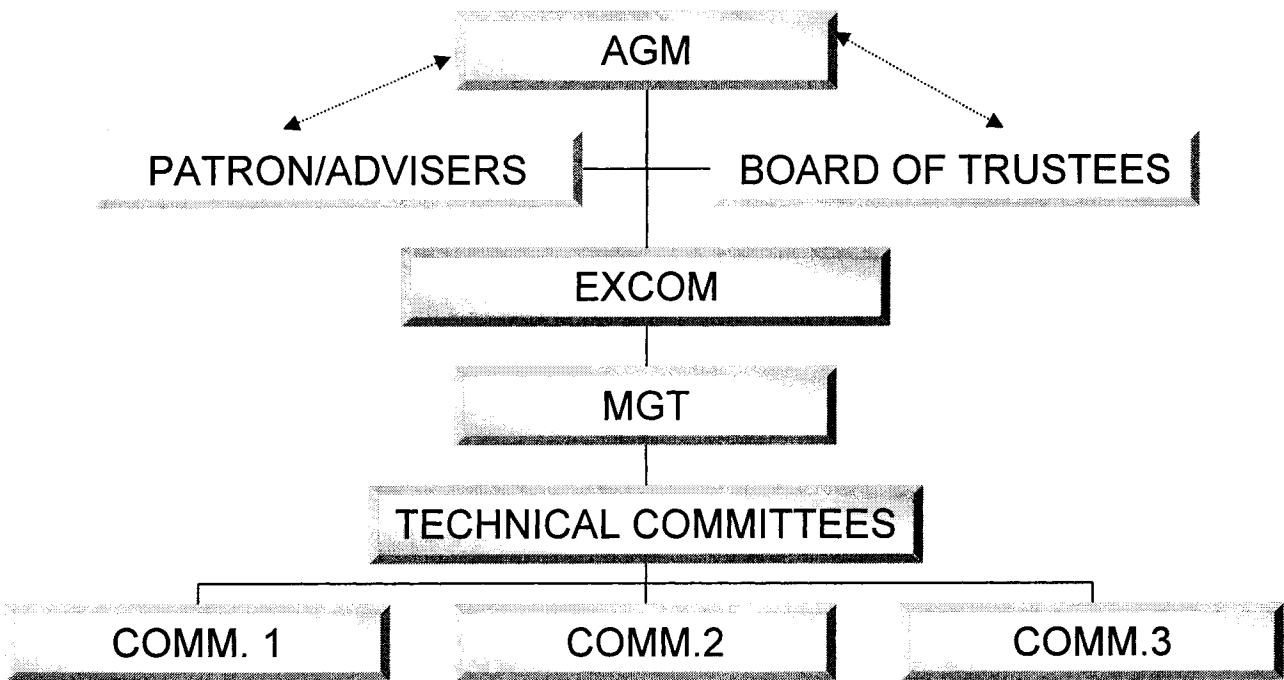


ANNEX 1: ORGANIZATION STRUCTURE

Annex 1: Organizational Structure

Mbinga Women Development group

ORGANIZATION STRUCTURE



ANNEX 2: WORK PLAN

ID		Task Name	Duration	Start	Finish	Half 1	Half 2	Half 1	Half 2	Half 1
						H1	H2	H1	H2	H1
1	✓	Initial Contact with KIUNGI Lear	10 days?	Tue 11/11/03	Mon 11/24/03					
2	✓	Information and data Collecti	111 days?	Fri 12/19/03	Fri 5/21/04					
3	✓	Designing Data and Inform	3 days	Fri 12/19/03	Tue 12/23/03					
4	✓	Design Survey Data	5 days?	Tue 12/23/03	Mon 12/29/03					
5	✓	Pretesting of the Survey Tc	1 day	Thu 1/8/04	Thu 1/8/04					
6	✓	Improving the Survey Tool	2 days?	Fri 3/26/04	Mon 3/29/04					
7	✓	Conducting the Survey	3 days	Mon 3/29/04	Wed 3/31/04					
8	✓	Analyze Data	35 days?	Mon 4/5/04	Fri 5/21/04					
9	✓	Conduct SWOT Analysis	1 day	Sun 5/2/04	Mon 5/3/04					
10	✓	Compile 2nd Progress Report	23 days?	Mon 5/17/04	Wed 6/16/04					
11		Hold Feed Back Meeting with	1 day	Mon 6/7/04	Mon 6/7/04					
12		Develop Training Manual	1 day?	Mon 7/5/04	Mon 7/5/04					
13		Share the Proposed Manu:	1 day?	Mon 7/5/04	Mon 7/5/04					
14		Develop Project Proposal for	10 days?	Mon 7/19/04	Fri 7/30/04					
15		Resource Mobilization	90 days?	Mon 8/2/04	Fri 12/3/04					
16		Conduct Training on Address	5 days	Mon 11/8/04	Fri 11/12/04					
17		Final Report Writing	10 days?	Wed 11/24/04	Tue 12/7/04					
18			1 day?	Tue 12/7/04	Tue 12/7/04					

Project: Addressing Vulnerability Issue
Date: Tue 7/19/05

Task



Milestone



External Tasks



Split



Summary



External Milestone



Progress



Project Summary



Deadline



ANNEX 3: QUESTIONNAIRES

ANNEX 3: Questionnaires

ANNEX 3a: Questionnaire

SOUTHERN NEW HAMPSHIRE UNIVERSITY AND THE OPEN
UNIVERSITY OF TANZANIA

ICD 531: PROJECT DESIGN AND MANAGEMENT

DATA COLLECTION TOOL

PART ONE:

ABOUT KIUNGI *(To be filled by the Executive Director)*

NAME OF THE ORGANIZATION IN FULL:

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

ABBREVIATION OR OTHER USED NAME:

.....

ADDRESS: P.O. BOX

.....

STREET/AREA

TEL:

Email:

- 1. When was the organization established?.....
.....
- 2. What was the motive for establishing this organization?.....

(a) Vision.....

.....

(b) Mission.....

.....

(C) Overall objective

.....

.

.....

.....

.....

..

3. Is the Organization registered YES ☐ No ☐

Reg. No.....date of Reg.

4. How many members does the organization have

Women Men (give numbers)

5. Does the organization have Branches Yes ☐ No. ☐ if yes how many?.....Please mention them and provide addresses

.....

.....

.....

6. How many full time staff does the organization employ?

Men Women

7. What activities (project) does the organization do and where (between 2000-2003)

(i) Name of Project.....

Where.....
Who are the beneficiaries.....
.....
.....

(ii) Name of project.....
.....

Where
Beneficiaries.....
.....

(iii) Name of Project.....
.....

Where.....
Beneficiaries
.....
.....

b. What are your major achievements in these project?.....
.....
.....
.....
.....

c. Who financed them?
.....
.....

-
- 8) Has the organization ever been involved in HIV/AIDS activities? Yes ☐
 No. ☐
- (a) If yes when.....where.....

- (b) What
 activities.....

 .

- (c) Who were the key target group.....

 ..
- (d) Is the project (a) on going ☐ (b) stopped ☐
 If stopped what was the reason for stopping?
 (i) Reached completion Period ☐
 (ii) Funding problem ☐
 (iii) Other (specify)
- (e) What changes has the project brought to your target group.....

 .

 ..

 ..

 .
- (9). What is the organizational structure of KIUNGI? (please attached if possible)

(11) .When did it change its leadership for the last time?.....

Does it have office in the branches you mentioned? YES ☐ NO ☐

(13).What are the major source of your funding

- Membership fees (give%).....%
- Donors.....%
- Local Fundraising.....%
- Income generating activities.....%

Who developed it? [Tick appropriately]

- (a) Consultant alone
- (b) Executive Committee alone
- (c) All Members alone
- (d) Consultant with all members
- (e) Consultant with Executive Committee
- (f) Consultant with all members

(15). Does the Organization have any Policies/Regulations e. g Training policy, Financial Policy, Staffing Policy etc? YES ☐ NO ☐

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ANNEX 3b: Questionnaire

**SOUTHERN NEW HAMPSHIRE UNIVERSITY AND THE
OPEN UNIVERSITY OF TANZANIA**

ICD 531 : PROJECT DESIGN AND MANAGEMENT

NAME OF THE ORGANIZATION: ***MBINGA WOMEN DEVELOPMENT GROUP
[KIUNGI]***

TITLE OF THE PROJECT: CAPACITY BUILDING FOR *ADDRESSING
VULNERABILITY ISSUES FOR HIV/AIDS PREVENTION AMONG WOMEN : CASE
STUDY ON KIUNGI.*

DATA COLLECTION QUESTIONNAIRE

A. SOCIO – DEMOGRAPHIC CHARACTERISTICS

1. **Id No**

2. **AGE**.....

