MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

NATIONAL SPECIAL GRANT FOR PERSONS WITH DISABILITIES

PROJECTS FUNDING REQUEST SCHEDULE

District :

S/N	DISTRICT	COUNTY/MUNICIPAL ITY	SUB-COUNTY	PARISH	VILLAGE	PROJECT NAME	ENTERPRISE	GROUP	NUMBER OF BENEFICIARIES		AMOUNT	REMARKS (if deferred you		
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Name:					Name:							Name:		
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		DISABILITY			DISTRICT DISABILITY CHAIRPERSON					CHIEF ADMINISTRATIVE OFFICER				