|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 registering  authority. | | |  | Registrar of  Societies | | | Dept of Social  Servises | | 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 the  organization | | | 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 give  any form of support? | | | | | | | | | | | | | | …………………. | | |  |
| **C04** | Of the persons refered to in **C03**, indicate how many males/females received the following forms of support under the disability  categories 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) | |  |  | |  | |  |  |  |  |  |  |  |  |  |

.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION C cont…** | | | | | | | | | | | |
| **C05** | What is the organization's current workforce ? | | | Paid workers | | | | Unpaid workers | | | |
| Males | | Females | | Males | | Females | |
|  |  |  |  |  |  |  |  |
| **C06** | How many persons with disability  does 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 Agencies  3 = Member subscription 4 = Private Organizations 5 = Faitth Based Organizations 6 = Private Individuals  7 = 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 last  calendar year? **KSh. …………………..….......** | | | | | | | | | | |

**Comments from the field**

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

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

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

**Signed:**

…………...……………………….…

(Name)

……………...…….….…

(Signature)

…………….….…

(Date)

**Office comments**

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

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

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

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