



# APPENDICES

## APPENDIX A. TYPES OF PROJECTS FOR FUNDING

Examples of projects that can be funded using Constituency Development Fund:

<b>(1) COMMUNITY PROJECTS</b>	
<b>A) Water Supply and Sanitation.</b>	
i.	Construction and rehabilitation of lined and other improved wells
ii.	Construction and rehabilitation of small scale dams
iii.	Construction and rehabilitation of boreholes
iv.	Piped water supply system
v.	Construction and rehabilitation of flush toilets or water borne sanitation system
vi.	Drainage system
vii.	And others
<b>B) Roads and Construction</b>	
i.	Construction, rehabilitation and maintenance of feeder and community roads
ii.	Community foot bridge construction and maintenance
iii.	Culvert installation
iv.	Cause way construction
v.	Canals, waterways embankments
vi.	Rain water harvesting infrastructure
vii.	Communal refuse bays
viii.	And others
<b>C) Agriculture Project</b>	
i.	Small Scale Irrigation Systems
ii.	Community Storage Sheds
iii.	Dip Tanks
iv.	And others
<b>D) Markets, Bus Shelters and Security</b>	
i.	Construction and rehabilitation of markets
ii.	Construction and rehabilitation of bus shelters.
iii.	Rehabilitation and construction of community police posts
iv.	And others
<b>E) Education and health Projects</b>	
i.	Construction and rehabilitation of education facilities (Schools, libraries and laboratories) including provision of desks
ii.	Construction and rehabilitation of health facilities e.g. health posts, maternity wing
iii.	Construction and rehabilitation of community library
iv.	Health Projects such as nutrition etc.
v.	Projects that take into consideration the care and support to People living with HIV/AIDS and other terminally illnesses
vi.	Education Projects such as literacy projects
vii.	And others
<b>F) Sport and Receptions</b>	
i.	Rehabilitation of community or welfare halls

ii.	Construction of sports centres e.g. table tennis, netball
iii.	Rehabilitation of recreational facilities, e.g. play grounds and play fields
iv.	And others
<b>(2) YOUTH, WOMEN AND COMMUNITY EMPOWERMENT</b>	
<b>A)</b>	<b>Empowerment Loans</b>
Loans to Small and Medium Enterprises and Cooperatives involved in Timber and Honey Value Chain; Plastic Recycling Plants; Mining; Manufacturing; Agriculture (Crop Production, Livestock Farming); Innovation Fund; Construction; Milling Plants; Transport; Energy; Tourism Sectors; Poultry farming; Tailoring and designing; Bakery; Knitting and weaving; Food processing; Value addition equipment (hammer mills, oil processing, peanut butter machines etc.); and others with direct benefit on the Community and job creation.	
<b>B)</b>	<b>Empowerment Grants</b>
Seed money to Cooperatives, Clubs and Organised Groups to be disbursed to Community Savings Groups (e.g. Village Banking)	
<b>(3) SECONDARY BOARDING SCHOOL BURSARIES</b>	
Secondary Boarding Fees	
<b>(4) SKILLS DEVELOPMENT BURSARIES</b>	
Technical education, vocational and entrepreneurship skills such as Agro-Farming and Livestock, Creative Arts, Electrician, Plumbing, Carpentry, Bricklayer, Tailoring and designing, Welding, Mechanics, Painting, Ceiling Board Making, Tour Guide, Cosmetology; Hair plaiting; Pedicure and Manicure; Innovation and Technology, and others with direct benefit on the Community and job creation.	



## APPENDIX B. APPLICATION FORM FOR COMMUNITY PROJECTS



### 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*

Project Identification Number (For Official Use Only)	CP/Zone/Ward Code Number
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**Types of Construction:** Construction and rehabilitation of flush toilets or water bornesanitation system, Construction of Police Posts, Construction of foot bridges, Community libraries, sports centres, 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.

Date of Application	
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#### SECTION A: GENERAL PROPOSAL DETAILS (To be filled by the applicant)

1. Name of Community making the proposal

.....

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)  
.....
  
5. Estimated population benefiting from the project.....
  
6. Has the community been involved in any community based project before?  
(If yes please give details)  
.....  
.....  
.....
  
7. Has the Community received any funding from any organization? (If yes which  
organization and when and for what activities?)  
.....  
.....

