports of the Fund throughout this time on the impact of the funding.
- 7.2 When the Beneficiary reaches the end of their funding period, they should submit a final report using the normal Beneficiary Reporting Form. At this point the Fund should be consulted over the use of any funds that remain once the project has been completed and agree on its further use. The Fund may request the return of the excess funding.
- 7.3 All Beneficiaries are also expected to take place in one evaluation meeting during their funding period. Procedures for these are yet to be developed. The Fund has the right to visit projects at any time to assess progress. It will give at least 2 days notice before conducting such a visit.
- 7.4 When the Fund receives the final report from the Beneficiary, it will enter this information into the Fund database and change the 'project status' field to 'completed'. The Beneficiary's hard copy file will be marked as completed and archived.

## 8. APPEALS AND COMPLAINTS PROCEDURES

- 8.1 Applicants who have not been successful will be informed and given a brief reason for the rejection of their application. In general the Programme Office will not be able to enter into further discussion about rejected applications. It is not advisable to re-submit the same application once it has been rejected though Applicants are free to submit a new application.
- 8.2 If the Applicant feels that the Fund's decision has been unjustified or unfair, it is possible to make an appeal. The appeal should be made in writing explaining the reason why the decision was felt

to be unfair. The appeal should be sent to the Programme Office, National Development Fund for Persons with Disabilities, P.O. Box 66577, 00800 Nairobi. The appeal will be forwarded to the Chairman of the Board of Trustees, who will, where appropriate, appoint an ad hoc committee of independent and impartial members to review the decision.

- 8.3 If Applicants are not satisfied with the Fund they should give their feedback to the DGSDO in the first instance. In the event that an Applicant wishes to make a formal complaint about the Fund this should be made in writing to The Public Relations Office, National Council for Persons with Disabilities, P.O. Box 66577, 00800 Nairobi. All complaints will be taken seriously and fully investigated in accordance with the Council's Complaints Procedure.

## 9. CASH TRANSFER GUIDELINES

### 9.1 Background and Justification:

According to the Convention on the Rights of Persons with Disabilities Article 19 (Living independently and being included in the community) States Parties to this Convention (Kenya included) recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that among others:

(a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

(b) Persons with disabilities have access to a range of in-, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

The Kenya Government recognizes disability as a development issue. Consequently, the National Disability policy of 2006, acknowledges the rights of persons with disabilities to development and the need to address factors that push them into absolute poverty.

Disability and poverty are often intertwined. The Ministry of Planning and National Development's Millennium Development Goals Progress Report for Kenya 2003, indicates that the level of poverty in Kenya now stands at 56% against a target of 21.7% by the year 2015. Majority of persons with disabilities live in extreme poverty. In line with its poverty reduction policy, the Government is developing strategies to empower persons with disabilities, reduce

their poverty levels, and make them self-reliant and able to participate in national development. Further, the Government is encouraging the development of disability sensitive programmes at the National and local levels.

In reference to the Social Protection Policy (which is undergoing approval process), ultimate goal of social protection is to ensure that all Kenyans live in dignity and are facilitated to exploit their capabilities for social and economic development. Objectives of this Policy are therefore to promote the protection of the poor and vulnerable individuals including persons with disability and households from the impact of adverse shocks that are capable of pushing them into deeper poverty;

This is supported through the national goals of Kenya's development agenda, which includes reduction in poverty, equity, equal access to income generating opportunities and sustainable livelihoods across regions and persons that is based on principles of social and political justice.

In chapter 4 of the Constitution, under the Bill of Rights, the dignity of individuals and communities is recognized and protected including their fundamental freedoms so as to preserve and to promote social justice and the realization of the potential of all human beings. It is a fundamental duty of the State and every State organ to observe, respect, protect, promote and fulfil the rights and fundamental freedoms in the Bill of Rights.

In addressing Equality and freedom from discrimination, under this constitution, the State shall not discriminate directly or indirectly against any person on any ground, including disability.

In the Presidential Circular No. 1 of May 2008, one of the functions of the MGC&SD is to coordinate issues of Persons with Disabilities. On this the Ministry works closely with National Council for Persons with Disabilities to advance issues on PWDs.

According to the Persons with Disabilities Act, 2003, part five, section 33 (Sources of and Payments from Fund), the Board of Trustees may, out of the National Development Fund for Persons with Disabilities, pay allowances to persons with disabilities falling in various categories including persons with severe disabilities who are therefore not trainable in any skills and have no other source of income.

The social pillar of the Vision 2030 aims at building a just and cohesive society that enjoys equitable social development in a clean and secure environment. It is with this in mind that the MGC&SD is setting up the programme for cash transfer to the persons with severe disabilities who cannot be engaged in any economic activities to earn a living and have to depend on other persons for care and support throughout.

In the context of this programme, persons with severe disabilities refers to those who need permanent care including feeding, toiletry, protection from danger or other persons, and support on full time basis by a caregiver to ensure their needs are attended to. These intensive support for persons with severe disabilities on a daily basis, denies their parents and guardians

or caregivers any time to engage in other income generating activities, which worsens the economic situation of such households.

It is with this in mind that the cash transfer programme targeting persons with severe disabilities is introduced, and is to be referred to as Persons with Severe Disabilities Cash Transfer (PWSD-CT).

