NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES (NDFPWD)
APPLICATION FORM- PO/AP/7
TOOLS OF TRADE AND START-UP CAPITAL

NOTE: SUBMISSION OF APPLICATION DOES NOT GUARANTEE SUPPORT

SECTION A: PERSONAL DETAILS

1. NAME: ……
2. SEX: MALE ❑ FEMALE ❑ INTERSEX ❑
3. DATE OF BIRTH: (DD/MM/YY) ……
4. NATIONAL ID NUMBER: (ATTACH A COPY) ……
5. DISABILITY IDENTIFICATION NUMBER: (ATTACH A COPY) ……
6. STATE DISABILITY……
   CAUSE OF DISABILITY: ❑ CONGENITAL ❑ ACQUIRED (STATE YEAR ACQUIRED) …….
7. ETHNICITY……
8. COUNTY OF RESIDENCE: …… SUB-COUNTY: ……..
   CONSTITUENCY: ……..WARD…….. LOCATION: ……
   SUB LOCATION …… VILLLAGE……. TELEPHONE: ……
   EMAIL: ……
9. STATE IF YOU HAVE ANY SPECIAL COMMUNICATION NEEDS:
10. TEXT ONLY ❑ SIGN LANGUAGE ❑ LARGE PRINT ❑ BRAILLE ❑
    OTHER (SPECIFY) ❑ ……..

SECTION B: EDUCATION/TRAINING STATUS INFORMATION

a) HIGHEST LEVEL OF EDUCATION COMPLETED: (**TICK AS APPROPRIATE**)

NONE	❑
PRIMARY	❑
VOCATIONAL CENTRE	❑
SECONDARY	❑
TERTIARY	❑
UNIVERSITY	❑

b) FORMAL TRAINING

i) FORMAL (TECHNICAL /VOCATIONAL TRAINING)

(1) NAME OF TRAINING INSTITUTION ATTENDED

……

(2) NAME OF COURSE TRAINED ON ……

(3) DURATION OF THE COURSE ……

(4) CERTIFICATE ACQUIRED

……

ii) INFORMAL (APPRENTICESHIP TRAINING)

(1) WHERE YOU ACQUIRED THE SKILL ……

(2) TYPE OF SKILL ACQUIRED ……

(3) REFEREE (NAME AND CONTACT OF THE TRAINER) ……

c) CURRENT EMPLOYMENT STATUS OF APPLICANT: (**TICK AS APPROPRIATE**)

i) EMPLOYED ❑ WHERE ARE YOU EMPLOYED ……

ii) SELF-EMPLOYED ❑ TYPE OF BUSINESS……
LOCATION……..……

iii) UNEMPLOYED ❑ WHAT ARE YOU CURRENTLY DOING?
……

SECTION C: BUSINESS DETAILS AND TOOL KIT DETAILS

1. NAME OF BUSINESS……
2. REGISTERING BODY/ AUTHORITY…….
3. REGISTRATION NO……
4. DATE OF REGISTRATION MONTH…… YEAR……
5. BUSINESS LOCATION: COUNTY …… SUB-COUNTY: ……..

WARD…….. LOCATION: …… SUB LOCATION ……

MARKET…….. ROAD/ STREET ……..

NAME OF BUILDING SITE ……..

6. NAME BUSINESS TOOLKIT(S)……

……

……

7. CONDITION OF BUSINESS TOOLKIT(S): (**TICK AS APPROPRIATE**)
   - ❑ IN GOOD WORKING CONDITION (Specify Years in Use) ……
   - ❑ NOT IN WORKING CONDITION (Specify Reason) ……

     ……

     ……

8. PROVIDER OF TOOLKIT((S)

   .....

   YEAR RECEIVED/ ACQUIRED ……

9. SERIAL NUMBER OF TOOL KIT IF ANY……

SECTION D: STARTUP CAPITAL DETAILS

1. TOTAL AMOUNT REQUESTED ……

ITEM	QUANTITY/ UNIT	COST PER UNIT	TOTAL

2. STATE OWN CONTRIBUTION ……
3. STATE EXPECTED TOTAL PROJECT INCOME IN YEAR 1 ……

   (ATTACH INCOME PROJECTION SHEET)

SECTION E: BUSINESS ACCOUNT DETAILS

1. DOES THE BUSINESS HAVE A BANK ACCOUNT? ❑ YES ❑ NO

IF YES, STATE:

ACCOUNT NAME OF BUSINESS ……

ACCOUNT NUMBER …… NAME OF BANK ……..

BRANCH……..

2. CURRENT BANK BALANCE (KSHS)…….
ATTACH RECENT BANK STATEMENT (SIX MONTHS TO THE DATE OF APPLICATION)

SECTION F: DECLARATION

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- ❑ COPY OF NATIONAL IDENTITY CARD
- ❑ COPY OF DISABILITY IDENTIFICATION CARD/CERTIFICATE
- ❑ COPY OF CERTIFIED CERTIFICATE(S)/LETTER FROM TRAINING INSTITUTION/ APPRENTICESHIP REFERENCE LETTER)
- ❑ COPY OF VALID BUSINESS CERTIFICATE/PERMIT
- ❑ COPY OF SIX-MONTH BANK STATEMENT
- ❑ COPY OF BUSINESS ANNUAL INCOME PROJECTION SHEET

I ..... CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: ……. DATE: ……

SECTION G: FOR OFFICIAL USE- NCPWD COUNTY DISABILITY SERVICES

❑ I DO / DO NOT [TICK AS APPROPRIATE] RECOMMEND THE FOLLOWING INDIVIDUAL TO NDFPWD FOR SUPPORT.

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- NDFPWD HEADQUARTERS

RECEIVED BY:

NAME OF OFFICER: …… DESIGNATION: ……

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

REFERENCE NO: ……..