

9. Who benefits from this project?

Category	Direct	Indirect
Men/Boys	<input type="checkbox"/>	<input type="checkbox"/>
Women/Girls	<input type="checkbox"/>	<input type="checkbox"/>
Pensioners	<input type="checkbox"/>	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
Socially Displaced	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Persons with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Persons/Households Living in Poverty	<input type="checkbox"/>	<input type="checkbox"/>
Persons living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Ex-Prisoners/Deportees	<input type="checkbox"/>	<input type="checkbox"/>
Prisoners	<input type="checkbox"/>	<input type="checkbox"/>
Probationers	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abusers	<input type="checkbox"/>	<input type="checkbox"/>
Athletes	<input type="checkbox"/>	<input type="checkbox"/>
NGO's	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

10. What community services are available?

- | | |
|---|---|
| <input type="checkbox"/> Health Centres/Clinic Facility | <input type="checkbox"/> Community Centre |
| <input type="checkbox"/> Recreation Grounds | <input type="checkbox"/> Religious House (s) |
| <input type="checkbox"/> Primary School (s) | <input type="checkbox"/> Secondary School (s) |
| <input type="checkbox"/> Community Handicraft/Skill Workshops | <input type="checkbox"/> Other _____ |

11. Living Assessment

Water Supply	<input type="checkbox"/> None	<input type="checkbox"/> Truckborne	<input type="checkbox"/> Stand Pipe	<input type="checkbox"/> Household
Road Condition	<input type="checkbox"/> None	<input type="checkbox"/> Dirt/Gravel	<input type="checkbox"/> Poorly Paved	<input type="checkbox"/> Good Condition
Electricity	<input type="checkbox"/> None	<input type="checkbox"/> Light Poles	<input type="checkbox"/> Household Supply	
Housing Quality/Type	<input type="checkbox"/> Homeless	<input type="checkbox"/> Wooden Shacks	<input type="checkbox"/> Wooden Flat	<input type="checkbox"/> Concrete Structure
Avg. no. of Houses	<input type="checkbox"/> Under 10	<input type="checkbox"/> 11-30	<input type="checkbox"/> 31-50	<input type="checkbox"/> Above 51
Avg. size of Household	<input type="checkbox"/> 2-5 Persons	<input type="checkbox"/> 6-10 Persons	<input type="checkbox"/> 10-15 Persons	<input type="checkbox"/> Above 15 Persons
Unemployment Level	<input type="checkbox"/> 10- 30 %	<input type="checkbox"/> 31-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-99%
Skills Level	<input type="checkbox"/> Unskilled	<input type="checkbox"/> Semiskilled/Trade	<input type="checkbox"/> Skilled/Unemployed	<input type="checkbox"/> Skilled/Employed
Income Levels	<input type="checkbox"/> Below \$1500	<input type="checkbox"/> Below \$2500	<input type="checkbox"/> Below \$4000	<input type="checkbox"/> Over \$4001
Family Structures	<input type="checkbox"/> Single Parent (F)	<input type="checkbox"/> Single Parent (M)	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Relatives

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

FOR OFFICIAL USE

PROJECT OFFICER'S EVALUATION SHEET

1. Does the project meet NCSHL's criteria and is recommended for approval?

Yes No

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

(b) 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

Project Officer:

Date:

Senior Project Officer:

Date:

SAFETY ISSUES

1. Was a Safety/ Risk Analysis conducted? Yes No

2. What are the identifiable hazards?

(1) _____

(2) _____

(3) _____

(4) _____

3. Was this information communicated to the Community-nominated Coordinator? Verbally Written

4. Is the Contractor aware of the safety issues? Yes No

5. What are your recommended methods of control/prevention?

(1) _____

(2) _____

(3) _____

(4) _____

6. Officer's Comments on Project Scope:

**** PLEASE ATTACH DETAILED WORKING DRAWINGS**