MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

NATIONAL SPECIAL GRANT FOR PERSONS WITH DISABILITIES (NSG)

PROJECT REVIEW CHECKLIST

FOR DISTRICT TECHNICAL PLANNING COMMITTEE (DTPC)

A: PROJECT INDENTIFICATION

Name of Project	OVERALL COMMENT
Budget (UGX.)	
District	Recommended for App
County/Municipality	
Sub-county/TC/Division	
Parish/Ward	
Village/Cell	Deferred:
Date of Review	

B: PROJECT REVIEW DETAILS

SN	ITEM	AVAILABILITY (YE\$/NO/NA)	REMARKS
1	Sub-county Chief's forwarding letter with a schedule of projects recommended for approval <i>(indicating project, name, category, location, amount and tranche)</i>		
2	Minutes of the STPC projects endorsement meeting (with a schedule of projects recommended for approval)		
3	Original copy of the Report of Community Participatory Meeting (<i>with attendance lists)</i>		
4	Original copy of the Project proposal/application form (with complete project specifications, budget and Business Plan)		
5	Realistic Budget: - Appropriate packages - At least 80% on core inputs - Realistic costing of items - Arithmetic accuracy		
6	List and passport-size photographs and photocopies of national lds for all beneficiaries		
7	Original copy of the appraisal form: <i>(Appraisal team of at least 3members of relevant technical competencies)</i>		
9	Valid Land Agreements/Guarantees where need be in case the Project requires land <i>(standard land agreement form)</i>		
10	Disability category sensitive		

SN	ITEM	AVAILABILITY (YES/NO/NA)	REMARKS
11	Compliance with environmental and social safeguards guidelines: - Environmental effects identified - Environmental mitigation measures identified - Environmental mitigation measures planned/budget for		
12	Viability and sustainability: - Evidence of viability analyses		
13	Accuracy and completeness of Project documentation - All forms duly completed - All mandatory documents are available in the Project file		
14	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)	
Corrective Actions Recommended (If Deferred):	

З.

(i)

(ii).....

(iii).....

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

ltem	Officer (1)-Chairman DTPC meeting	Officer (2)-Secretary DTPC meeting
Name		
Designation/Position		
Signature		
Date		