



**NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES (NDFPWD)
APPLICATION FORM PO/AP/5
MARKING OF DISABILITY CALENDER EVENTS**

NOTE: SUBMISSION OF APPLICATION DOES NOT GUARANTEE SUPPORT

SECTION A: ORGANIZATION’S DETAILS

- 1. REGISTERED NAME:
- 2. POSTAL/PHYSICAL ADDRESS:
ADDRESS:CODE: TOWN:
TELEPHONE..... EMAIL:
COUNTY: SUB-COUNTY:

- 3. REGISTERING BODY/ AUTHORITY:
REGISTRATION NO: YEAR OF REGISTRATION:

- 4. NCPWD REGISTRATION NUMBER:

- 5. NAME OF CHAIRPERSON.....
ID NO. DISABILITY IDENTIFICATION NO:
TEL. NO:

(CHAIRPERSONS OF ORGANIZATIONS OF PARENTS AND/OR GUARDIANS OF PERSONS WITH DISABILITIES TO PROVIDE NCPWD NO. OF THEIR DEPENDANTS)

- 6. CATEGORY OF DISABILITY SERVED

- 7. STATE IF THERE ARE ANY COMMUNICATIONS PREFERENCES:
 TEXT ONLY SIGN LANGUAGE LARGE PRINT BRAILLE TACTILE
 OTHER (SPECIFY)

- 8. STATE THE MAIN ACTIVITIES OF THE ORGANIZATION
.....
.....

9. PROVIDE THE FOLLOWING INFORMATION

DESCRIPTION	SEX		TOTAL	% TOTAL
	MALE	FEMALE		
TOTAL NUMBER OF MEMBERS				
NO. OF MEMBERS WITH DISABILITIES				
NO. OF MEMBERS WITHOUT DISABILITIES				

SECTION B: DISABILITY CALENDAR EVENT DETAILS

1. NAME OF THE DISABILITY CALENDAR EVENT:
2. THEME OF THE YEAR:
3. LOCATION/VENUE COUNTY SUB-COUNTY
DATE(DD/MM/YY)
4. LIST THE MAIN ACTIVITIES TO BE CARRIED OUT DURING THE EVENT
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.....
.....
5. STATE THE NUMBER OF PEOPLE YOU EXPECT TO REACH
(PROVIDE AN ATTENDANCE LIST IN THE REPORT)
6. STATE THE EXPECTED OUTCOME
.....
.....

SECTION C: FINANCIAL INFORMATION

1. STATE THE TOTAL BUDGET OF THE EVENT KSHS.
(ATTACH A BREAKDOWN OF THE BUDGET)
2. STATE THE AMOUNT REQUESTED FROM NDFPWD KSHS.
3. STATE YOUR OWN CONTRIBUTION AS AN ORGANIZATION
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.....
.....
4. EXPLAIN HOW THE REST OF THE EVENT BUDGET WILL BE FUNDED
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.....
.....

SECTION D: ACCOUNT DETAILS

1. ACCOUNT NAME:
ACCOUNT NO: NAME OF BANK:
CODE: BRANCH.....
2. LIST OF SIGNATORIES:
NAME.....DESIGNATION.....TEL NO.....
NAME.....DESIGNATION.....TEL NO.....
NAME.....DESIGNATION.....TEL NO.....

SECTION E: REPORTING

1. THE ORGANIZATION SHOULD SUBMIT A REPORT TO THE COUNTY DISABILITY SERVICES OFFICER 7 (SEVEN) DAYS AFTER THE EVENT FOR FORWARDING TO THE HEADQUARTER.
2. THE FOLLOWING SHOULD BE INCLUDED IN THE REPORT:
 - a) DETAILED NARRATIVE REPORT OF THE EVENT,
 - b) DULY SIGNED ATTENDANCE SCHEDULE
 - c) SUMMARY OF EXPENDITURE WITH SUPPORT DOCUMENTS E.G. RECEIPTS, PAYMENT VOUCHERS ETC.
 - d) PICTORIAL EVIDENCE

SECTION F: DECLARATION

I HAVE ATTACHED THE FOLLOWING:

- COPY OF REGISTRATION CERTIFICATE
- COPY OF ORGANIZATION CONSTITUTION/ BY-LAWS
- COPY OF MINUTES WHERE THE RESOLUTION TO REQUEST FUNDING WAS DISCUSSED
- COPY OF PREVIOUS MONTH BANK ACCOUNT STATEMENT
- LIST OF MEMBERS (FULL NAMES /NATIONAL DISABILITY ID/NO. /NATIONAL ID/NO.)

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

SIGNATURE: DATE

SECTION G: FOR OFFICIAL USE BY NCPWD COUNTY DISABILITY SERVICES OFFICER

I CONFIRM THAT ALL THE RELEVANT DOCUMENTS ARE ATTACHED AND CORRECT

NAME OF OFFICER: COUNTY:

SIGNATURE AND STAMP: DATE SUBMITTED ON MIS:

SECTION H: FOR OFFICIAL USE BY NDFPWD HEADQUARTERS

RECEIVED BY:

NAME OF OFFICER:

DESIGNATION:

SIGNATURE AND STAMP..... DATE APPROVED ON MIS:

REFERENCE NO.....