## **9.2 Overall objective of the programme**

To enhance the capacities of the caregivers through cash transfers thereby improving the livelihoods of persons with severe disabilities. Specific objective of the programme:

- To provide regular and predictable cash transfers to extremely poor households taking care of persons with severe disabilities.
- To strengthen capacities of the caregivers in order to improve the lives and livelihoods of persons with severe disabilities within their households.

## **9.3 Targeting criteria**

This is a national programme to be implemented in all the existing 210 constituencies. The pilot project will target 10 households in every constituency. The programme will be integrated in the existing cash transfer programme. The programme will be coordinated by the District Gender and Social Development Officers. The District Social Development Committees and other lower level committees (when established) will assist in identifying the eligible households. The composition of the committees will ensure enlisting of persons with disabilities (PWDs) and / or their representatives.

## **9.4 Eligibility criteria**

- Extremely poor households
- Household with a person with severe disability

## **9.5 Ranking criteria**

- Poverty level of a household
- Number of persons with severe disabilities in a household
- Number of chronically ill persons in a household with a person with severe disability
- Number of persons in a household with other forms of disabilities other than the one with severe disability
- Must not be enrolled in any other cash transfer programme
- The household must not be receiving any pension and / or regular income/ be in any gainful employment.

## **9.6 Proposed delivery mechanism**

It is proposed that the Ministry of Gender, Children and Social Development will facilitate the preparation of payrolls to facilitate the disbursement of funds by the National Development Fund for Persons with Disabilities as represented by the Board of trustees (NFPWD - BOT) through the paying agent, who for the time being is the Postal Corporation of Kenya (PCK) which is already providing similar services for older persons cash transfer (OP-CT) and orphans and vulnerable children (OVC).

#### **9.7 Frequency**

- Cash payment to be made bimonthly.

#### **9.8 Implementation steps**

- District sensitization
- Sensitize and mobilize the District Social Development Committee.
- Community sensitization
- Household identification using targeting forms
- Validation at the District (DG&SD Committee) and at MGC&SD headquarters of the beneficiaries
- Enrolment of the beneficiaries by physical visit and signing of contract by caregivers
- Issuance of Programme identification cards to the caregivers
- Capacity building/training of caregiver on a continuous.
- Conduct monitoring and evaluation of the programme.
- Undertake a national baseline survey for PWDs with focus on severe disabilities.

#### **9.9 Exit strategy**

- When the person with severe disability dies, the household continues to receive the cash for the next three payments only.
- Where the economic condition of the household improves drastically/ materially, the household exits immediately.
- When the household willingly withdraws from the programme.
- When it is proved that a household has given false information to benefit from the program.
- If the beneficiary does not collect his/her cash for three (3) consecutive payments, that is for six (6) months.

# 10. Application Forms



2. DESCRIBE THE CURRENT STATUS OF YOUR DISABILITY (NATURE OF DISABILITY, CURRENT STATE AND DIFFICULTY, ANY ASSISTIVE DEVICES IN USE)

.....  
.....  
.....  
.....

3. DESCRIBE HOW THIS DEVICE WILL ASSIST YOU?

.....  
.....  
.....

4. WHAT WILL BE THE BENEFIT TO YOUR LIFE? (TICK AS MANY AS APPLY)

- IMPROVE MOBILITY AT HOME
- HELP ME TO STUDY/ACCESS EDUCATION
- IMPROVE MY SOCIAL LIFE
- OTHER (SPECIFY) .....
- IMPROVE MOBILITY OUTSIDE HOME
- IMPROVE MY ABILITY TO WORK FOR INCOME
- IMPROVE MY HEALTH/REDUCE PAIN

5. HAVE YOU RECEIVED ASSISTIVE DEVICES FROM THE FUND BEFORE? IF YES WHEN?

- YES ASSISTANCE RECEIVED ON [MONTH/YEAR] ..... /..... OR  NO PREVIOUS ASSISTANCE

**SECTION C: DECLARATION**

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- PROFESSIONAL ASSESSMENT REPORT TO RECOMMENDATION THE APPROPRIATE ASSISTIVE DEVICE
- LETTER OF RECOMMENDATION FROM AREA PROVINCIAL ADMINISTRATION OFFICER (I.E. ASST. CHIEF OR CHIEF)
- COPY OF MEDICAL REPORT TO CERTIFY MY DISABILITY

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE: ..... DATE: .....

**SECTION D: FOR OFFICIAL USE - DGSDO**

NAME OF DGSDO: .....

DISTRICT: .....

I DO / DO NOT [DELETE AS APPROPRIATE] RECOMMEND THE FOLLOWING INDIVIDUAL/ORGANIZATION TO NDFPWD FOR FUNDING.

REASON FOR RECOMMENDATION/ REJECTION: .....

.....

.....

.....

I CONFIRM THAT I HAVE CHECKED ALL THE RELEVANT ATTACHMENTS ARE PRESENT AND CORRECT

I CONFIRM THAT THIS INDIVIDUAL IS RESIDENT IN THIS DISTRICT

SIGNED: .....

DATE: .....

**SECTION E: FOR OFFICIAL USE – NDFPWD**

REFERENCE NO: .....

DATE RECEIVED: .....



# NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

APPLICATION FORM

PO/AP/2

## EDUCATIONAL ASSISTANCE

### SECTION A: PERSONAL DETAILS

1. NAME: .....

2. GENDER:  MALE  FEMALE

3. DATE OF BIRTH: .....

4. NATIONAL ID NUMBER:.....

5. NCPWD REGISTRATION NUMBER: .....

6. OCCUPATION: .....

7. PLEASE STATE IF YOU HAVE ANY SPECIAL COMMUNICATIONS REQUIREMENTS:

- ENGLISH LANGUAGE  KISWAHILI LANGUAGE  SIGN LANGUAGE  
 LARGE PRINT  BRAILLE  OTHER (SPECIFY).....

8. IF APPLICANT IS UNDER 18 YEARS OLD NAME OF PARENT/GUARDIAN: .....

NATIONAL ID NO: ..... RELATIONSHIP TO APPLICANT: .....

9. POSTAL ADDRESS: .....

TELEPHONE: ..... EMAIL: .....

10. PHYSICAL ADDRESS: .....

DIVISION: ..... DISTRICT: ..... COUNTY:.....

10. DISABILITY TYPE(S)

- PHYSICAL  VISUAL  HEARING  SPEECH  MENTAL  INTELLECTUAL  
 ALBINISM  MULTIPLE/OTHER (SPECIFY) .....

### SECTION B: EDUCATION ASSISTANCE REQUESTED

1. NAME OF COURSE: .....

2. INSTITUTION: .....

3. QUALIFICATION LEVEL BEING PURSUED:  CERTIFICATE  DIPLOMA  GOVT. TRADE TEST  
 BACHELOR'S DEGREE  OTHER (SPECIFY) .....

4. ARE YOU CURRENTLY ENROLLED IN THIS COURSE?  YES  NO

5. DESCRIBE APPLICANT'S PREVIOUS HIGHEST QUALIFICATION (ATTACH COPY OF CERTIFICATE)

QUALIFICATION NAME: ..... GRADE AWARDED: .....

6. DATE COURSE STARTS: .....

7. DATE COURSE ENDS: .....

8. STUDY TYPE:  FULL TIME  PART TIME

9. NATURE OF ASSISTANCE REQUESTED (CLEARLY STATE ASSISTANCE REQUESTED E.G. TUITION FEES, BOARDING FEES; EXAMINATIONS FEES, LEARNING MATERIALS, TRAVEL EXPENSES- ATTACH SUPPORTING DOCUMENTS)

.....  
.....  
.....  
.....  
.....

10. TOTAL COST OF COURSE THIS YEAR: .....

11. AMOUNT REQUESTED FROM THE FUND: .....

10. OWN CONTRIBUTION (KSH): .....

(YOUR OWN CONTRIBUTION SHOULD BE AT LEAST 25% OF TOTAL COST EACH YEAR. UNDER EXCEPTIONAL CIRCUMSTANCES NDFPWD MAY COVER THE FULL COURSE COST BUT YOU MUST SHOW EVIDENCE THAT YOU ARE IN FINANCIAL HARDSHIP)

DETAILS:.....  
.....

**SECTION C: DECLARATION**

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- COPY OF NATIONAL IDENTITY CARD (OR PARENT’S/ GUARDIAN’S IF BENEFICIARY IS UNDER 18YRS)
- COPY OF LETTER OF ADMISSION
- COPY OF FEES SCHEDULE
- COPY OF CERTIFICATE OF EDUCATION (AS STATED IN SECTION B. QUESTION 4)
- LETTER OF RECOMMENDATION FROM PROVINCIAL ADMINISTRATION OFFICER (CHIEF/ASST. CHIEF)

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: ..... DATE: .....

**SECTION D: FOR USE BY EDUCATION OFFICER/ HEAD TEACHER/ PRINCIPAL**

NAME: ..... EDUCATION INSTITUTION NAME: .....

I HEREBY CERTIFY THAT THE HEREIN NAMED INSTITUTION IS REGISTERED WITH THE GOVERNMENT AND IS A RECOGNISED PROVIDER OF THE COURSE FOR WHICH THE APPLICANT NAMED IN THIS FORM HAS APPLIED.

SIGNED: ..... DATE: .....

**SECTION E: FOR OFFICIAL USE BY DGSDO**

NAME OF DGSDO: ..... DISTRICT: .....

I DO / DO NOT [DELETE AS APPROPRIATE] RECOMMEND THIS APPLICATION TO NDFPWD FOR FUNDING.

REASON FOR RECOMMENDATION/ REJECTION: .....  
.....  
.....  
.....

I CONFIRM THAT I HAVE CHECKED ALL THE RELEVANT ATTACHMENTS ARE PRESENT AND CORRECT

I CONFIRM THAT THIS INDIVIDUAL IS RESIDENT IN THIS DISTRICT

SIGNED: .....

DATE: .....

**SECTION F: FOR OFFICIAL USE NDFPWD**

REFERENCE NO: .....

DATE RECEIVED: .....



NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

APPLICATION FORM

PO/AP/3

**ECONOMIC EMPOWERMENT & REVOLVING FUNDS**

**SECTION A: ABOUT YOUR GROUP/ORGANISATON**

1. NAME: .....

2. REGISTRATION CERTIFICATE NO: .....

3. NCPWD REGISTRATION NO: .....

4. WHEN WAS THE GROUP FIRST REGISTERED? MONTH ..... YEAR .....

5. HOW LONG HAS THE GROUP BEEN RUNNING? YEARS ..... MONTHS .....

6. HOW MANY MEMBERS DOES THE GROUP HAVE NOW? MALE ..... FEMALE .....

7. DISABILITY TYPE (TICK ALL THAT APPLY)

- PHYSICAL
- VISUAL
- HEARING
- SPEECH
- MENTAL
- INTELLECTUAL
- ALBINISM
- MULTIPLE/OTHER (SPECIFY) .....