**SECTION B: PROJECT IDENTIFICATION**

8. What are the main problems in the area?  
.....  
.....  
.....
  
9. Which of these problems is the proposed project trying to address and how?  
.....  
.....  
.....
  
10. How did the community identify the project? (Attach minutes where applicable).  
.....  
.....  
.....
  
11. Has anything been done before to address the problem and if any, was it successfully  
implemented?  
  - a) Yes
  - b) No

Explain:

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



12.State the beneficiaries of the proposed project?

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

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.)

.....  
.....

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?

.....  
.....

17.Contact Person(s):

Name.....(Project Proposer)      Name.....(Seconder)

NRC No. ....      NRC No. ....

Address: .....      Address: .....

.....      .....

Phone: .....      Phone .....

Date: .....      Date: .....

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

18. Recommended/Not Recommended/Deferred.....

**Reason:**.....  
.....  
.....

**Name (Chairperson):** .....

**Sign:** .....

**Date:** .....

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

**19. Approved/Not Approved**.....

**Reasons:**  
.....  
.....  
.....

**Name (Chairperson):** .....

**Sign:** .....

**Date:** .....



**APPENDIX C. APPRAISAL CHECKLIST FOR COMMUNITY PROJECTS - FOR OFFICAL USE**

<b>Project Identification Number (For Official Use Only)</b>	
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<b>Date of Application</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.....

**APPENDIX D. APPLICATION/PROPOSAL FORM FOR YOUTH, WOMEN AND COMMUNITY EMPOWERMENT PROJECTS**



**CONSTITUENCY DEVELOPMENT FUND (CDF)  
GRANT APPLICATION FORM FOR YOUTH, WOMEN AND  
COMMUNITY EMPOWERMENT**

**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 award of the Grant*

<b>Project Identification Number (For Official Use Only)</b>	<b>YE/Zone/Ward Code Number WE/Zone/Ward Code Number CE/Zone/Ward Code Number</b>
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<b>Seed money to Cooperatives, Clubs and Organised Groups to support Community Savings Groups (e.g. Village Banking and Chilimba)</b>  <b>Grant Type:</b> .....
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<b>Grant Amount (ZMW)</b>	
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<b>Date of Application</b>	
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**Section A. General Details (To be filled by the applicant)**

1. Name of Club/Organised Group/Enterprise/Cooperative making application.....

2. Project Location:

(a) Name of District.....

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

(c) Name of Ward .....

(d) Name of Zone .....

(e) Business Physical Address.....

3. Date when Club/Organised Group/Enterprise/Cooperative was registered with relevant authorities.....

4. Does the Club/Organised Group/Enterprise/Cooperative have any experience in a project of similar nature?

(a) Yes

(b) No

If yes please explain

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

**Section B: Project Identification**

5. What are the main problems in your community?

Explain

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

6. What problem is the project going to address?

Explain.....

.....  
.....

7. How did the group identify the project? (Attach Minutes where applicable)

Explain.....

.....

8. How will the project benefit the community?

.....  
.....

9. How many direct jobs will be created?.....

**SECTION C: FINANCIAL ASSESSMENT**

10. Have you taken any loan from any organisation in the last 3 years?

- (a) Yes
- (b) No

11. If yes, from which organisation and how much was the loan?

- a. ....
- b. ....

12. If yes to 10, what is the status of the loan taken?

.....

13. Provide Bank account or mobile money wallet registered for your Club/Group/Enterprise/Cooperative:

BANK NAME .....

BRANCH.....

SORT/BRANCH CODE.....

SWIFT CODE.....

ACCOUNT NUMBER.....

TPIN .....

MOBILE MONEY WALLET NAME AND NUMBER.....

.....

14. Has your Club/Group/Enterprise/Cooperative received any training in any of the following;

- (a) Entrepreneurship/Business Skills
- (b) Technical and Vocational Skills
- (c) Savings
- (d) Functional Literacy
- (e) Financial literacy

If trained, how many members? .....

15. If yes, from which organization and how long was the training?

.....



**16. List of Membership in the Club/Group/Enterprise/Cooperative:**

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

**17. DECLARATION**

We the undersigned, on.....this.....day of..... 20.....declare that the information given herein is the correct state of affairs to the best of my knowledge. We will take full responsibility in the event of abuse, mismanagement, defrauding of the funds provided under this empowerment fund:

S/N	NAME	POSITION	NRC	PHONE NUMBER	SIGNATURE
1					
2					
3					
4					
5					

*Note: In the case where you have multiple members, the signatory to the application must be limited up to 5 members.*

**18. Contact Person(s):**

**First Applicant**

**Second Applicant**

Name.....