3. **MARITAL STATUS:**

- | | |
|-------------|--------------------------|
| Single | <input type="checkbox"/> |
| Married | <input type="checkbox"/> |
| Co-Habiting | <input type="checkbox"/> |
| Separated | <input type="checkbox"/> |

Divorced ☐

Widowed ☐

4. EDUCATION

Illiterate 0 yrs

Primary 7yrs

Secondary 13 yrs

Post Secondary (specify) 5yrs

5. OCCUPATION

Employed ☐

Not employed ☐

**B. KNOWLEDGE, ATTITUDE AND PRACTICES ON SEXUAL
BEHAVIOUR, STDs AND HIV/AIDS**

1. Are you aware of HIV AIDS impact on women?

Yes ☐ No ☐

If yes mention at least two such impacts

.....

.....

.....

2. What causes AIDS?

Bacteria called HIV ☐

Virus called HIV ☐

3. How is HIV transmitted?

By Sharing Clothes with an infected person ☐

Through Sexual intercourse between a man and a woman ☐

Through Sexual intercourse between an HIV infected person and a non infected person
☐

4. AIDS affects prostitutes only. TRUE ☐ FALSE ☐

5. One can not contract HIV from her husband TRUE ☐ FALSE ☐

6. The following are common symptoms of AIDS (tick)

(a) Loss of 10% Body weight within a period of one month ☐

(b) Prolonged and recurrent diarrhoea ☐

(c) Recurrent fever ☐

(d) Anaemia ☐

(e) High Blood Pressure ☐

(f) Prolonged dry cough ☐

7. A new born child may be tested for HIV immediately after birth and present a true picture of the HIV status of the child **TRUE** ☐ **FALSE** ☐

8. There is close relationship between Sexually Transmitted Diseases (STDs) and HIV/AIDS **TRUE** ☐ **FALSE** ☐

9. An HIV infected person can live for many years without developing AIDS symptoms **TRUE** ☐ **FALSE** ☐

10. Mention at least 3 ways to prevent HIV transmission

(i)

- (ii)
- (iii)

11. How do you prevent yourself from contracting HIV/AIDS? [Tick appropriately]

- (i) Abstain ☐
- (ii) Use condom with my spouse ☐
- (iii) Use condom with all temporary partners ☐
- (iv) Use condom with only some partners ☐
- (v) Use Condom always with all partners ☐

(C) VULNERABILITY ISSUES/FACTOR FOR WOMEN WITH REGARD TO HIV/AIDS TRANSMISSION

(1). Have you ever attended a workshop/seminar on HIV/AIDS ? **YES** ☐
NO ☐

(2) What do you think is the best way to impart women with HIV/AIDS knowledge? [Tick appropriately]

- (a) Develop and distribute leaflets ☐
- (b) Video Shows ☐
- © Radio ☐
- (d) Organize Seminar/training for them ☐
- (e) Train Peer educators ☐
- (f) Organize study visits to other places inside and outside the country ☐

(3) It is said that women stand high chance of getting HIV if they engage in sexual contact with an infected man than vice versa: Yes ☐ No ☐

(4) Girls are more vulnerable at contracting HIV and they get infection at early age than boys: True ☐ False ☐

(5) Do you think Women are more risky to HIV than men? Yes ☐ No ☐

(6) The following are some of the factors that make women vulnerable to contracting HIV/AIDS

Bad Traditional practices ☐

Male dominance ☐

Social Economic Factors ☐

Political factors ☐

Lack of knowledge ☐

Domestic Violence ☐

Sexual abuse ☐

(7).Do you have any suggestions on how to help young girls and women to overcome these factors that put them into more risks of HIV infection

1.....

.....

2.....

.....

...

(8) Based on your suggestions above what do you suggest KIUNGI should do to mitigate the above

1.....

.....

2.....

.....

3.....

.

.....

4.....

ANNEX 4: LIST OF TRAINED PEER EDUCATORS

ANNEX: 4: List of Trained Peer Educators

MBINGA WOMEN DEVELOPMENT GROUP

TRAINING OF PEER EDUCATORS ON ADDRESSING VULNERABILITY

ISSUES ON HIV/AIDS TO WOMEN 9TH – 13TH NOVEMBER 2004.

