

# MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

## NATIONAL SPECIAL GRANT FOR PERSONS WITH DISABILITIES (NSG)

### PROJECT REVIEW CHECKLIST

FOR SUBCOUNTY TECHNICAL PLANNING COMMITTEE (STPC)

#### A: PROJECT IDENTIFICATION

Name of Project	
Budget (UGX.)	
District	
County/Municipality	
Sub-county/TC/Division	
Parish/Ward	
Village/Cell	
Date of Review	

<b>OVERALL COMMENT</b>
Recommended for Approval: <input type="checkbox"/>
Deferred: <input type="checkbox"/>

#### B: PROJECT REVIEW DETAILS

SN	ITEM	AVAILABILITY (YES/NO/NA)	REMARKS
1	Original copy of the Report of Community Participatory Meeting ( <i>with attendance lists</i> )		
2	Original copy of the Project proposal/application form (with complete project specifications, and budget.		
3	Realistic Budget: - <i>Appropriate packages</i> - <i>At least 80% on core inputs</i> - <i>Realistic costing of items</i> - <i>Arithmetic accuracy</i>		
4	List and passport-size photographs and copies of national Ids of all beneficiaries		
5	Original copy of the appraisal form: ( <i>Appraisal team of at least 3 members of relevant technical competencies</i> )		
6	Valid Land Agreements/Guarantees where need be in case the Project requires land ( <i>standard land agreement form</i> )		
7	Disability category sensitive		
8	Compliance with environmental and social safeguards guidelines: - <i>Environmental effects identified</i> - <i>Environmental mitigation measures identified</i> - <i>Environmental mitigation measures planned/budget for</i>		
9	Viability and sustainability: - Evidence of viability analyses		
10	Accuracy and completeness of Project documentation - <i>All forms duly completed</i>		

SN	ITEM	AVAILABILITY (YES/NO/NA)	REMARKS
	- All mandatory documents are available in the Project file		
12	General compliance with project guidelines and procedures - Project cycle/approval procedures - Sector standards & norms - Beneficiary targeting - Group size		

### C: CONCLUSION

1. Overall Recommendation: (i) Recommended for Approval:  (ii) Deferred:

2. Summary of Reasons for Deferment (if Deferred):

(i) .....

(ii).....

(iii).....

3. Corrective Actions Recommended (If Deferred):

(i) .....

(ii).....

(iii).....

4. Approval of Chairperson & Secretary of the STPC meeting (For & On behalf of STPC members present at the meeting):

Item	Officer (1)-Chairman STPC meeting	Officer (2)-Secretary STPC meeting
<i>Name</i>		
<i>Designation/Position</i>		
<i>Signature</i>		
<i>Date</i>		