



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

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

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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)

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

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

3. AMOUNT(S):

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

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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?

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

| DATES | MAIN ACTIVITIES |
|-------|-----------------|
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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)

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

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

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

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10. DO YOU FORESEE ANY CHALLENGES?

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11. HOW WILL YOU OVERCOME THESE?

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

| NAME OF ITEM | NO. OF ITEMS | COST PER ITEM | TOTAL COST (KSH) |
|--------------------|--------------|---------------|------------------|
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| | | | |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL | | | _____ |

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 |
|--------------------|----------|----------------|--------------|
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| | | | |
| GRAND TOTAL | | | _____ |

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:

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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