8. CONTACT PERSON 1

NAME: ..... ROLE IN THE GROUP: .....

TEL: ..... EMAIL: .....

9. CONTACT PERSON 2

NAME: ..... ROLE IN THE GROUP: .....

TEL: ..... EMAIL: .....

10. POSTAL ADDRESS: .....

11. PHYSICAL LOCATION: .....

DIVISION ..... DISTRICT ..... COUNTY .....

12. PLEASE STATE IF YOU HAVE ANY COMMUNICATIONS PREFERENCES:

- ENGLISH LANGUAGE
- KISWAHILI LANGUAGE
- SIGN LANGUGAE
- BRAILLE
- LARGE PRINT
- OTHER (SPECIFY) .....

13. OVERALL PURPOSE/GOAL OF THE GROUP

.....  
.....  
.....

14. GIVE AN EXAMPLE OF A PROJECT OR GOAL THE GROUP HAS ACHIEVED TOGETHER IN THE LAST 12 MONTHS

.....  
.....  
.....

**SECTION B: FINANCIAL INFORMATION**

1. WHAT IS THE ANNUAL INCOME OF THE GROUP? .....

2. ANNUAL EXPENDITURE? .....

3. WHAT SAVINGS DOES THE GROUP HAVE? .....

4. WHAT IS THE VALUE OF THE GROUP'S ASSETS?  
(E.G. EQUIPMENT, LIVESTOCK, MATERIALS) .....

5. DOES THE GROUP HAVE A BANK ACCOUNT (PLEASE ATTACH LAST YEAR'S STATEMENT)?  YES  NO

6. DOES THE GROUP HAVE A REVOLVING FUND?  YES  NO

7. IF YES, WHAT IS THE SIZE OF THE REVOLVING FUND? .....

8. WHAT IS THE REPAYMENT RATE OF THE LOAN FUND? .....

9. HOW MANY MEMBERS OF THE GROUP ARE IN FORMAL EMPLOYMENT? .....

10. DOES THE GROUP KEEP BOOKS OF ACCOUNTS? (SPECIFY)

.....  
.....

12. HAS THE GROUP EVER RECEIVED FUNDING FROM OTHER ORGANISATION(S)?  YES  NO

13. IF YES, NAME OF FUNDING ORGANISATION(S): .....

14. AMOUNT(S): .....

15. WHAT WERE THE OUTCOMES OF THE PROJECT(S)?

.....  
.....

**SECTION C: PROJECT PROPOSAL**

1. PROJECT NAME: .....

2. INDICATE THE AREA WHERE THE PROJECT WILL BE ACTIVE

WHICH COUNTY(S)? .....

WHICH DISTRICT(S)? .....

WHICH DIVISION(S)? .....

3. WHAT ARE THE SPECIFIC OBJECTIVES OF THIS PROJECT?

.....  
.....  
.....

4. WHAT ACTIVITIES WILL BE UNDERTAKEN TO ACHIEVE THESE OBJECTIVES?

DATES	MAIN ACTIVITIES

5. ESTIMATE HOW MANY PERSONS WITH DISABILITIES WILL BENEFIT:

MEN/BOYS .....

WOMEN/GIRLS .....

6. PLEASE DESCRIBE ANY OTHER PEOPLE THAT WILL BENEFIT (E.G. FAMILY, COMMUNITY)

.....  
.....

7. HOW WILL LIFE BE DIFFERENT FOR PERSONS WITH DISABILITIES AND THEIR FAMILIES AFTER THIS PROJECT?

.....  
.....  
.....

8. WHAT TECHNICAL SKILLS AND EXPERIENCE DO GROUP MEMBERS HAVE TO CONDUCT THESE ACTIVITIES? WILL ANY TRAINING BE PROVIDED? IF YES, BY WHOM?

.....  
.....  
.....

9. WHERE WILL THE GROUP SELL THE PRODUCTS? HOW DO YOU KNOW PEOPLE WILL BUY THEM FROM YOU?

.....  
.....  
.....

10. DO YOU FORESEE ANY CHALLENGES?

.....  
.....  
.....

11. HOW WILL YOU OVERCOME THESE?

.....  
.....  
.....

12. PROJECT BUDGET (USE SEPARATE SHEET IF NEEDED):

NAME OF ITEM	NO. OF ITEMS	COST PER ITEM	TOTAL COST (KSH)
<b>GRAND TOTAL</b>			_____

13. EXPECTED INCOME IN THE FIRST YEAR OF THE PROJECT (USE SEPARATE SHEET IF NEEDED):

NAME OF ITEM	NO. SOLD	PRICE PER ITEM	TOTAL INCOME
<b>GRAND TOTAL</b>			_____

**SECTION D: DECLARATION**

I HAVE ATTACHED THE FOLLOWING INFORMATION:

- COPY OF REGISTRATION CERTIFICATE
- COPY OF MINUTES
- COPY OF LAST YEAR'S BANK STATEMENT
- COPY OF GROUP CONSTITUTION/ BY-LAWS
- LIST OF MEMBERS
- RULES GOVERNING RUNNING OF REVOLVING LOAN FUND

I CONFIRM THAT THE INFORMATION STATE IN THIS APPLICATION TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM DULY AUTHORIZED TO MAKE THIS APPLICATION ON BEHALF OF MY ORGANIZATION.

