



**REPUBLIC OF NAMIBIA
ZAMBEZI REGIONAL COUNCIL**



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FOR OFFICE USE:
Received by: _____
Date: _____
Signature: _____

**APPLICATION FORM FOR THE FOOD/CASH FOR WORK PROGRAMME
FINANCIAL YEAR:.....**

1. GENERAL INFORMATION

- 1.1 Name of Project: _____
- 1.2 Type of Project: _____
- 1.3 Locality: _____
- 1.4 Constituency: _____
- 1.5 Project duration: _____

2. PROJECT BENEFICIARY DETAILS

2.1 Total number of beneficiaries: _____

2.2 General analysis:

2.2.1 Number of women: _____

2.2.2 Number of men: _____

2.2.3 Project leader: Man Woman

2.3 Project Committee

2.3.1 Is there a project committee? Yes No

2.3.2 If yes please write their names _____

2.3.3 Do the project members have technical expertise to implement the project?

2.4 Project Leader

2.4.1 Project Leader's Name: _____

2.4.2 Address and phone: _____

2.5 Names of project members: Name, Surname and ID number.

[For more names, attach a separate sheet]

Name	Surname	Identification number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

3. PROJECT DESCRIPTION (Attach Additional Sheets if Necessary)

3.1 Project Start Date: _____

End Date: _____

3.2 Project objectives:

[There are desired outcomes the project expects to accomplish. Example: improve the accessibility to a clinic etc.]

1. _____
2. _____
3. _____
4. _____

3.3 which basic service is the project providing?

Water Sanitation Health

Others, specify _____

3.4 What are the main activities to be carried out in this project?

3.5 How will this project contribute to the community livelihood in the long run?

3.6 How many hours per day, and days per week will participants work?

Hours per day and days per week

4. Details of technical assistance available for the project

4.1 Is technical assistance needed for the project? Yes No

If yes, what type of assistance is needed?

5. Details of material and financial support available for the project

5.1 Is there any organization supporting the group with this project (e.g NGO, Church) Yes
No , if yes indicate the name and what assistance are they providing?

5.2 Is the community contributing materials or money (For example land, existing buildings, sand, tools, etc) Yes No

If yes, please list the materials and amounts:

6. COST OF THE PROJECT

6.1 Taking into account the material and financial support that the community and/or project members will be giving, what is the total cost of the project?

7. REQUEST FOR MATERIAL SUPPORT

7.1 Please list any tools or materials which you need to complete this project.

Beneficiaries are encouraged to make use of their own tools and equipment.

Quantity	Description of items (for example shovel, long handle)	Estimated Unit Cost (N\$)	Estimated Total Cost (N\$)

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7.2 Who will be responsible for signing for the materials and tools when they arrive on site?

Name: _____

Position: _____

Signature: _____

Date: _____

FOR OFFICIAL USE:

Receipt Date of the Project __/__/__ Project Serial Number: _____

Dates Considered by: TC __/__/__; __/__/__

Approval or Rejected Date of Approval or Rejection __/__/__

No. of Project Members: No. of months

Comments made by the TC on this Project:
