 

# NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES (NDFPWD) APPLICATION FORM PO/AP/4

**INFRASTRUCTURE & EQUIPMENT APPLICATION FORM**

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

# SECTION A: INSTITUTION/ORGANIZATION DETAILS

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

2. POSTAL ADDRESS:………………CODE……………………. TOWN……………………………………

TELEPHONE………………………………….. EMAIL…..………………………………………………….

1. PHYSICAL ADDRESS: CONSTITUENCY …………….………… SUB-COUNTY…………………..…….

COUNTY…………….…………

1. REGISTERING GOVERNMENT BODY/ AUTHORITY…………………………

REGISTRATION NO: ………….……………….

1. NATIONAL DISABILITY IDENTIFICATION NUMBER:…………………………………………..………….
2. WHEN WAS ORGANIZATION/INSTITUTION FIRST REGISTERED? YEAR……………………….………
3. OUTLINE THE ORGANIZATION/INSTITUTION’S MANAGEMENT STRUCTURE

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1. CONTACT PERSON 1 (COMPULSORY)

NAME: ………………………………………………………………………………………………………..

TITLE: …………………………………………….. NATIONAL I.D. NO ………………………………….

ROLE IN THE INSTITUTION: …………………...…………… TEL:.…………………………………………

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

CONTACT PERSON 2

NAME: ………………………………………………………………………………………………………..

TITLE: …………………………………………….. NATIONAL I.D. NO ………………………………….

ROLE IN THE INSTITUTION: …………………...…………… TEL:.…………………………………………

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

CONTACT PERSON 3

NAME: ………………………………………………………………………………………………………..

TITLE: …………………………………………….. NATIONAL I.D. NO ………………………………….

ROLE IN THE INSTITUTION: …………………...…………… TEL:.…………………………………………

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

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

(MUST HAVE BEEN OPERATIONAL FOR AT LEAST **FIVE** YEARS FOR CONSIDERATION)

1. NATURE OF ORGANIZATION/INSTITUTION
	* HIGHER EDUCATION/TRAINING
	* DAY CENTRE
	* PRIMARY SPECIAL SCHOOL
	* REHABILITATION SERVICES
* CARE HOME
* SECONDARY SPECIAL SCHOOL
* OTHER (SPECIFY)

…………………………………………..

11. NATURE OF DISABILITY ……………………………………………………………………………………..

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

………………………………………

………………………………….

1. DESCRIBE WHAT SERVICES ORGANIZATION/INSTITUTION OFFERS. HOW MANY PEOPLE WITH DISABILITY DOES IT SERVE? ATTACH LIST OF PWDS IN THE ORGANIZATION WITH THEIR NATIONAL DISABILITY ID/NO.

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1. STATE ORGANIZATION/INSTITUTION OPERATIONAL BUDGET IN THE LAST FINANCIAL YEAR?

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1. HOW MUCH HAD YOU BUDGETTED FOR INFRUSTRUCTURE AND EQUIPMENT for PWDs IN THE LAST FINANCIAL YEAR?

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# SECTION B: PROPOSED PROJECT DESCRIPTION

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

2. STATE WHERE THE PROJECT IS LOCATED………………………………………………………............

CONSTITUENCY SUB-

COUNTY…………….…………………………

COUNTY…………….……………………………………………………………………………………..

1. STATE THE OBJECTIVES OF THE PROJECT

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

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* 1. STATE THE PROJECT IMPLEMENTATION DURATION? ……………………………………….
1. INDICATE HOW MANY PERSONS WITH DISABILITIES WILL BENEFIT FROM THE PROJECT: MEN/BOYS ……………..……………… WOMEN/GIRLS ……………….….………………
2. DESCRIBE HOW THE PROJECT WILL IMPROVE THE LIVES OF PERSONS WITH DISABILITIES AND COMMUNITY

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1. DESCRIBE WHAT RELEVANT CAPACITY AND EXPERIENCE YOUR GROUP/ ORGANIZATION/ INSTITUTION HAS FOR CARRYING OUT THIS PROJECT

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1. LIST PREVIOUS PROJECTS AND FUNDING UNDERTAKEN BY YOUR ORGANIZATION/ INSTITUTION (ATTACH ADDITIONAL IF REQUIRED)

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| --- | --- | --- | --- | --- |
| NAME OF PROJECT | FUNDING SOURCE | AMOUNT AWARDED IN KES | YEAR AND DURATION OF PROJECT | OUTCOMES OF THE PROJECT |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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1. STATE ANY FORESEEN CHALLENGES?

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1. HOW WILL YOU OVERCOME THEM?