LIST OF PARTICIPANTS

S/N	NAME	POSITION IN THE ORGANIZATION
1	VALERIANA MAHINYA	TREASURER
2	ELIZABETH JOHANES	MEMBER
3	LUKIA IBRAHIM	MEMBER
4	RENATHA M. KAPINGA	CHAIRPERSON
5	JANE S. KITIRA	MEMBER
6	SARAH PETER	MEMBER
7	ASHA RASHID	MEMBER
8	NEEMA WILGAADI	MEMBER
9	GERMANA KAPINGA	MEMBER
10	BONITA KANDASI	EXCO MEMBER

11	JUSTINA E. SARIA	MEMBER
12	NEEMA KAPINGA	MEMBER
13	KANISIA MBEPERA	MEMBER
14	VERONICA CHILIMBO	EXCO MEMBER
15	ANASIA NKOLELA	SECRETARY
16	NELLY PHILIMINI	MEMBER
17	MARGARET GALINOMA	MEMBER

ANNEX 5: PHOTOGRAPHS

**ANNEX 5: PHOTOGRAPHS DEPICTING SOME OF THE ORGANIZATION'S
ACTIVITIES AND IMPLEMENTATION OF THE RECOMMENDATIONS**



CBOs women leaders from Mbinga in a group photo during capacity building training organized by KIUNGI



Participants listening to a presentation during the land rights sensitisation workshop held at MBICU Hotel in Mbinga 27th July- 2nd Aug 2003



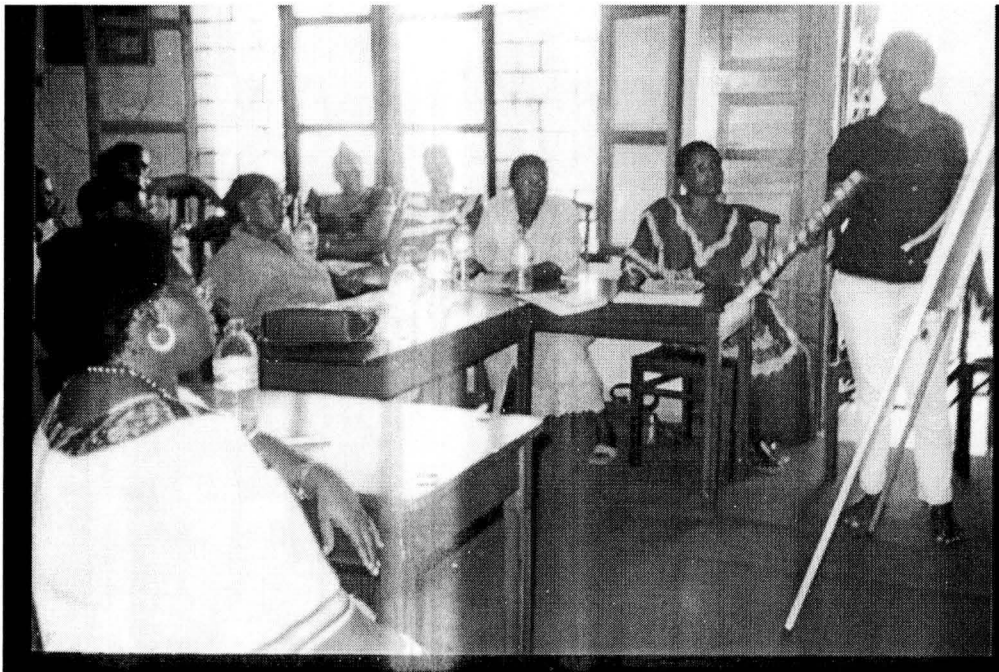
Group discussion enhances participants' interactions and participations: Above first left Scholastica Alex of Child Concern Consortium Mbinga Branch taking notes for the group during the Women NGO/CBOs leaders workshop held in Mbinga January 2005 organized by KIUNGI with financial support from FCS