SIGNATURE: .....

DATE: .....

**SECTION E: FOR OFFICIAL USE BY DGSDO**

NAME OF DGSDO: ..... DISTRICT: .....

I DO/ DO NOT [DELETE AS APPROPRIATE] RECOMMEND THIS APPLICATION TO NDFPWD FOR FUNDING.

REASON FOR RECOMMENDATION/ REJECTION: .....  
.....  
.....  
.....

I CONFIRM THAT I HAVE CHECKED ALL THE RELEVANT ATTACHMENTS ARE PRESENT AND CORRECT

I CONFIRM THAT THIS GROUP IS REGISTERED AND CURRENTLY ACTIVE IN MY DISTRICT AS DESCRIBED IN THE APPLICATION

SIGNED: ..... DATE: .....

**SECTION F: FOR OFFICIAL USE NDFPWD**

REFERENCE NO: ..... DATE RECEIVED .....



NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

APPLICATION FORM

PO/AP/4

**INFRASTRUCTURE & EQUIPMENT**

**SECTION A: ABOUT THE ORGANISATION**

1. NAME: .....

2. REGISTRATION CERTIFICATE NO: .....

3. REGISTRATION DATE: .....

4. CONTACT PERSON 1

NAME: ..... ROLE IN THE GROUP: .....

TEL: ..... EMAIL: .....

5. CONTACT PERSON 2

NAME: ..... ROLE IN THE GROUP: .....

TEL: ..... EMAIL: .....

6. POSTAL ADDRESS: .....

7. PHYSICAL LOCATION: .....

8. PLEASE STATE IF YOU HAVE ANY SPECIAL COMMUNICATIONS REQUIREMENTS:

- ENGLISH LANGUAGE
- KISWAHILI LANGUAGE
- SIGN LANGUAGE
- LARGE PRINT
- BRAILLE
- OTHER (SPECIFY) .....

9. NATURE OF ORGANIZATION

- PRIMARY SPECIAL UNIT
- HIGHER EDUCATION/TRAINING
- DAY CENTRE
- PRIMARY SPECIAL SCHOOL
- REHABILITATION SERVICES
- CARE HOME
- SECONDARY SPECIAL SCHOOL
- OTHER (SPECIFY) .....

10. TYPE(S) OF DISABILITY (TICK ALL THAT APPLY)

- PHYSICAL
- VISUAL
- HEARING
- SPEECH
- MENTAL
- INTELLECTUAL
- ALBINISM
- MULTIPLE/OTHER (SPECIFY) .....

11. DESCRIBE WHAT SERVICES THE ORGANISATION OFFERS. HOW MANY PEOPLE WITH DISABILITIES DOES IT SERVE?

.....  
.....  
.....

12. DESCRIBE THE ORGANISATION’S MANAGEMENT STRUCTURE.

.....  
.....

13. HOW MANY PAID STAFF AND HOW MANY ACTIVE VOLUNTEERS DOES THE ORGANISATION HAVE?

.....

14. OUTLINE THE ORGANISATION’S OPERATIONAL BUDGET THE PAST FINANCIAL YEAR?

.....

15. OUTLINE THE ORGANISATION’S INFRASTRUCTURE INVESTMENT BUDGET IN THE PAST FINANCIAL YEAR?

.....

**SECTION B: PROJECT DESCRIPTION**

1. PROJECT NAME: .....

2. LIST THE AREAS WHERE THE PROJECT WILL BE ACTIVE:

WHICH COUNTY(S)? .....  
WHICH DISTRICT(S)? .....  
WHICH DIVISION(S) .....

3. WHAT ARE THE SPECIFIC OBJECTIVES OF THIS PROJECT?

(i) .....  
(ii) .....  
(iii) .....

4. PLEASE ESTIMATE HOW MANY PERSONS WITH DISABILITIES THAT WILL BENEFIT:

MEN/BOYS ..... WOMEN/GIRLS .....

5. AT THE END OF THIS PROJECT, HOW WILL LIFE BE DIFFERENT FOR PERSONS WITH DISABILITIES AND THEIR FAMILIES?

.....  
.....  
.....

6. ARE THERE OTHER ORGANISATIONS ALREADY OFFERING SIMILAR SERVICES IN YOUR AREA? EXPLAIN WHY YOUR PROJECT IS NEEDED AS WELL?

.....  
.....  
.....

7. DESCRIBE WHAT RELEVANT EXPERIENCE YOUR ORGANISATION HAS FOR CARRYING OUT THIS PROJECT?

.....  
.....  
.....

8. PLEASE LIST THE MAIN ACTIVITIES TO BE CARRIED OUT AND THEIR START AND END DATES.

ACTIVITY	START DATE	END DATE

9. DO YOU FORESEE ANY CHALLENGES?

.....  
.....  
.....

10. HOW WILL YOU OVERCOME THESE?

.....

.....

.....

## SECTION C: PROJECT DESCRIPTION

1. WHAT IS THE TOTAL COST OF YOUR PROJECT? KSH .....

2. HOW MUCH IS THE TOTAL FUNDING ARE YOU REQUESTING FROM NDFPWD? KSH .....

3. HOW WILL YOU FUND THE REST OF THE COST?

.....

