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| **SECTION A: AREA IDENTIFICATION.** |  |
|  | **Unit Area** | **Name** | **Code** |
| **A01** | Province | …………………..………..………………… |  |  |  |
| **A02** | District | …………………..………..………………… |  |  |  |  |
| **A03** | Division | …………………..………..………………… |  |  |  |  |
| **A04** | Location | …………………..………..………………… |  |  |  |  |
| **A05** | Sub-Location | …………………..………..………………… |  |  |  |  |
| **SECTION B: PARTICULARS OF ORGANIZATION** |
| **B01** | Name | …………………..………..………………… |
| **B02** | Postal Address | Box No |  |  |  |  |  | **▬** |  |  |  |  |  |  |
| City/Town | …………………..………..………………… |
| **B03** | Phone contact | Landline |  |  |  |  |  |  |  |  |  |  |  |  |
| Cell phone |  |  |  |  | **▬** |  |  |  |  |  |  |  |
| **B04** | E-mail address | …………………..………..………………… |
| **B05** | Office Location (Name of building) | …………………..………..………………… |
| **B06** | Status of registration |  | 1=Registered | 2=Not registered | 3=Seeking registration |  |  |
| **B07** | If registered, name the registeringauthority. |  | Registrar ofSocieties | Dept of SocialServises | NGO Bureau | Other (Specify) | …………..………..… |  |
|  |  | 1 |  | 2 |  | 3 | 4 |  |  |
| **B08** | Year of registration |  |  |  |  |  |
| **B09** | If not registered, state reason. | ……………………………………………………………………… |
| **B10** | Type of organization |  | GoK | Trustee | NGO | CBO | Other |  |  |  |
|  |  | 1 |  | 2 |  | 3 | 4 | 5 |  |
| **B11** | Scope of operation |  | Nationwide | Provincial | District | Divisional | Locational | Other |  |  |
|  |  | 1 |  | 2 |  | 3 | 4 | 5 | 6 |
| **B12** | If response to **B11** is **6,** please specify | …………………..………..……………………………….………. |
| **B13** | Ownership/Management of theorganization | 1 = Organization of PWD |  | 2 = Organization for PWD |  |  |  |  |
| **B14** | Organization's main activity? | …………………………………………………….……...………………. |
| **SECTION C: TARGET NATURE OF DISABILITY.** |
| **C01** | Which category of disability does the organization mainly address ? (Tick all that apply) |  |  | 1 = Physical impairment |  |  |  |  |  |  |  |
|  | 2 = Mental impairment |  |  |  |  |  |  |  |  |
|  | 3 = Visual impairment |  |  |  |  |  |  |  |  |
|  | 4 = Hearing impairment |  |  |  |  |  |  |  |
|  | 5 = Other (specify) …………………………...….. |  |  |  |  |
| **C02** | How many persons with disability (PWD) does the organization target for provision of services ? |  | …………………. |  |
| **C03** | During the last calender year, how many pesrons with disability (males/females) did the organization giveany form of support? | …………………. |  |
| **C04** | Of the persons refered to in **C03**, indicate how many males/females received the following forms of support under the disabilitycategories listed below. |
| Category of disability | Money | Assistive devices | Training | Health care | Councelling | Business sensitization |  |
| M | F | M | F | M | F | M | F | M | F | M | F |
| Physical impairment |  |  |  |  |  |  |  |  |  |  |  |  |
| Mental impairment |  |  |  |  |  |  |  |  |  |  |  |  |
| Visual impairment |  |  |  |  |  |  |  |  |  |  |  |  |
| Hearing impairment |  |  |  |  |  |  |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SECTION C cont…** |
| **C05** | What is the organization's current workforce ? | Paid workers | Unpaid workers |
| Males | Females | Males | Females |
|  |  |  |  |  |  |  |  |
| **C06** | How many persons with disabilitydoes the organization currently engage as workers? | Paid workers | Unpaid workers |
| Males | Females | Males | Females |
|  |  |  |  |  |  |  |  |
| **SECTION D: FUNDING** |
| **D01** | What is the organization's main source of funding ?1 = GoK/Local Authority 2 = International Agencies3 = Member subscription 4 = Private Organizations 5 = Faitth Based Organizations 6 = Private Individuals7 = Other (Specify) ………………………………… |
| **D02** | Indicate the various types and sources of support received by the organization during the last 3 calendar years, i.e. 2004-06 (Tick acordingly) |
| **Type of support** | **Support provider** |  |
| GoK or Local Authority | Internatio nal Agency | Member Subscrip tions | Private Organizati on | FBO | Private Individual | Other |
| Money grants |  |  |  |  |  |  |  |
| Training |  |  |  |  |  |  |  |
| Assistive devices |  |  |  |  |  |  |  |
| Operational equipment |  |  |  |  |  |  |  |
| Scholarships |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| **D03** | What was the organization's total budget for PWD activities in the lastcalendar year? **KSh. …………………..….......** |

**Comments from the field**

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**Signed:**

…………...……………………….…

(Name)

……………...…….….…

(Signature)

…………….….…

(Date)

**Office comments**

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| **Signed:** | …………...……………………….… | ……………...…...….… | ………………..… |
|  | (Name) | (Signature) | (Date) |