



NATIONAL FUND FOR THE DISABLED OF KENYA (NFDK)

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APPLICATION FOR ASSISTANCE FORM (A) FOR USE BY INSTITUTIONS & ORGANIZATIONS - (YEAR

NOTE:

To be completed by institutions and organizations for persons with disability in triplicate, the original to be forwarded by the Deputy County Commissioner (DCC) to the Chief Executive of the Fund, and the second copy to be retained by the Deputy County Commissioner, and the institution to keep 3rd copy for record.

The applicant will fill the form and present it to the Chief who will then forward the form to the next endorsing office to forward to the next level. All 3 copies must bear all endorsements.

*Please refer to the endnote on page 2 on the **Type of Assistance Available** from the National Fund for the Disabled of Kenya (NFDK) before filling the form.*

ALL SECTIONS MUST BE FILLED, AND THIS FORM STAMPED WHERE REQUIRED

A. PART TO BE FILLED BY THE APPLICANT - INSTITUTION OR ORGANIZATION

1. (a) Name of Institution or Organization.....
.....
- (b) Registration No Registration date Registration Renewal date
(Attach a copy of the certificate of registration)
- (c) Telephone Contacts: - Landline Mobile P. O. Box
- (d) Locality:
 - i. County
 - ii. Sub-County/District..... Division
 - iii. Ward / Location..... Sub-Location
2. General aims and objectives of the institution/ organization.....
.....
3. Number of PWDs/Children to benefit from the assistance
 - (a) Blind (b) Physically Handicapped
 - (c) Deaf (d) Mentally Handicapped
 - (e) Others (Specify)
4. State if assistance has been received from NFDK in the past. Yes/No
If Yes, specify how much and year(s) assistance was given.....
(Attach a copy of your last audited accounts and donation utilization statement for the last grant given by NFDK.)
5. Assistance from other sources (not from NFDK)
 - (a) State if assistance has been obtained from other sources both local and international. Yes/No
If Yes, specify how much, for the last 2 (two) years.....
 - (b) Attach a budget projection of the estimated annual recurrent and capital/development expenditure of the institution/organization for the current year.
6. Assistance required for the current year/next year (the year for which this application is made): -
 - (a) Total assistance estimated (cash value) for project applied for
 - (b) Assistance expected from community contribution and other donors
 - (c) Financial assistance requested from NFDK (Apply for projects of Ksh. 500,000/- and below
 - (d) Purpose to which assistance being requested from NFDK (if given) will be put.....
(Attach a brief cost analysis of the project that financial assistance from NFDK is required.)

7. Governance structure of the institution or organization
 - (a) Names and other details of the Committee/Board Officials
 - (i) Chairman Tel ID No
 - (ii) Secretary Tel ID No
 - (iii) Treasurer/other signatory Tel ID No

(Attach copies of the IDs of the above officials)
 - (b) Specific BOM minute approving this application to be made: Minute no Date
(Attach copy of minutes)
 - (c) Details of your bank account
 - (i) Name of the bank and branch
 - (ii) Name of Account
 - (iii) Bank account No

8. Signature and Designation of the applicant on behalf of the Institution/ Organization:

- (a) Full Name
- (b) Signature
- (c) Designation
- (c) Institution's stamp

B. PART TO BE FILLED BY THE AUTHORIZED NATIONAL GOVERNMENT CO-ORDINATION MINISTRY AND THE DEPARTMENT OF SOCIAL PROTECTION OFFICERS BELOW

1. Recomendation by the Area Chief

.....
Area Chief's Name
Signature Stamp & Date.....

2. Recomendation by the Assistant County Commissioner (ACC)

.....
Assistant County Commissioner's Name
Signature Stamp & Date.....

3. Recomendation by the Social Development Officer (SDO)

.....
SDO's Name
Signature Stamp & Date.....

5. Recomendation by the Deputy County Commissioner (DCC)

.....
Deputy County Commissioner's Name
Signature Stamp & Date.....

C. TO BE FILLED BY, THE MANAGEMENT, DONATIONS COMMITTEE, AND THE BOARD OF TRUSTEES OF NFDK

1. Administrative/ Management verification:

Programmes Manager's signature Date
Chief Executive's signature Date

2. Recomendation by the Donations Committee:

Commitee meeting minute Date

3. Approval by the Board of Trustees of NFDK:

Board of Trustees meeting minute Date

TYPE OF ASSISTANCE AVAILABLE:

1. **NFDK** assists institutions and organizations for and of the disabled where the term "**institution**" will include schools, rehabilitation centres, assessment centres, sheltered workshops, small homes for children/persons with disabilities, special units within other schools, intergrated schools, and "**organizations**" will include registered entities who do not institutionalize the persons with disabilities, but working for their betterment.
2. Assistance will come in the form of development grants for, **but not necessarily limited**, to buildings classrooms, dormitories, kitchens, fencing compounds, building wheelchair ramps/pavements, training tools etc. , among other projects. Assistance is also given for starting income generating projects (IGAs) within the institution which will give them greater economic independence and/or a steady source of sustenance, etc if it is a school or a home. The IGAs may also double up as training models for the beneficiaries in the respective trade crafts financed eg. Poultry keeping, dairy farming etc.