.....

4. WHAT ARE THE RECURRING COSTS AND HOW WILL YOU FUND THESE (E.G. MAINTENANCE, REPAIRS, STAFFING, ELECTRICITY)?

.....

.....

## SECTION D: ATTACHMENTS

**APPLICATIONS FOR EQUIPMENT OR MACHINERY** - PLEASE ATTACH THE FOLLOWING:

- NAME AND DESCRIPTION OF EQUIPMENT, MACHINERY OR MATERIALS TO BE PURCHASED
- PRO- FORMA INVOICES WITH NAME AND CONTACT OF SUPPLIER

**APPLICATIONS FOR CONSTRUCTION** - PLEASE ATTACH THE FOLLOWING:

- DETAILED DESCRIPTION OF THE PROPOSED CONSTRUCTION (E.G. CLASS ROOM, TOILET, DORMITORY, WORKSHOP ETC)
- LOCATION AND STATUS OF LAND/PROPERTY OWNERSHIP INCLUDING LAND REGISTRATION NUMBER
- SKETCHES OF ARCHITECTURAL DRAWINGS WITH NAME AND CONTACT OF ARCHITECT
- BILLS OF QUANTITIES WITH NAME AND CONTACT OF SUPPLIER
- PERMISSION FROM RELEVANT AUTHORITIES E.G. LOCAL AUTHORITY PLANNING PERMISSION, DISTRICT PUBLIC WORKS
- NAME OF PROJECT MANAGER AND QUALIFICATIONS

**SECTION E: DECLARATION**

IN ADDITION TO SECTION D I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- PROJECT WORK PLAN DETAILING ALL ACTIVITIES TO BE UNDERTAKEN
- PROJECTS ITEMIZED BUDGET
- COPY OF REGISTRATION CERTIFICATE (FOR CBO'S, SOCIETY, NGO'S AND INSTITUTIONS)
- ANNUAL ACCOUNTS FOR THE PREVIOUS FINANCIAL YEAR
- LIST OF COMMITTEE/BOARD MEMBERS (INCLUDE NAME, ID. NO, GENDER, DISABILITY PHONE NUMBER, SIGNATURE)
- EXTRACTS OF MINUTES/RESOLUTIONS OF MEETING AT WHICH THIS MATTER WAS DISCUSSED
- COPY OF ORGANIZATION CONSTITUTION/REGULATIONS

I ..... [NAME] ON BEHALF OF ..... [NAME OF ORGANIZATION] DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM DULY AUTHORIZED TO MAKE THIS REQUEST ON BEHALF OF MY ORGANIZATION.

SIGNED ..... DATE .....

**SECTION F: FOR OFFICIAL USE BY DGSDO**

NAME OF DGSDO: ..... DISTRICT: .....

I DO / DO NOT [DELETE AS APPROPRIATE] RECOMMEND THIS APPLICATION TO NDFPWD FOR FUNDING.

REASON FOR RECOMMENDATION/ REJECTION: .....  
.....  
.....  
.....

I CONFIRM THAT I HAVE CHECKED ALL THE RELEVANT ATTACHMENTS ARE PRESENT AND CORRECT

I CONFIRM THAT THIS ORGANISATION IS REGISTERED AND CURRENTLY ACTIVE IN MY DISTRICT AS DESCRIBED IN THE APPLICATION

SIGNED: ..... DATE: .....

**SECTION G: FOR OFFICIAL USE NDFPWD**

REFERENCE NO: ..... DATE RECEIVED: .....



REPUBLIC OF KENYA

MINISTRY OF GENDER, CHILDREN AND SOCIAL DEVELOPMENT

HOUSEHOLD TARGETING FORM FOR PWS-CT

Serial Number

--	--	--	--

**A. GEOGRAPHICAL LOCATION**

1. PROVINCE \_\_\_\_\_

2. DISTRICT \_\_\_\_\_

3. CONSTITUENCY \_\_\_\_\_

4. DIVISION \_\_\_\_\_

5. LOCATION \_\_\_\_\_

6. SUBLOCATION \_\_\_\_\_

7. VILLAGE \_\_\_\_\_

8. COUNTY \_\_\_\_\_

CONTROL CHECK (Table 1)

Interviewer	Person checking that the target form has been filled in correctly (DGSDO)	Clerk entering the data	Data entry supervisor/verifier
Name	Name	Name	Name
Date	Date	Date	Date







17a) Highest level of education of household head (circle one)?

(i) None      (ii) Primary      (iii) Secondary      (iv) Tertiary      (v) University

17b) Highest level of education for the highest learned member of the household?

(i) None      (ii) Primary      (iii) Secondary      (iv) Tertiary      (v) University

18. No. of school-going children (0-17 years)?

a) Nursery	<input type="text"/>	F	<input type="text"/>	M
b) Primary	<input type="text"/>	F	<input type="text"/>	M
c) Secondary	<input type="text"/>	F	<input type="text"/>	M
d) College	<input type="text"/>	F	<input type="text"/>	M
e) Other specify	<input type="text"/>	F	<input type="text"/>	M

---

### C) BENEFITS FROM OTHER PROGRAMMES

19. Is the household receiving benefits from any other programme?

Yes: 1

No: 2 (if No, skip to question 24)

20. If yes, specify the programme.

21. What type of benefit do you receive?

a) Cash: 1

b) In-kind: 2

c) Others (specify): .....

