

## THE NATIONAL COMMISSION FOR SELF HELP LIMITED

## Community Infrastructural Development (CID) Programme Application Form

Head Office: Lassalle Court, 75 Abercromby Street, Port-of-Spain Phone: 612-6274 Fax: 627-8435 South Office: 54 Southern Main Road, Marabella, San Fernando Phone: 652-3044

Tobago Office: 91 Barrington's Court, Bon Accord, Tobago Phone: 660-7672

FOR OFFICIAL Constituency/Area Code:	AL USE  Project No:
1. PROJECT TYPE(S): (Please tick any of the following)	
□ Road □ Retaining Wall □ Drainage □ Brid	dge $\square$ School $\square$ Cultural $\square$ Steps
$\square$ Social $\square$ Health $\square$ Recreation $\square$ Community	Centre Other:
2. Name of Group/Organization/Applicant(s):	
3. Project Location/Address:	
4. (a) Have your group approached any other agency for function (b) If yes, state the name of the funding agency and the am	
5. Name(s) of Coordinator(s): 1	Contact No.:
2	
<b>6.</b> Brief description of the proposed project:	
7. The number of persons benefitting from the project:	
8. Gender Mix: (Male) (Femal	(Children) (This is mandatory)

#### **9.** Who benefits from this project? Category Direct Indirect Men/Boys Women/Girls Pensioners Victims of Domestic Violence Socially Displaced Unemployed Persons with Disabilities Persons/Households Living in Poverty Persons living with HIV/AIDS Ex-Prisoners/Deportees Prisoners **Probationers Substance Abusers** Athletes NGO's Other 10. What community services are available? ☐ Health Centres/Clinic Facility ☐ Community Centre ☐ Recreation Grounds Religious House (s) Primary School (s) ☐ Secondary School (s) ☐ Community Handicraft/Skill Workshops Other \_\_\_ 11. Living Assessment Water Supply None Truckborne Stand Pipe Household Road Condition П Good Condition П None Dirt/Gravel Poorly Paved Electricity None Light Poles Household Supply Homeless Housing Quality/Type Wooden Concrete Wooden Flat Shacks Structure Avg. no. of Houses Under 10 11-30 31-50 Above 51 Avg. size of Household 2-5 Persons ☐ 6-10 Persons 10-15 Persons Above 15 Persons Unemployment Level 10- 30 % 31-50% 51-75% 76-99%

Semiskilled/

Trade

Below

\$2500

Single

Parent (M)

Skilled/

Below

\$4000

Unemployed

**Both Parents** 

Skilled/

Over

\$4001

Employed

Relatives

Skills Level

Income Levels

Family Structures

Unskilled

Below

\$1500

Single

Parent (F)

#### **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	
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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-Skille	ed □ Semi Skilled □ Skilled	
3. Do you recommend that a contractor be assigned to assist with the provision of labour and materials?		
☐ Yes		
00		
	□ No	
	⊔ NO	
Project Officer:	Data	
Project Officer:		
Project Officer:		
	Date:	

# **SAFETY ISSUES** $\square$ No 1. Was a Safety/ Risk Analysis conducted? ☐ Yes 2. What are the identifiable hazards? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ 3. Was this information communicated to the Community-nominated Coordinator? Verbally ☐ Written 4. Is the Contractor aware of the safety issues? $\square$ Yes $\square$ No 5. What are your recommended methods of control/prevention? (1) \_\_\_\_\_ 6. Officer's Comments on Project Scope: \*\* PLEASE ATTACH DETAILED WORKING DRAWINGS