Name .....

Physical Address: .....

Physical Address: .....

Phone: .....

Phone .....

NRC.....

NRC.....

Signature.....

Signature.....

Date.....

Date.....

**SECTION D: RECOMMENDATION BY THE WARD DEVELOPMENT COMMITTEE**

**Recommended/Not Recommended/Deferred .....**

**Reasons:**

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

**Name (Chairperson): .....**

**Sign: .....**

**Date: .....**

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

**Approved/Not Approved.....**

**Reasons:**

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

**Name (Chairperson): .....**

**Sign: .....**

**Date: .....**



**APPENDIX E. APPRAISAL CHECKLIST FOR YOUTH, WOMEN AND COMMUNITY EMPOWERMENT FOR OFFICIAL USE**

S/N	Checklist	Tick
1.	Valid Certificate of Registration	
2.	Green National Registration Card for Individual Applicants	
3.	Active Bank Account	
4.	Constitution of the Club/Group/Enterprise/Cooperative:	
5.	Copies of Green National Registration Cards of members	
6.	Copy of Signed Minutes	
7.	Proof of property ownership/lease/consent agreement (Where Applicable)	
8.	Applicant has lived in the Constituency minimum of 6 months	
9.	Is the project located within the Constituency	
10.	Is the business viable (increase in working capital, profits )	
11.	How many direct jobs will be created by the project?	

OFFICERS FULL NAMES.....DESIGNATION.....

DEPARTMENT .....

DATE.....SIGNATURE.....

**APPENDIX F. LOAN AGREEMENT FORM**



**REPUBLIC OF ZAMBIA  
CONSTITUENCY DEVELOPMENT FUND (CDF)  
LOAN AGREEMENT FORM**

This **LOAN AGREEMENT**, is made this ..... day of..... 20..... **between**,  
..... (hereinafter known as “**BORROWER**”) of address:  
..... **in Ward** .....  
**Constituency** ..... and ..... (hereinafter  
known as “**LENDER**”).

The **LENDER** and **BORROWER** shall collectively be known herein as “Parties.” In  
determining the rights and duties of the Parties under this **LOAN AGREEMENT**, the entire  
document must be read as a whole.

The Lender agrees to give loan funds/material/equipment worth K .....  
on loan basis to the Beneficiary for purposes of venturing into .....  
Business as contained in the application form.

Therefore, the Beneficiary accepts the Terms and Conditions of the said loan amounting  
to ..... (Amount in Words) .....  
..... (Amount in Figures) at 5% minimal simple interest rate.

**LOAN TERMS AND CONDITIONS**

The **BENEFICIARY** and **LENDER** hereby set further forth their rights and obligations to one  
another under this **LOAN AGREEMENT** and agree to be legally binding as follows: -

**a) Payback Period**

The payback period for the loan shall be ..... months.

**b) Loan Repayment**

- i. The first payment shall be 60 days from the date of getting the loan;
- ii. The subsequent instalments shall be paid at the end of the month;
- iii. Delayed payments shall not exceed 5 days after the end of the month; and



- iv. Payments made after 5 days shall attract a charge 2% of the instalment amount

**c) Repayment Method**

The Borrower shall deposit the loan repayment by way of monthly instalments through;

- i. Bank Account.....
- ii. Mobile Money.....
- iii. E-Wallet.....

The Borrower shall be responsible to ensure that repayments are made to the correct Bank Account or Mobile number.

**d) Ownership of Equipment and Machinery using this Fund:**

- i. All Equipment and Machinery bought using this facility shall be vested in the name of the LENDER;
- ii. All Equipment and Machinery bought using this facility shall be registered in the name of the Local Authority; and
- iii. Ownership shall NOT be transferred to the LOAN BENEFICIARY until the loan amount is fully paid.