22. How much is the benefit in Kenya shillings (Kshs) per month?

Ksh.....

23. How frequently do you receive the benefit?

Ask All:

24. Have you been in any formal employment?      Yes: 1    No: 2  
25. Are you receiving any pension?                    Yes: 1    No: 2

---

#### D. DWELLING CHARACTERISTICS & WEALTH

26. What is the major construction material of the WALLS?

- MUD/COW DUNG ..... 1  
GRASS/STICKS/MAKUTI ..... 2  
STONE/BRICK/BLOCK/CEMENT ..... 3  
WOOD ..... 4  
IRON SHEETS ..... 5  
TIN ..... 6  
OTHERS (SPECIFY) .....

27. What is the major construction material of the FLOOR?

- MUD/COW DUNG ..... 1  
WOOD ..... 2  
CEMENT ..... 3  
TILES ..... 4  
OTHERS (SPECIFY) .....

28. What is the major construction material of the ROOF?

- MUD/COW DUNG ..... 1  
GRASS/STICKS/MAKUTI ..... 2  
WOOD ..... 3  
BRICK/BLOCK/CEMENT ..... 4  
IRON SHEETS ..... 5

TIN ..... 6

OTHERS (SPECIFY) .....

29. What type of TOILET does the household have?

FLUSH TOILET ..... 1

PIT LATRINE ..... 2

NONE/PAN/BUCKET ..... 3

OTHERS (SPECIFY) .....

30. What is the main source of drinking water used by this household?

PIPED WATER INSIDE BUILDING ..... 1

PIPED WATER OUTSIDE BUILDING ..... 2

WATER TRUCK/VENDOR ..... 3

PUBLIC TAP ..... 4

SPRING OR WELL ..... 5

RIVER/LAKE/POND OR SIMILAR ..... 6

OTHERS (SPECIFY) .....

31. What is the household's main source of LIGHTING fuel?

ELECTRICITY ..... 1

PARAFFIN/KEROSENE..... 2

GAS ..... 3

FIREWOOD ..... 4

CANDLES ..... 5

OTHERS (SPECIFY) .....

32. What is the household's main source of COOKING fuel?

ELECTRICITY ..... 1

PARAFFIN/ KEROSENE ..... 2

GAS .....	3
FIREWOOD .....	4
CHARCOAL .....	5
RESIDUE/ANIMAL WASTE/GRASS .....	6
OTHERS (SPECIFY) .....	

33. How many acres of land does this household own here or elsewhere?

- (i) None      (ii) 1 – 3 acres      (iii) 4 – 5 acres      (iv) Above five acres  
 v) Other (specify) .....

34. Do you own real estate property here or elsewhere?      Yes: 1      No: 2

35a) Do you own the house that you are living in?      Yes: 1      No: 2

35b) If no, how much rent do you pay in KSh?

- (i) 0 - 500      (ii) 501 – 1000      (iii) 1001 – 1500      (iv) 1500 and above

36a) How many Traditional Zebu cattle does this household own? .....

36b) How many Hybrid cattle does this household own?: .....

36c) How many goats does this household own?: .....

36d) How many sheep does this household own? .....

36e) How many pigs does this household own? .....

36f) How many camels does this household own? .....

36g) which other sources of income does this household have and in what quantity?

Source of income	Quantity	(Units)
.....	.....	.....

37a) How many meals do you have per day?      One: 1:      Two: 2      Three: 3

37b) Where do you source your food? .....

38. Other poverty characteristics the household may have and are observed by the District Gender and Social Development committee / interviewer but not covered in the questionnaire.

.....  
.....

**SURVEY CONTROL**

Full name of DG&SD committee member: .....

TEL (MOBILE): .....

Date of interview (mm/dd/yy): ..... / ..... / .....

RESULT OF THE INTERVIEW (Accepted and enrolled, accepted and added to waiting list, and rejected with full detail reasons of ineligibility):

--

District Gender and Social Development Officer's full name and signature

	<i>Date</i>
--	-------------

# 11. Application Summary Forms

### ASSISTIVE DEVICES

#### SUMMARY OF APPLICATION

REFERENCE NO: ..... DISABILITY TYPE(S): ..... GENDER: .....

COUNTY: ..... DISTRICT: ..... AGE: .....

ASSISTIVE DEVICE(S) REQUESTED	COST OF DEVICE
.....	.....
.....	.....

MEDICAL EVIDENCE IS SATISFACTORY?  YES  NO

PREVIOUS ASSISTANCE FROM FUND?  YES  NO

- ANALYSIS OF NEED FOR DEVICE:
- NOT ESSENTIAL AND LOW BENEFIT/ HIGH COST
  - NOT ESSENTIAL BUT SIGNIFICANT BENEFIT/ LOW COST
  - ESSENTIAL FOR BASIC FUNCTIONING/ MOBILITY

NOTES FROM THE PROGRAMME OFFICE

.....

.....

.....

..... DATE .....

#### BOARD OF TRUSTEES DECISION

APPROVED OR  NOT APPROVED

AMOUNT REQUESTED (KSH): ..... AMOUNT GRANTED (KSH): .....

JUSTIFICATION/ CONDITIONS OF FUNDING: .....

.....

.....

..... DATE: .....

