

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?

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.....  
.....

12. DESCRIBE THE ORGANISATION'S MANAGEMENT STRUCTURE.

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.....

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

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

.....

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

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**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?

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.....  
.....

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

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.....  
.....

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

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.....

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?

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.....  
.....

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)?

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## 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: .....