 

# NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES (NDFPWD) APPLICATION FORM PO/AP/3

**ECONOMIC EMPOWERMENT GROUP GRANT**

***NOTE: SUBMISSION OF APPLICATION DOES NOT GUARANTEE SUPPORT***

SECTION A: GROUP/ORGANIZATION/ INSTITUTION DETAILS

1. REGISTERED NAME: ………………………………………………………………………………………………………………………

2. POSTAL ADDRESS: ……………………………………………….……TELEPHONE: ……………………...……………………

EMAIL: ……………………………………………………………………………… COUNTY: …………….….………………………

SUB-COUNTY: …………….……………….……… CONSTITUENCY: …………………………………….……………………

1. REGISTERING BODY/ AUTHORITY: ……………………………………………………REGISTRATION NO: …………...
2. WHEN THE GROUP WAS FIRST REGISTERED? MONTH...……………. YEAR……………….

5. GROUP NCPWD REG. NO: ……………………….…………………………………………….………………………………….

1. HOW LONG HAS THE GROUP BEEN OPERATING? YEARS ……………. MONTHS ………….

(MUST HAVE BEEN OPERATIONAL FOR AT LEAST **SIX MONTHS** FOR CONSIDERATION)

7.

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

(**ATTACH LIST OF MEMBERS WITH COPIES OF BOTH NATIONAL AND DISABILITY ID CARDS**)

* 1. STATE IF YOU HAVE ANY COMMUNICATIONS PREFERENCES:
		+ TEXT ONLY  SIGN LANGUAGE  LARGE PRINT  BRAILLE
		+ OTHER (SPECIFY) ……………………………………………………………………………………………………………...………

9. OVERALL PURPOSE/GOAL OF THE GROUP; ……………………………………………………………………………………

………………………………………………………………………………………………………………………………………..……………

1. CONTACT PERSON 1 (COMPULSORY)

NAME: ………………………………………………………………………………….. NCPWD REG. NO.: ………………...….

NATIONAL ID.……………………. ROLE IN THE GROUP: …………………………. CELL PHONE NO.: ………………

EMAIL: ……………………………………………………………………………………...…

1. CONTACT PERSON 2

NAME: …………………………………………….……………………………………… NCPWD REG. NO.: ………………...….

NATIONAL ID.……………………. ROLE IN THE GROUP: …………………………. CELL PHONE NO.: ………………

EMAIL: ……………………………………………………………………………………...…

##  SECTION B: FINANCIAL INFORMATION

1. DOES THE GROUP HAVE A BANK ACCOUNT?  YES  NO

IF YES, STATE:

A) ACCOUNT NAME OF GROUP: ………………………………………………….………………………………………………

ACCOUNT NUMBER: ……………………………NAME OF BANK: ……………………………. BRANCH…….……

* 1. CURRENT BANK BALANCE (KSHS)……………………….
	2. ANNUAL INCOME OF THE GROUP (KSHS)……………………………………….

ATTACH RECENT BANK STATEMENT (**SIX MONTHS TO THE DATE OF APPLICATION**)

* 1. BANK SIGNATORIES (**MUST BE PWDS OR PARENTS/GUARDIANSOF PWDS**)

I. NAME………………………………………………………………………………NCPWD REG. NO.…………………

TEL NO: ………………………………………………….

II. NAME………………………………………………………………………………NCPWD REG. NO.…………………

TEL NO: ………………………………………………….

III. NAME………………………………………………………………………………NCPWD REG. NO.…………………

TEL NO: ………………………………………………….