**e) Repayment for Equipment:**

- i. The first payment shall be made 60 days from the date of getting the loan;
- ii. The subsequent instalments shall be paid at the end of the month;
- iii. Delayed payments shall not exceed 5 days after the end of the month;
- iv. Payments made after 5 days shall attract a charge 2% of the instalment amount;
- v. Neglecting to pay the loan instalments for any reason for three consecutive months, shall result in termination of the agreement;
- vi. Following the termination of the agreement:
  - a. The equipment shall be recovered from the borrower within seven (7) days;
  - b. The borrower shall forfeit the initial deposit and other payments made before the termination of the agreement; and
  - c. The borrower shall be blacklisted on the Constituency list for 5 years.

**SIGNED BY.....(Name)  
(FOR AND ON BEHALF OF THE FINANCIAL INSTITUTION)**

Full Name of Financial Institution: .....

Date: .....  
Signature:.....  
Position.....

**1. IN THE WITNESS OF:**

Full Name: .....  
Date: .....  
Signature: .....  
Designation: .....

**2. IN THE WITNESS OF:**

Full Name: .....  
Date: .....  
Signature: .....  
Designation: .....

**SIGNED BY..... (APPLICANT)**

Full Name: .....  
Date: .....  
Signature: .....

**1. IN THE WITNESS OF**

Full Name: .....  
NRC Number:.....  
Date: .....  
Signature:.....  
Designation:.....  
**Ward Development Chairperson/Area Councillor**

**2. IN THE WITNESS OF**

Full Name: .....  
NRC Number:.....  
Date: .....  
Signature:.....



REPUBLIC OF ZAMBIA



## APPENDIX G. SECONDARY BORADING SCHOOL BURSARY APPLICATION FORM



Passport  
Size  
Photo

REPUBLIC OF ZAMBIA

CONSTITUENCY DEVELOPMENT FUND (CDF)

SECONDARY BOARDING SCHOOL BURSARY APPLICATION FORM

**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 award of Secondary Boarding School Bursary.*

Complete all Sections in Capital/Block Letters

A. APPLICANT'S PERSONAL INFORMATION					
Surname:	First Name:	Other Names:	Sex	F	M
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth: DD_____ MM_____ YY_____					
(Attach birth certificate where Possible)					
Nationality:_____ NRC NO. (where applicable)_____					
Province:_____ District:_____ Constituency:_____					
Ward:_____ Village/Township: _____					
Do you have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/>					

If yes, please Specify and attach relevant documentation

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**B. SCHOOL DETAILS (where you are enrolled or have been accepted)**  
**(Attach a copy of an acceptance letter or confirmation letter from the school, this is a must)**

Name of School where you are enrolled or have been accepted \_\_\_\_\_

Last School Attended \_\_\_\_\_

Last Grade Attended \_\_\_\_\_

Are you/ where you a boarder? Yes \_\_\_\_\_ No \_\_\_\_\_

Who has been paying your school fees \_\_\_\_\_

Have you been supported by any organization? Yes \_\_\_\_\_ No \_\_\_\_\_

(if yes kindly give details) \_\_\_\_\_

**C. DETAILS OF PARENTS /GUARDIANS**

**1. FATHER** Alive  Deceased   
**Attach documentation where applicable**

Surname: \_\_\_\_\_ First Name \_\_\_\_\_

Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/Nature of Business: \_\_\_\_\_

Does father have a disability/special need? Yes  No



<p>If yes, please specify and attach relevant documentation</p> <hr/> <hr/>	
<p>Does father have medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify and attach relevant documentation</p> <hr/> <hr/>	
<p><b>2. MOTHER</b> <span style="float: right;">Alive <input type="checkbox"/> Deceased <input type="checkbox"/></span></p> <p style="text-align: center;"><b>Attach documentation where applicable</b></p>	
Surname: _____ First Name _____	
Other Names: _____	
Date of Birth : _____ Telephone No: _____	
Residential Address: _____ Email Address: _____	
Occupation: _____	
Employer/Nature of Business: _____	
<p>Does mother have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify and attach relevant documentation</p> <hr/> <hr/>	
<p>Does mother have medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify and attach relevant documentation</p> <hr/> <hr/>	
<p><b>3. GUARDIAN</b></p>	
Surname: _____ First Name _____	
Other Names: _____	
Date of Birth: _____ Telephone No: _____	
Residential Address: _____ Email Address: _____	
Occupation: _____	
Employer/Nature of Business: _____	
<p>Does Guardian have a disability/special need? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify and attach relevant documentation</p> <hr/> <hr/>	

