COMMUNITY INFRASTRUCTURAL DEVELOPMENT (CID) PROGRAMME
APPLICATION FORM

1. Project Type(s): (Please tick any of the following)
   - Water
   - Retaining Wall
   - Handy Craft
   - Cultural
   - Income Generating
   - Electricity
   - Drainage
   - School
   - Community Centre
   - Steps
   - Street Lights
   - Environment
   - Social
   - Steps
   - Road
   - Bridge
   - Recreation
   - Other

2. Name of Group / Organisation / Applicant(s):

3. Project Location / Address:

4. a. Have your group approached any other agency for funding?  
   - Yes  
   - No

   b. If yes, state the name of the funding agency and amount:

5. Name(s) of Coordinator(s):
   1. ___________________________ Contact No.: ________ (H) ________ (C)
   2. ___________________________ Contact No.: ________ (H) ________ (C)
   3. ___________________________ Contact No.: ________ (H) ________ (C)

6. Brief Description of Proposed Project:

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________
Community Profile:

7 Number of Persons Benefitting from Project: ____________

8 Gender Mix: ____________ (Male) ____________ (Female) ____________ (Children)

9 Who Benefits from this project?

<table>
<thead>
<tr>
<th>Category</th>
<th>Direct</th>
<th>Indirect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men/Boys</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Women/Girls</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Pensioners</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Victims of Domestic Violence</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Socially Displaced</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Unemployed</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Persons with Disabilities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Persons/Households Living in Poverty</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Persons living with HIV/AIDS</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ex-Prisoners/Deportees</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Prisoners</td>
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<tr>
<td>Probationers</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Substance Abusers</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Athletes</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>NGO's</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

10 What community services are available?

☐ Health Centres/Clinic Facility
☐ Recreation Grounds
☐ Primary School (s)
☐ Community Handicraft/Skills Workshops
☐ Other ____________________________

11 Living Assessment

Water Supply: ☐ None
Road Condition: ☐ None
Electricity: ☐ None
Housing Quality/Type: ☐ Homeless
Avg. no. of Houses: ☐ under 10
Avg. size of Households: ☐ 2-5 persons
Unemployment Level: ☐ 10-30%
Skills Level: ☐ Unskilled
Income Levels: ☐ Below $1500
Family Structures: ☐ Single Parent
                Female
                Male
                Both Parents
                Relatives

☐ Truckborne
☐ Dirt/Gravel
☐ Light Poles
☐ Wooden Shacks
☐ Wooden Flat
☐ 11-30
☐ 6-10 persons
☐ 31-50
☐ 31-50%
☐ 51-75%
☐ Skilled/
☐ Unemployed
☐ Poorly Paved
☐ Household Supply
☐ 10-15 persons
☐ 51-75%
☐ 76-99%
☐ Unemployed
☐ Good Condition
☐ Concrete Structure
☐ above 51
☐ above 15 persons
☐ 76-99%
☐ Skilled/
☐ Employed
☐ Over $4001
☐ Above $15
Community Commitment Form

We, the residents listed, are aware of the efforts being made to undertake a community self-help project and we are prepared to support it by way of providing the necessary labour, materials or any other contribution that will exemplify this.

SIGNATURES OF BENEFITTING COMMUNITY

(1) ____________________________________________  (14) ____________________________________________
(2) ____________________________________________  (15) ___________________________________________________________________
(3) ____________________________________________  (16) ___________________________________________________________________
(4) ____________________________________________  (17) ___________________________________________________________________
(5) ____________________________________________  (18) ___________________________________________________________________
(6) ____________________________________________  (19) ___________________________________________________________________
(7) ______________________________________________________________________    (20) ___________________________________________________________________
(8) ______________________________________________________________________    (21) ___________________________________________________________________
(9) ______________________________________________________________________    (22) ___________________________________________________________________
(10) _____________________________________________________________________  (23) ___________________________________________________________________
(11) _____________________________________________________________________  (24) ___________________________________________________________________
(12) _____________________________________________________________________  (25) ___________________________________________________________________
(13) _____________________________________________________________________  (26) ___________________________________________________________________

National Commission for Self Help Ltd
## PROJECT OFFICER'S EVALUATION SHEET

1. Does project meet NCSHL's criteria and is recommended for approval?
   - [ ] Yes
   - [ ] No

2a. If no, please state reason(s)
   1. 
   2. 

2b. If yes, the labour required is:
   - [ ] Non Skilled
   - [ ] Semi Skilled
   - [ ] Skilled

3. Do you recommend that a Contractor be assigned to assist with the provision of labour and materials?
   - [ ] Yes
   - [ ] No

## SAFETY ISSUES

4. Was a Safety/Risk Analysis conducted?
   - [ ] Yes
   - [ ] No

5. What are the identifiable hazards?
   1. 
   2. 
   3. 
   4. 

6. Was this information communicated to the Community nominated Coordinator?
   - [ ] Verbally
   - [ ] Written

7. Is the Contractor aware of the safety issues?
   - [ ] Yes
   - [ ] No
   - [ ] N/A

8. What are your recommended methods of control/prevention?
   1. 
   2. 
   3. 
   4. 

9. Officer's Comments on Project Scope

* Please attach detailed working drawings