1. PROVIDE INFORMATION ON THE SOURCES OF INCOME

|  |  |  |
| --- | --- | --- |
| **SOURCE OF INCOME** | **AMOUNT** | **RECEIVED FROM** |
| MEMBERS CONTRIBUTION |  |  |
| MEMBERS SAVINGS |  |  |
| MEMBERS LOAN REPAYMENTS |  |  |
| GRANTS RECEIVED |  |  |
| DONATIONS RECEIVED |  |  |
| OTHER |  |  |

1. LIST PREVIOUS PROJECTS AND FUNDING

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF PROJECT** | **FUNDING SOURCE** | **AMOUNT AWARDED IN KES** | **RATE PROJECT SUCCESS (SUCCESSFUL/NOT SUCCESSFUL)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. DOES THE GROUP OWN ANY PROPERTIES?  YES  NO IF YES, LIST THEM BELOW:

…………………………………………………………………………………………………………………………………………..………

……………………………………………………………………………………………………………………………………………………

1. DOES THE GROUP HAVE A LOAN?  YES  NO

IF YES, STATE THE AMOUNT AND SOURCE OF THE LOAN………………………………………………………………

……………………………………………………………………………………………………………………………………………………

##  SECTION C: PROPOSED PROJECT

1. PROPOSED PROJECT NAME: ………………………………………………………………………………………………….…….

2. INDICATE THE AREA(S) WHERE THE PROJECT WILL BE LOCATED:

COUNTY: ………………………...……………………… SUB-COUNTY(IES): ……………………………….…………………

3. WHAT ARE THE MAIN OBJECTIVES OF THIS PROJECT?......................................................................

……..…………………………………………………………………………………………………………………………………………..…

……………………………………………………………………………………………………………………………….……………………

1. LIST THE MAIN ACTIVITIES TO BE CARRIED OUT TO ACHIEVE THE ABOVE OBJECTIVES:

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

1. INDICATE HOW MANY PERSONS WITH DISABILITIES WILL BENEFIT:

MALE ……………………. FEMALE …………………… INTERSEX …………….

1. DESCRIBE HOW THE PROJECT WILL IMPROVE THE LIVES OF PERSONS WITH DISABILITIES AND COMMUNITY:

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

#  SECTION D: PROJECT COSTING

1. STATE PROJECT TOTAL BUDGET (**ATTACH A BREAKDOWN OF PROJECT BUDGET**)

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

1. STATE EXPECTED TOTAL PROJECT INCOME IN YEAR 1 (**ATTACH INCOME PROJECTION SHEET**)

(KSHS)………………………………………………… ……………………………………………………………………………………….

1. WHAT MEASURES WILL THE GROUP PUT IN PLACE TO ENSURE THE PROJECT CONTINUES TO OPERATE?

……………………………………………………………………………………………………………………………………………………

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#  SECTION E: DECLARATION

I HAVE ATTACHED THE FOLLOWING INFORMATION:

* COPY OF REGISTRATION CERTIFICATE
* COPY OF GROUP CONSTITUTION/ BY-LAWS
* COPY OF MINUTES (WHERE THE PROJECT WAS DISCUSSED)
* COPY OF BREAKDOWN OF PROJECT BUDGET
* COPY OF INCOME PROJECTION SHEET
* COPY OF BANK STATEMENT (SIX MONTHS TO THE DATE OF APPLICATION)
* LIST OF MEMBERS (FULL NAMES / DISABILITY ID.NO. /NATIONAL ID.NO.)
* RULES / REGULATIONS GOVERNING RUNNING OF TABLE BANKING PROJECT (**WHERE APPLICABLE**)

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 GROUP/ORGANIZATION/ INSTITUTION.

NAME & SIGNATURE: ………………………………………… ROLE IN THE GROUP…………………................. DATE: ……

#  SECTION F: FOR OFFICIAL USE BY SUB-COUNTY SOCIAL DEVELOPMENT OFFICER

* I DO/ DO NOT [TICK 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/ ORGANIZATION/INSTITUTION IS REGISTERED AND CURRENTLY ACTIVE IN MY SUB-COUNTY AS DESCRIBED IN THE APPLICATION

NAME OF OFFICER: ………………………………………………………………………………. SUB-COUNTY…………………………

SIGNATURE & STAMP: …………………………………………………………………………………… DATE: ……………………………

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

* I DO/ DO NOT [TICK AS APPROPRIATE] RECOMMEND THIS APPLICATION TO NDFPWD FOR FUNDING. REASON FOR RECOMMENDATION/REJECTION:

………………………………………………………………………………………………………………………………………………………………

……….……………………………………..………………………………………………………………………………………………………………

* 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: ...……….……