Does Guardian have medical condition? Yes  No

If yes, please specify and attach relevant documentation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. INFORMATION ON SIBLINGS/DEPENDANTS TO PARENTS/GUARDIANS  
(if siblings/dependants are in school, indicate who is supporting them)**

**Details of Siblings**

No.	Name	Sex	Age	Occupation	Alive/Deceased

**Dependents to Parents/Guardians**

No.	Name	Sex	Age	Occupation

**E. FAMILY SOCIAL-ECONOMIC STATUS (Tick where applicable) – to be confirmed by CWAC/CDA**

**i. House**

- Owned
- Rented
- Inherited
- Sublet
- Other (Specify)

**ii. Type of House**

Main Material of roof



	Asbestos sheets	<input type="checkbox"/>
	Asbestos Tiles	<input type="checkbox"/>
	Other Non-asbestos tiles	<input type="checkbox"/>
	Iron sheets	<input type="checkbox"/>
	Grass/wood/thatch	<input type="checkbox"/>
	Concrete	<input type="checkbox"/>
	<u>Main Material of floor</u>	
	Earth/Sand	<input type="checkbox"/>
	Wood planks	<input type="checkbox"/>
	Palm/bamboo	<input type="checkbox"/>
	Finished floor (wood tiles, concrete, vinyl etc.)	<input type="checkbox"/>
	<u>Main material of wall</u>	
	Natural walls (Mud, cane, palm, trunks)	<input type="checkbox"/>
	Rudimentary walls (stone or bamboo with mud etc.)	<input type="checkbox"/>
	Finished walls (bricks, cement, wood planks, etc.)	<input type="checkbox"/>
<b>iii. Toilet</b>		
	Inside the house	<input type="checkbox"/>
	Outside the house	<input type="checkbox"/>
<b>iv. Water</b>		
		<input type="checkbox"/>
	Piped	<input type="checkbox"/>
	Well	<input type="checkbox"/>
	Shallow Well	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
<b>v. Source of water</b>		
	Communal	<input type="checkbox"/>
	Own premises	<input type="checkbox"/>
<b>vi. Availability of electricity</b>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

<b>vii. Main source of income</b>	.....
<b>viii. No. of meals per day</b>	
One	<input type="checkbox"/>
Two	<input type="checkbox"/>
Three	<input type="checkbox"/>
Other (specify)	.....
<b>ix. Does your household have any of the following durable items?</b>	
Tractor	<input type="checkbox"/>
Plough	<input type="checkbox"/>
Hammer mill	<input type="checkbox"/>
Car/truck	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>
.....	
<b>x. Does your household own poultry, livestock or any other farm animal? If yes, how many</b>	
Cattle	<input type="checkbox"/>
Goats	<input type="checkbox"/>
Sheep	<input type="checkbox"/>
Pigs	<input type="checkbox"/>
Poultry	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>
<b>F. LIST OF ATTACHMENTS- (please tick what has been attached and /or indicate what is not provided)</b>	
• Recommendation from previous sponsor (where applicable)	<input type="checkbox"/>
• Birth Certificate/s of applicant	<input type="checkbox"/>
• Death certificate/s of parents	<input type="checkbox"/>
• Pay slips/ proof of income of parents/guardian	<input type="checkbox"/>



• Medical record(s) of parent/guardian	<input type="checkbox"/>
• Disability card/ Confirmation of disability of applicant/parent/guardian	<input type="checkbox"/>
• Recommendation from traditional leadership	<input type="checkbox"/>
• Recommendation from Community Welfare Assistance Committee	<input type="checkbox"/>
• Acceptance letter /confirmation of enrollment	<input type="checkbox"/>
• Copy of application form	<input type="checkbox"/>
• Applicant to sign each and every page of this application document	<input type="checkbox"/>

**Applicant (Learner)**

**Contact person for Applicant**

Name.....

Name .....

Physical Address: .....

Physical Address: .....

.....

.....

Phone (where applicable)

Phone .....

NRC.....

.....

Signature.....

NRC (where applicable)

Date.....

.....

Signature.....

Date.....

**RECOMMENDED/ NOT RECOMMENDED BY THE WARD DEVELOPMENT COMMITTEE**

**Give Reasons**

.....  
.....

Name:.....

Designation: .....

Signature:.....

Date: .....