### EDUCATIONAL ASSISTANCE

**SUMMARY OF APPLICATION**

REFERENCE NO: ..... DISABILITY TYPE(S): ..... GENDER: .....

COUNTY: ..... DISTRICT: ..... AGE: .....

NAME OF COURSE: ..... QUALIFICATION: .....

INSTITUTION: .....

COURSE START DATE: ..... DURATION: ..... FULL TIME/ PART TIME

EVIDENCE OF APPLICANT’S SUITABILITY FOR THE COURSE?  NO  NOT REALLY  SOMEWHAT  YES

EVIDENCE THAT APPLICANT IS IN FINANCIAL NEED?  NO  NOT REALLY  SOMEWHAT  YES

NOTES FROM THE PROGRAMME OFFICE

.....  
.....  
.....  
..... DATE .....

**BOARD OF TRUSTEES DECISION**

APPROVED OR  NOT APPROVED

AMOUNT REQUESTED (KSH): ..... AMOUNT GRANTED (KSH): .....

JUSTIFICATION/ CONDITIONS OF FUNDING:

.....  
.....  
.....  
..... DATE: .....

ECONOMIC EMPOWERMENT & REVOLVING FUNDS

SUMMARY OF APPLICATION

REFERENCE NO: ..... TYPE(S) OF DISABILITY: .....

NAME OF ORGANISATION: .....

TYPE OF ORGANISATION: ..... GEOGRAPHICAL COVERAGE: .....

PROJECT NAME: .....

PROJECT OBJECTIVES:

.....  
.....  
.....

NO BENEFICIARIES: MEN/BOYS..... WOMEN/GIRLS ..... OTHERS (SPECIFY) .....

BUDGET BREAKDOWN TABLE

.....  
.....  
.....

EXPECTED INCOME IN YEAR 1: .....

PROJECT IMPLEMENTATION EXPERIENCE?  NONE  BASIC  INTERMEDIATE  ADVANCED  
EXPERIENCE OF HANDLING GRANTS/FUNDS  NONE  BASIC  INTERMEDIATE  ADVANCED  
SKILLS LEVEL WITHIN THE GROUP TO DO THIS PROJECT  NONE  BASIC  INTERMEDIATE  ADVANCED  
EVIDENCE OF FINANCIAL MANAGEMENT AND BOOK KEEPING?  NONE  BASIC  INTERMEDIATE  ADVANCED  
EVIDENCE OF EFFECTIVE MANAGEMENT OF REVOLVING FUNDS?  NONE  BASIC  INTERMEDIATE  ADVANCED

ACTIVITY PLAN IS REALISTIC AND COMPLETE?  NO  NOT REALLY  SOMEWHAT  YES  
BUDGET IS REALISTIC AND COMPLETE?  NO  NOT REALLY  SOMEWHAT  YES  
EVIDENCE THERE IS A MARKET FOR THE PRODUCT  NO  NOT REALLY  SOMEWHAT  YES  
GROUP IS REALISTIC ABOUT THE CHALLENGES  NO  NOT REALLY  SOMEWHAT  YES

NOTES FROM THE PROGRAMME OFFICE

.....  
.....

.....  
.....  
..... DATE .....

**BOARD OF TRUSTEES DECISION**

APPROVED    OR     NOT APPROVED

AMOUNT REQUESTED (KSH): .....                      AMOUNT GRANTED (KSH): .....

JUSTIFICATION/ CONDITIONS OF FUNDING:

.....  
.....  
.....  
..... DATE: .....

# INFRASTRUCTURE & EQUIPMENT

## SUMMARY OF APPLICATION

REFERENCE NO: ..... TYPE(S) OF DISABILITY: .....

NAME OF ORGANISATION: .....

TYPE OF ORGANISATION: ..... GEOGRAPHICAL COVERAGE: .....

PROJECT NAME: .....

PROJECT OBJECTIVES:

.....  
.....  
.....

NO BENEFICIARIES:      MEN/BOYS .....      WOMEN/GIRLS .....      OTHERS (SPECIFY) .....

BUDGET BREAKDOWN TABLE

.....  
.....  
.....

FINANCIAL POSITION INDICATES SUFFICIENT STABILITY TO UNDERTAKE PROJECT?

NO       NOT REALLY       SOMEWHAT       YES

PROJECT MANAGEMENT PLAN INDICATES SUFFICIENT PLANNING AND SKILLS FOR PROJECT?

NO       NOT REALLY       SOMEWHAT       YES

BUDGET INCLUDING RECURRING COSTS ARE REALISTIC AND COMPLETE?

NO       NOT REALLY       SOMEWHAT       YES

SUPPORTING DOCUMENTATION HAS BEEN VERIFIED AND IS COMPLETE?

NO       NOT REALLY       SOMEWHAT       YES

NOTES FROM THE PROGRAMME OFFICE

.....  
.....  
.....

..... DATE .....

**BOARD OF TRUSTEES DECISION**

APPROVED    OR     NOT APPROVED

AMOUNT REQUESTED (KSH): .....

AMOUNT GRANTED (KSH): .....

JUSTIFICATION/ CONDITIONS OF FUNDING:

.....

.....

.....

.....

.....

DATE: .....



Organization Name: National Council for Persons with Disabilities  
Section: National Development Fund for Persons with Disabilities  
Title: NDFPWD Application Handbook  
Author: Tonja Schmidt with Gareth Thomas  
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