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1. ARE THERE OTHER ORGANIZATION/INSTITUTION ALREADY OFFERING SIMILAR SERVICES IN YOUR AREA?

 YES  NO

1. IF YES, NAME OF ORGANIZATION/INSTITUTION(s)

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1. EXPLAIN WHY YOUR PROJECT IS NEEDED

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1. DESCRIBE HOW THE PROJECT WILL CONTINUE ONCE NDFPWD EXITS

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 **SECTION C: PROJECT COSTING** (RECURRING COSTS E.G. MAINTENANCE, REPAIRS, STAFFING, ELECTRICITY AND WATER BILLS ARE NOT FUNDED)

1.

1. STATE THE TOTAL COST OF YOUR PROJECT KSHS ……………………...……………………
2. STATE THE AMOUNT REQUESTED FROM NDFPWD KSHS. ……………….…………………..
3. STATE YOUR OWN CONTRIBUTION AS AN ORGANIZATION/ INSTITUTION

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1. DESCRIBE HOW THE REST OF THE PROJECT COST WILL BE FUNDED

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# SECTION D: ATTACHMENTS

1. **APPLICATION FOR EQUIPMENT** - PLEASE ATTACH THE FOLLOWING:
	* NAME AND DESCRIPTION OF EQUIPMENT TO BE PURCHASED
	* PRO- FORMA INVOICES WITH NAMES AND CONTACTS OF SUPPLIERS
2. **APPLICATION FOR CONSTRUCTION -** PLEASE ATTACH THE FOLLOWING:
	* LOCATION AND STATUS OF LAND/PROPERTY OWNERSHIP INCLUDING LAND REGISTRATION NUMBER, COPY OF TITLE DEED, ALLOTMENT LETTER, LEASE AGREEMENT
	* SKETCHES OF ARCHITECTURAL DRAWINGS WITH NAME AND CONTACT OF ARCHITECT
	* BILLS OF QUANTITIES WITH NAME AND CONTACT OF ARCHITECT AND DULY SIGNED BY MINISTRY OF PUBLIC WORKS
	* 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 (SOCIETY, NGOS AND INSTITUTIONS)

ANNUAL AUDITED ACCOUNTS FOR THE PREVIOUS FINANCIAL YEAR

LIST OF COMMITTEE/BOARD MEMBERS (INCLUDE NAME, ID. NCPWD REG. NO, GENDER, PHONE NUMBER, SIGNATURE AND DISABILITY WHERE APPLICABLE)

EXTRACTS OF MINUTES/RESOLUTIONS OF MEETING AT WHICH THIS PROJECT WAS DISCUSSED AND APPROVED

COPY OF ORGANIZATION CONSTITUTION/REGULATIONS

I ………………………………………………… [NAME] NATIONAL I. D NO 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. I DECLARE TO ABIDE BY THE RULES OF THE PROGRAMME.

SIGNED …………………………………………..………..DATE ………………………………………….………….

OFFICIAL STAMP

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

# SECTION F: FOR OFFICIAL USE BY SUB-COUNTY EDUCATION OFFICER (DEO)

(FOR LEARNING INSTITUTIONS OTHER THAN UNIVERSITIES AND THEIR CONSTITUENT COLLEGES)

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

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 LEARNING INSTITUTION IS DULY REGISTERED AND CURRENTLY ACTIVE IN MY DISTRICT AS DESCRIBED IN THE APPLICATION

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

OFFICIAL STAMP

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

# SECTION G: FOR OFFICIAL USE BY SUB-COUNTY PUBLIC WORKS OFFICER (DPWO)

(FOR CONSTRUCTION PROJECTS)

NAME OF DPWO: ………………………………………………SUB-COUNTY: ……………………………………

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 THE PROJECT IS VIABLE AND PER REQUIREMENTS OF NATIONAL CONSTRUCTION AUTHORITY AS DESCRIBED IN THE APPLICATION

SIGNATURE ……………………………………………………….DATE: ……………………………………….

OFFICIAL STAMP

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

NAME OF OFFICER: ………………………………….………………. COUNTY……………………………………..

* 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 ORGANISATION IS REGISTERED AND CURRENTLY ACTIVE IN MY COUNTY AS DESCRIBED IN THE APPLICATION

SIGNED: …………………………………………………… DATE: …………………………………………

# SECTION I: FOR OFFICIAL USE NDFPWD – HEADQUARTERS

NAME OF OFFICER …………………………………………………… DESIGNATION ……………………………

SIGNATURE AND STAMP…………………………………DATE RECEIVED: ………….…………………………...

REFERENCE NO :…………………………………………………………………………………...……………..……