

**EXPANDING PARTICIPATION OF PERSONS WITH DISABILITY**

*Please provide information in the space given. You may type or electronically complete this form (minimum 11 point font). Handwritten applications will not be accepted. All answers must be written in English.*

Name of Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

PO Box: \_\_\_\_\_ City/District: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please describe your organization (tick all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Disabled People's Organization | <input type="checkbox"/> No experience with disability        |
| <input type="checkbox"/> Community Based Organization   | <input type="checkbox"/> Limited experience with disability   |
| <input type="checkbox"/> Non-governmental Organization  | <input type="checkbox"/> Extensive experience with disability |
| <input type="checkbox"/> Faith Based Initiative         | <input type="checkbox"/> Other _____                          |

Amount of funding requested (in USD): \_\_\_\_\_

Project duration (total months): \_\_\_\_\_ Proposed start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Funding is requested for (tick all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Equipment/tools       | <input type="checkbox"/> Building modifications |
| <input type="checkbox"/> Consumable materials  | <input type="checkbox"/> Meetings               |
| <input type="checkbox"/> Training              | <input type="checkbox"/> Media costs            |
| <input type="checkbox"/> Transportation/Travel | <input type="checkbox"/> Printing/publications  |
| <input type="checkbox"/> Salaries and fees     | <input type="checkbox"/> Other (list) _____     |

**The proposed project activities address which of the following areas? (Tick all that apply):**

- Increase participation of people with disabilities in USAID activities
- Strengthen the capacity of disabled people's organizations

**1. Please provide a brief description of your organization, including background and experience in the disability sector. (Please limit your response to not more than one page.)**

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**2. Please provide a brief summary of the proposed project. This must include what this project seeks to achieve, specific objectives, DELIVERABLES, location and expected number of beneficiaries. (Please limit your response to not more than one page)**

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**3. Please justify the NEED for this project. Justification should address overall need for this project and need for each of the main activities/deliverables. (Please limit your response to not more than one page)**

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**4. Please list main activities with target dates for completion. Please provide summary information using the sample table below. Beneath the table please provide details of the implementation of EACH activity. (Please limit your response to not more than one page)**

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.												
2.												
3.												
4.												

Details:

- 1.
- 2.
- 3.
- 4.

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**5. How many staff will be directly involved in and/or funded by this project? Please list their role, qualifications and experience. (Please limit your response to not more than half a page)**

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**6. Does your organization plan to collaborate with other organizations in achieving this project's objectives? If so, please explain HOW. (Please limit your response to not more than quarter of a page)**

**7. Please provide your detailed budget summarized under the following budget line items. Below this budget, and as notes to the budget, provide a detailed breakdown of this summary per line item. Please indicate exchange rate used.**

*(Please limit your response to not more than two pages)*

<i>Description</i>	<i>Budget (local currency)</i>	<i>Budget (US \$)</i>
Direct labor (e.g. salaries, wages etc)		
-		
Travel and Per diem		
-		
Equipment and supplies		
-		
Program Activities		
-		
Other Direct Costs (e.g. rent, utilities, communication etc)		
-		

**Notes to the budget:**

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**8. Please describe the type of monitoring and evaluation that is planned for the project (to include program indicators, frequency, method, who will do it).** *(Please limit your response to not more than one page)*