**APPROVED/NOT APPROVED BY THE CONSTITUENCY DEVELOPMENT FUND COMMITTEE**

**Give Reasons**

.....  
.....

**Name:** .....

**Designation:** .....

**Signature:** .....

**Date:** .....

**APPENDIX H. APPRAISAL CHECKLIST FOR SECONDARY BOARDING SCHOOL BURSARY – FOR OFFICIAL USE**

No	Checklist	Tick
1.	Learner is of school going age	
2.	A learner must be a resident of the Constituency in which the fund is sitting	
3.	<p>Learner meets most of the following criteria:</p> <ul style="list-style-type: none"> <li>i. A learner must be enrolled at a particular public boarding school;</li> <li>ii. A learner must have qualified to grade eight or already enrolled in grade 9 to 12;</li> <li>iii. School drop-outs who failed to pay school fees shall be eligible for a bursary;</li> <li>iv. Learners that are enrolled in the boarding schools but are accommodated in the nearby villages due to failure to pay boarding fees;</li> <li>v. Double Orphaned where the guardian has no reliable source of income;</li> <li>vi. Single Orphaned where the surviving parent has no reliable source of income;</li> <li>vii. A learner with disability;</li> <li>viii. Learners whose parents are disabled and have no reliable source of income;</li> <li>ix. Learners whose parents or guardians have no reliable source of income;</li> <li>x. Learners on the school re-entry project without family support; and</li> <li>xi. A learner from a poor, vulnerable and incapacitated household where a vulnerable household has the following characteristics: <ul style="list-style-type: none"> <li>xii. Presence of stunted or underweight children;</li> <li>xiii. Children out of school;</li> <li>xiv. Female headed household;</li> <li>xv. Households headed by chronically ill and on palliative care;</li> <li>xvi. Households headed by elderly persons aged 65 and above; and</li> <li>xvii. Child headed households.</li> </ul> </li> </ul>	
5.	Death certificates of Parents/Guardian (where applicable)	

6.	Disability forms/membership cards or letters from the hospital (where applicable)	
7.	Recommendation letters from the Church/Chief/Headman (whichever is applicable)	
8.	Recommendation or assessment report from the School Guidance Teacher/Head teacher (where applicable)	

*\*Please note that no application will be considered without the endorsement by the WDC Chairperson\**

OFFICER'S FULL NAMES: .....DESIGNATION: .....

DEPARTMENT: .....

DATE: ..... SIGNATURE: .....



REPUBLIC OF ZAMBIA



## APPENDIX I: SKILLS DEVELOPMENT BURSARY APPLICATION FORM

Passport  
Size  
Photo



REPUBLIC OF ZAMBIA  
CONSTITUENCY DEVELOPMENT FUND  
SKILLS DEVELOPMENT BURSARY  
APPLICATION FORM

Application Identification Number (For official use only)	SDB/Zone/Ward Code Number
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**Instructions:** This application form should be completed by the applicant and sent together with documents outlined in Annex 1 to the Chairperson, Ward Development Committee.

**NOTE:** This form is not for sale.

**Disclaimer:** *Completion of the form does not guarantee the award of CDF Skills Development Bursary.*

### PART A: TO BE COMPLETED BY APPLICANT

1. Surname: .....
2. Other Names: .....
3. Sex (Male/Female).....Nationality.....
4. N.R.C. No: ...../...../..... (Photocopy to be attached)
5. Date of Birth: .....Place of Birth: .....
6. Residence of Applicant:
  - (a) District .....
  - (b) Constituency .....
  - (c) Ward .....
  - (d) Zone .....
7. Postal Address: .....  
.....
8. Mobile Phone No: ..... E-mail.....
9. Vulnerability Status:
  - (a) Single Orphan/Double Orphan/Other (Please Specify): .....
  - (b) Are you disabled? Yes/No. if yes, specify nature of disability: .....

(c) Financial challenge (Specify).....

