**REPUBLIC OF UGANDA**

**MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT**

**APPLICATION FORM FOR NATIONAL DISABILITY GRANT.**

**PROJECT IDNO: ………………………………**

*(Assigned by the District Focal Point Person after Project Approval)*

***Instructions for filling the Disability Grant Project Application Form***

* *The application form is filled after the PWD have completed planning for their Priority Project*
* *The filling of the form shall be facilitated by the Sub-county CDO/ACDO or a person designated by the Sub-county Chief.*
* *Three copies of this form should be filled: One copy for the Project file at the Sub-county, one for the Project file at the District and another to be retained in the Project file at the Group level.*
* *Submit the completed and signed copies to the Sub-county through the Sub-county Focal Point Person (CDO/ACDO)*
* *The Disability Grant Application Form is* ***Not For Sale***
* *Beneficiary recent coloured passport sized photos* ***MUST*** *be attached on the photocopy of the* **National Identification Card**
* *A Group photograph taken immediately Beneficiary Selection MUST be attached to the application form*

**1.0 DISABILITY GRANT PROJECT IDENTIFICATION INFORMATION**

* 1. PWD Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 Number of PWD in a group: Total: \_\_\_\_\_Male: \_\_\_\_Female\_\_\_\_\_\_

1.3 Has the group been in existence? YES/NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, for how long has the group been in existence and what enterprises has the group been undertaking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.4 Project Location:

Village/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish/Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub-county/Division/Town Council:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County/Municipality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.5 Project Contact Persons *(Name & Telephone of Chairperson and Secretary of the PWD group):*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.0 PROJECT DESCRIPTION/DETAILS**

* 1. What is the nature (type) of project you want to undertake \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?
	2. Estimated total cost of the project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Estimated Project Implementation Period (e.g 3,4,6,8 months,1 year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NB: For projects that require direct use of land attach a proof of land availability***

**3.0 PROJECT BENEFICIARIES’ INFORMATION AND MEMBERS CO-GUARANTEE SHEET**

We the undersigned members of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group undertake to co-guarantee ourselves (stand for each other) for purposes of implementation of the project and to ensure that we individually and collectively meet all the obligations spelt out for beneficiaries under the Disability Grant.

| **Name of Beneficiary** | **Sex** | **National Identification Number (NIN)** | **Role/Position in the Group** | **Age** | **Village** | **Household Size** | **Contact** | **Signature/Thumb print** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
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| **12** |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |

**3.1 BENEFICIARY NATURE OF DISABILITY**

In this section, fill in the type of disability the beneficiaries possess and state if or not additional support is required to enable them implement the project. For example, A group of persons with Mobility impairments may need Wheel chairs.

| **Name of Beneficiary** | **SEX** | **Nature of Disability (Tick as applicable)** | **Beneficiary requires Additional support (Yes/ No)** | **Nature of Support Required** |
| --- | --- | --- | --- | --- |
| **Visual Impairment** **(Blind)** | **Hearing Impairment (Deaf)** | **Mental Health Conditions** | **Mobility or Physical Impairments (Caused by Polio, Leprosy, Accidents and Sports injuries)** |
| **Polio** | **Leprosy**  | **Accidents & Sports injuries** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
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| **15** |  |  |  |  |  |  |  |  |  |

**3.2. BENEFICIARY LEVEL OF EDUCATION AND VULNERABILITY CATEGORIES**

*Provide information on each and every Beneficiary in the table below. Note that one Beneficiary may fall in more than one category (eg. A person may be a male, , living with HIV, as well as O’ level school dropout. Such a person should therefore be included in all those categories).*

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N** | **Beneficiary Name** | **Education Attainment (Tick Highest level attained)** | **Other Vulnerability** |
| **Sex** | **No Formal Education** | **Primary Dropouts** | **Completed Primary** | **O' Level Dropouts** | **Completed O' level** | **A' level Dropouts** | **Completed A' level** | **Tertiary Institutions Dropouts** | **Completed Tertiary Education ( Univ. Included)** | **Living in Slums** |  **Living With HIV/ AIDS** | **Single Parents** |
| 1 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  15 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Totals** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**5.0. DISABILITY GRANT (DG) PROJECT MANAGEMENT**

**5.1. Disability Grant Project Management Committee (DGPMC)**

| **Position**  | **Name** | **Sex** | **Telephone** | **Signature** |
| --- | --- | --- | --- | --- |
| 1. Chairperson
 |  |  |  |  |
| 1. Secretary
 |  |  |  |  |
| 1. Treasurer
 |  |  |  |  |
|  |  |  |  |  |

1. **CONFIRMATION BY THE SELECTION COMMITTEE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Name** | **Position** | **Telephone** | **Signature** | **Date** |
|  |  | SAS/TC (Chairperson) |  |  |  |
|  |  | CDO (Secretary) |  |  |  |
|  |  | SC/TC/Division Disability Council (Member) |  |  |  |
|  |  | LC I (Member) |  |  |  |

**7.0 ATTACHMENTS**

Please attach the following documents to the application form

1. Copies of National ID
2. Minutes of Beneficiary selection Meeting

**7.0. PROJECT DETAILED BUDGET**

**7.1. Budget Breakdown**

Indicate the breakdown of the Project cost for all inputs in the Table below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Item to be procured**  | **Unit of measure(e.g. kgs, pieces,****Boxes)** | **Quantity(How much, how many)**  | **Unit Price (UGX.) cost for each** | **Total Cost (UGX.)** | **Comments** |
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|  | **Total Cost** |  |  |  |  |  |

|  |  |
| --- | --- |
| **Description** | **Response** |
| What is the total cost of the Project? |  |
| What is the contribution (financial and non-financial) of the group to the Project? |  |
| How much money do you wish to borrow from DG? |  |

**7.2. Budget Summary and Source of Financing**

**8.0. SALES AND PROFIT PROJECTION**

**8.1. Expected Sales within One Year**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Products** | **Quantity to be sold** | **Unit price** | **Expected sales** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Totals of Expected Sales** |  |

**8.2. Expected Gross Profits**

Totals Sales\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minus Project Cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Equals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9.0. SUBJECT MATTER SPECIALIST**

Comments by the Subject Matter Specialist

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_