



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

1.1 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

2.1 What is the nature (type) of project you want to undertake?

2.2 Estimated total cost of the project

2.3 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								
3								
4								
5								
6								
7								
8								
9								
10								
11								
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									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
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				
2. Secretary				
3. Treasurer				

6.0. CONFIRMATION BY THE SELECTION COMMITTEE

No	Name	Position	Telephone	Signature	Date
1.		SAS/TC (Chairperson)			
2.		CDO (Secretary)			
3.		SC/TC/Division Disability Council (Member)			
4.		LC I (Member)			

7.0 ATTACHMENTS

Please attach the following documents to the application form

- a) Copies of National ID
- b) Minutes of Beneficiary selection Meeting

7.2. Budget Summary and Source of Financing

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?	

8.0. SALES AND PROFIT PROJECTION

8.1. Expected Sales within One Year

SN	Product;	Quantity to be sold	Unit price	Expected sales
Total; of Expected Sales				

8.2. Expected Gross Profit;

Totals Sales _____ Minus Project Cost _____ Equals _____

9.0. SUBJECT MATTER SPECIALIST

Comments by the Subject Matter Specialist