**PART B: SCHOOL AND COURSE DETAILS**

- 10. School Leaver/Non School Leaver..... Last grade attended:.....
- 11. Last school attended:.....  
District:.....
- 12. From date: ..... To date:.....
- 13. Highest certificate attained:.....
- 14. Have you received an acceptance letter? Yes.....No.....
- 15. If your answer to (14) above was yes, name the institution where you have been accepted:  
.....
- 16. What programme of study do you wish to pursue?.....
- 17. Duration of programme:.....
- 18. Have you applied for or received any scholarship, bursary from any other organizations or authority before?  
Yes...../ No.....
- 19. If your answer to (19) above was yes, give details.....  
.....
- 20. Have you ever benefited from the CDF Skills Development Bursary sponsorship before? Yes...../No.....
- 21. If your answer to (21) above was yes, give details of when and how you benefited  
.....  
.....  
.....

**PART C: PERSONAL DETAILS OF PARENT/GUARDIAN**

- 22. Surname:.....
- 23. Other names:.....
- 24. Sex: (indicate male or female).....
- 25. Date of birth:.....
- 26. Nationality.....
- 27. NRC Number:.....28: Relationship to applicant:.....
- 29. Village:.....30. Chief:.....
- 31. District:.....
- 32. Residential address.....  
.....
- 33. Constituency:.....34: District:.....
- 35. Province:.....
- 36. Postal address:.....
- 37. Mobile Phone number:.....
- 38. E-mail address.....



**PART D: EMPLOYMENT DETAILS OF PARENT/GUARDIAN (WHERE APPLICABLE)**

**39. Occupation of:**

- a. Father.....
- b. Mother.....
- c. Guardian.....

**40. Name of Employer of:**

- a. Father.....
- b. Mother.....
- c. Guardian.....

**41. Position/ Rank of:**

- a. Father.....
- b. Mother.....
- c. Guardian.....

**42. Address of Employer:**

- a. Father  
.....  
.....
- b. Mother  
.....  
.....
- c. Guardian  
.....  
.....

**PART E: DECLARATION**

*I.....of NRC number..... do declare that to the best of my knowledge, the information I have given is the absolute truth. I also understand that any false information on this form will lead to immediate forfeiture of this assistance and possible prosecution or both.*

Signature of Applicant:.....Date:.....

Signature of Parent/Guardian..... Date:.....

**PART I: FOR OFFICIAL USE ONLY**

**WARD DEVELOPMENT COMMITTEE**

(i) Approved/ Not Approved.

Signature: .....

Date: .....

Name.....

**Chairperson, Ward Development Committee**

**CONSTITUENCY DEVELOPMENT FUND COMMITTEE**

(ii) Approved/ Not Approved.

Signature: .....

Date: .....

Name..... OFFICIAL STAMP

**Chairperson, Constituency Development Fund Committee**

**ANNEX 1: REQUIRED DOCUMENTATION**

The application for Skills Training Bursary shall be submitted together with an admission or acceptance letter from any public or private institution accredited by TEVETA or Zambia National Service and any of the following certified documents:

- a) Copy of Green National Registration Card
- b) Disability card or letter from the hospital denoting disability;
- c) Recommendation letters from the Church/Chief/Headman/Head of previous School;
- d) A full Grade 12 School Certificate or GCE five (5), O-levels or equivalent or Grade 9 or 7 Certificates.



**REPUBLIC OF ZAMBIA**

**CONSTITUENCY DEVELOPMENT FUND**

**SKILLS DEVELOPMENT BURSARY APPRAISAL CHECKLIST**

**ELIGIBILITY**

No.	Checklist Details	Tick
1	The applicant must be Zambian and in possession of a Green National Registration Card	
2	Applicant must possess any of the following qualifications: (Tick where applicable) <ul style="list-style-type: none"> <li data-bbox="325 969 1259 1059">a. Grade 12 School Certificate or its equivalent for those applying for Craft/Certificate, Technician/ Advanced Certificate and Technologist/ Diploma Programmes.</li> <li data-bbox="325 1059 1259 1149">b. Grade 9 Certificate or Grade 7 Certificate for those applying for Trade Test Programmes.</li> <li data-bbox="325 1149 1259 1267">c. Also encouraged are those who have never been to school to apply for trade test programmes.</li> </ul>	
3	The applicant must possess acceptance letter from a public TEVET Institutions	
4	Recommendation letter from the Church / Chief / Headman / Head Teacher of previous school	
5	The applicant is not on any other Bursary or Scholarship scheme at the moment.	
6	The applicant must be above 16 years of age.	
7	Where applicable, a disability letter	
8	The applicant has been a resident of the Constituency for not less than six (6) months	
9	Consent of Parent / Guardian for an applicant below 18 years	