



**CONSTITUENCY DEVELOPMENT FUND (CDF)  
APPLICATION FORM FOR COMMUNITY PROJECTS**

**Instructions:** This application form should be completed by the applicant and sent together with supporting documents to the Chairperson, Ward Development Committee.

*NOTE: This form is not for sale.*

*Disclaimer: Completion of the form does not guarantee the approval of the Project*

<b>Project Identification Number (for official use only)</b>	<b>CP/Zone/Ward Code Number</b>
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**Types of projects:** Construction and rehabilitation of flush toilets or water borne sanitation system, Construction of Police Posts, Construction of foot bridges, Community libraries, sports centers, feeder roads, dip tanks, rehabilitation of markets, rehabilitation and construction of community halls, construction and rehabilitation of health posts, and others with community benefit and job creation.

<b>Date of Application</b>	
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**SECTION A: GENERAL PROPOSAL DETAILS (To be filled by the applicant)**

1. Name of Community making the proposal

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2. Project Location:

(a) Name of District.....

(b) Name of Constituency: .....

(c) Name of Ward .....

(d) Name of Zone .....

- 3. Land Title/Ownership (where applicable).....
- 4. Type of Project (which sector does it fall in e.g. Water, Education or Health)  
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- 5. Estimated population benefiting from the project.....
- 6. Has the community been involved in any community based project before? (If yes please give details)  
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.....
- 7. Has the Community received any funding from any organization? (If yes which organization and when and for what activities?)  
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**SECTION B: PROJECT IDENTIFICATION**

- 8. What are the main problems in the area?  
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- 9. Which of these problems is the proposed project trying to address and how?  
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.....
- 10. How did the community identify the project? (Attach minutes where applicable).  
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.....  
.....
- 11. Has anything been done before to address the problem and if any, was it successfully implemented?
  - a) Yes
  - b) NoExplain:  
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.....  
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12. State the beneficiaries of the proposed project?

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13. What is the estimated cost of the project: ZMK.....

14. How will the Community contribution towards the cost of the project? (In terms of maintenance fees, water supply, labor etc.)

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15. List the Proposed Project Committee Members:

S/N	Name	Position	Sex	NRC	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

16. How will the community ensure project sustainability?

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.....

17. Contact Person(s):

Name..... (Project Proposer)

Name.....(Secunder)

NRC No. ....

NRC No.....

Address: .....

Address:.....

Phone: .....

Phone .....

Date: .....

Date:.....

**SECTION C: RECOMMENDATION BY THE WARD DEVELOPMENT COMMITTEE 18.**

Recommended/Not Recommended/Deferred.....

Reasons:.....

.....  
.....  
.....

Name (Chairperson): .....

Sign: .....

Date: .....

**SECTION D: DECISION BY THE CONSTITUENCY DEVELOPMENT FUND COMMITTEE**

19. Approved/Not Approved.....

Reasons:

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.....  
.....  
.....

Name (Chairperson): .....

Sign: .....

Date: .....

**APPRAISAL CHECKLIST FOR COMMUNITY PROJECTS - FOR OFFICAL USE**

<b>Project Identification Number</b> <i>(for official use only)</i>	
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<b>Date of Appraisal</b>	
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No	Checklist	YES/NO
1.	Is the project related to key development priorities of the District included in the Integrated Development Plan or any local development framework?	
2.	Is the project benefitting a wide scope of community members?	
3.	Signed Minutes of Community meetings	
4.	. Proof of ownership documents in-case of projects involving construction (title deeds, community land)	
5.	Is the project feasible?	
6.	Is the project located within the Constituency?	
7.	Will the project be jointly financed with another Constituency? If yes, name the Constituencies	
8.	How many direct jobs will be created by the project?	
9.	Recommendation letter from the community leaders i.e. WDC, Councilors	
10.	Has the community contribution been agreed upon? If yes, indicate	

**Bill of Quantities must be attached showing clear Engineers' Estimates (Where Applicable).**

*OFFICERS FULL NAMES* .....

*DESIGNATION*.....

*DEPARTMENT*.....

*DATE*.....*SIGNATURE*.....