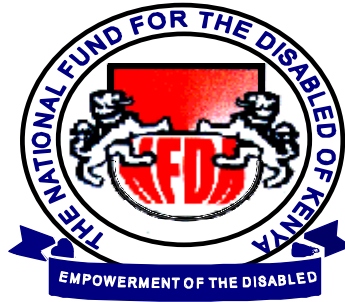


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National Fund for the
Disabled of Kenya
2nd Floor, Rehema House
Kaunda/Standard Street
P.O. Box 47857-00100 GPO
TEL: 254- 20 2133652 251791
CELL: 0722-200 783 / 0735-76 9 852
E-mail: info@nfdk.or.ke
NAIROBI.

DATE: _____

APPLICATION FORM FOR BIG GRANTS PROGRAMME 2016/2017

NATIONAL FUND FOR DISABLED OF KENYA, [NFDK]

A. OUR VISION AND MISSION STATEMENT

Our Vision

- To be the leading organization in the provision of high quality life for persons with disability in Kenya.

Our Mission

- To offer the best support services to persons with disability in Kenya through provision of resources, promotion of awareness and advocacy of appropriate policies.

B. GUIDELINE NOTES FOR APPLICANTS FOR THE GRANT

Mode of providing Assistance to institutions and organizations

- (1) *The National Fund for Disabled of Kenya provides grants countrywide to **Empower Persons with Disabilities** by funding projects within institutions for the disabled where the term “institution” will include, **but not necessarily be limited**, to schools, rehabilitation centres, assessment centres, sheltered workshops, homes for persons with disabilities.*
- (2) *Assistance will be given in the form of development grants for, **but not necessarily limited**, to building classrooms, dormitories, kitchens, fencing compounds, physiotherapy facilities, building wheelchair ramps/pavements, training tools etc., among other projects. Assistance is also given for starting suitable income generating projects within the institution, which will give them greater economic independence.*

Copies of application forms for grant

- (3) *Send a copy of this application with all attachments to your Deputy County Commissioner as you send this original and 1 copy to us.*
- (4) *Filling out by neat and legible handwriting or typing in the spaces provided are both permitted.*

Special nature of this grant

- (5) *This grant is special because NFDK will aim to be identified totally as the sponsor to the project for which you are applying. **DO NOT APPLY FOR MORE THAN KSHS. 2.5 MILLION OR LESS THAN KSKS. 0.5 MILLION.***

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Monitoring of the project implementation process

(6) *NFDK will also closely monitor the implementation of the project if the grant is given.*

Criteria for selection of winning projects

(7) *The criteria for judging and selecting the project to be funded will principally be based on sustainability, methodology, management capacity and structure, long term benefits especially to persons with disabilities, timelines and the monitoring and evaluation you propose. Further details are contained here below.*

Do not revise this form. Confine your remarks to the spaces provided, and if possible, do not exceed the 6 pages on this form unless it is specifically requested.

PLEASE TYPE IN OR NEATLY HAND WRITE ALL INFORMATION IN ENGLISH

C. TO BE FILLED BY INSTITUTION OR ORGANIZATION APPLYING FOR THE GRANT

1. NAME OF INSTITUTION OR ORGANIZATION:

2. PROJECT TITLE:

3. LOCALITY:

Region: _____ Sub County: _____

Division: _____ Location: _____

Registration/Identification Number (where applicable): _____ (please attach a copy of your registration certificate)

4. CONTACT PERSONS INFORMATION

IMPORTANT: *Please include this ALL-important contact information and notify NFDK of any contact information changes as they happen.*

Project Manager/Coordinator/Director:	Alternate Contact Person:
Name:	Name:
Mailing Address:	Mailing Address
Phone/Mobile:	Phone/Mobile:
Fax:	Fax:
Email:	Email:
WEBSITE (if applicable):	

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5. BOARD OF GOVERNORS/DIRECTORS/TRUSTEES & MEMBERSHIP

This section seeks to establish the corporate governance structures of your institution.

(a) Chairman: -----
Please indicate: ___Male ___Female

(c) Secretary: -----
Please indicate: ___male ___female

(b) Vice-Chairman: -----
Please indicate: ___male ___female

(d) Treasurer: -----
Please indicate: ___male ___female

(e) Number of other members sitting on your organization Board _____ How many are persons with a disability (explain the type of disabilities these members have)

(f) Number of members in your institution or organization _____ How many are persons with disability (please explain the type(s) of disabilities you are catering for)

(g) Details of the bank account:

Name of the account

Bank

Bank account No.

Account RTGS (Real Time Gross Settlement) code

Name(s) and designations of all the account signatories and addresses. *(Please attach copies of all their ID cards)*

6. BRIEF CV OF PROJECT MANAGER/COORDINATOR/ DIRECTOR

7. OTHER KEY PROJECT MANAGEMENT TEAM AND THEIR CVS

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10. EVALUATION AND REPORTING PROCESS

Reporting guidelines will be sent to the Project Manager/Coordinator/Director if the project is funded. If funded, progress reports will be required quarterly (every 3 [three] months) during the life cycle of the Project until it is satisfactorily completed. A final report will be required within 3 to 6 months of completion of the Project. Describe the plan your group or organization has already developed to evaluate the project as described under **heading #8** above.

12. ENVIRONMENTAL IMPACT ASSESSMENT

Have your project approved/assessed for Environmental Impact where necessary.

13. ON-SITE VISITS BY NFDK

NFDK reserves the right to visit your project. Provide written directions below and **attach** a sketch map of how to get to your project to this form.

14. PROJECT BUDGET:

Please present the full and detailed Project Budget including estimate of the community contribution.

(You may attach an extra sheet or architectural plan, etc to give details of this section).

State amounts in **Kshs.** _____

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BUDGET ITEM	CONTRIBUTION BY THE COMMUNITY	TO BE FUNDED BY NFDK
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
TOTAL BUDGET:	-----	-----

TOTAL AMOUNT IN KSHS REQUESTED OF NFDK: KShs. _____

In words: Kenya Shillings _____

(Do not to exceed Kshs. 2.5 Million or request for below Kshs. 500,000/-)

15. MINUTES RESOLVING TO APPLY FOR THIS GRANT

Attach the minutes showing a resolution by your Board/Management Committee to apply for this grant.

16. PREPARED AND SUBMITTED BY:

Name: _____ **Signature:** _____

Title: _____ **Date:** _____

Official Rubber Stamp of the organization: _____

17. CLEARLY LABEL ANY ATTACHMENTS MADE TO THIS APPLICATION

The completed application must be hand delivered or sent by ordinary post, courier services or registered mailed by **IN DUPLICATE** so as to reach on or before **FRIDAY, 5th AUGUST, 2016** to:

The Chief Executive Officer
National Fund for Disabled of Kenya, [NFDK]
Rehema House, 2nd Floor, Kaunda/Standard Street
P. O. Box 47857 – 00100, **Nairobi, Kenya**

Note that electronic applications (fax or e-mails) shall not be accepted. Late applications will also **NOT** be accepted.