

THIS FORM IS NOT FOR SALE



National Fund for the
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DATE: _____

APPLICATION FORM FOR BIG GRANTS PROGRAMME 2020/2021

NATIONAL FUND FOR DISABLED OF KENYA, [NFDK]

OUR VISION AND MISSION STATEMENT

Our Vision

- High quality life for persons with disabilities in Kenya.

Our Mission

- To offer the best support services to persons with disability in Kenya through effective and efficient 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 special schools, special units, rehabilitation centres, assessment centres, sheltered workshops and 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 the original and 1 copy to us.*
- (4) *Filling out by neat and legible handwriting or typing in the spaces provided are both allowed.*

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 Kshs. 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, and will demand access to the project and all records pertaining to it.*

Criteria for selection of winning projects

- (7) *The criteria for judging and selecting the projects to be funded will principally be based on sustainability, methodology, management capacity and structure, long term benefits especially directly to persons with disabilities, timelines and the monitoring and evaluation model 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 for as an attachment.

PLEASE TYPE IN OR NEATLY HAND WRITE ALL INFORMATION IN ENGLISH

C. TO BE FILLED BY INSTITUTION APPLYING FOR THE GRANT

1. NAME OF INSTITUTION:

2. PROJECT TITLE:

3. LOCALITY:

County: _____ 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 promptly notify NFDK of any contact information changes as they occur.*

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

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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/children catered for 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:.....

Bank RTGS (Real Time Gross Settlement) code (*for electronic money transfers*)

.....

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. THE 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.

11. ENVIRONMENTAL IMPACT ASSESSMENT

Have your project approved/assessed for Environmental Impact where necessary e.g. septic tanks, animal husbandry projects, etc.

12. 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.

13. PROJECT BUDGET:

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

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

State amounts in **Kshs.**

(Amount requested from NFDK + Community contributions)

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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/-)

14. MINUTES RESOLVING TO APPLY FOR THIS GRANT

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

15. PREPARED AND SUBMITTED BY:

Name: _____ **Signature:** _____

Title: _____ **Date:** _____

Official Rubber Stamp of the organization: _____

16. NOTES:

- Note that electronic applications (fax or e-mails) and late applications shall **NOT** be accepted.
- Clearly label any attachments made to this application.
- The completed application, **IN DUPLICATE**, must be hand delivered or sent by ordinary post, courier service or registered mail so as to reach on or before **THURSDAY, 20th August, 2020** 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**