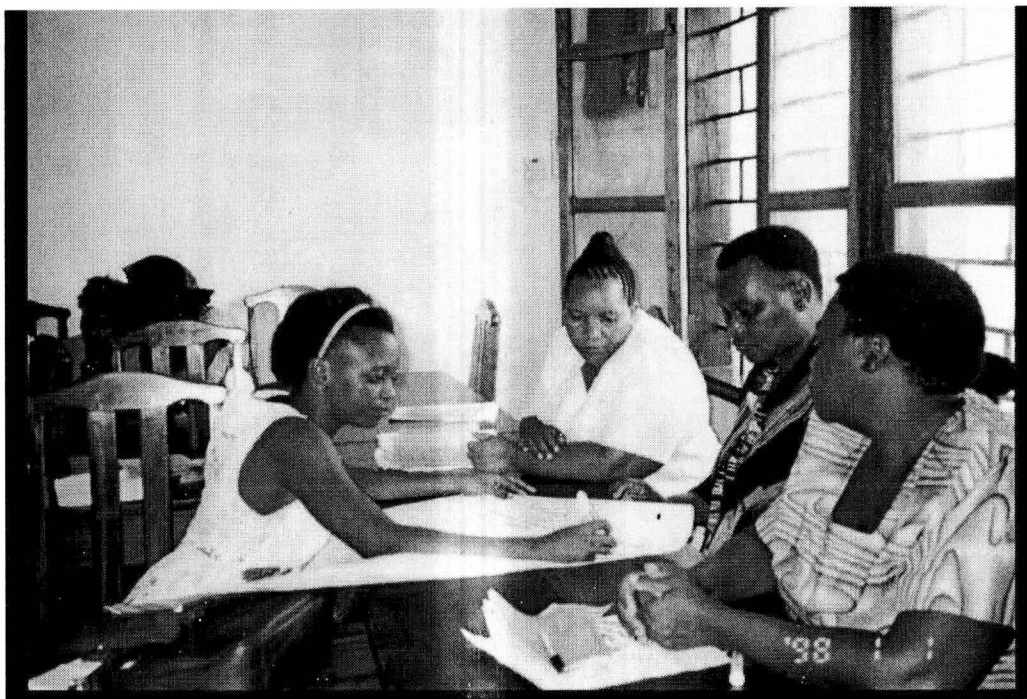
Mrs Venancia Komba leading a Group discussion in a workshop for NGOs/CBOs women leaders organized by KIUNGI



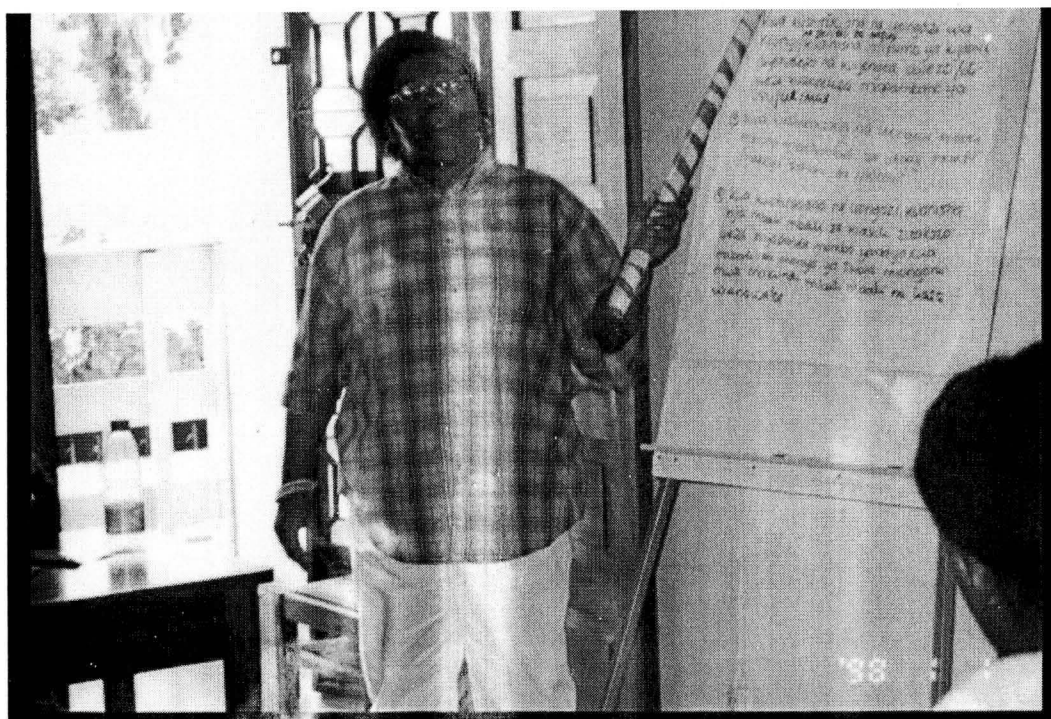
Above: A cross section of the workshop participants during the peer educators training conducted as part of implementation of the recommendations to the assignment



Plenary presentation of the group work, the first seated left (front) is the facilitator Ms. Theofrida A. Kapinga the CED participant



A young trainee Ms Neema Wilgaad, taking lead in facilitating group discussion



The CED participant Ms. Theofrida A. Kapinga facilitating the peer educators training



The 17 trained Peer Educators in a group photo after closing ceremony of the training

**ANNEX 6: PROJECT
PROPOSAL
APPLICATION
PACKAGE**

2005

The Foundation for Civil Society

Grant Application Form



Please ensure that you have read the Guidelines carefully before you fill out the application form. The Guidelines will assist you to answer some of the questions asked on the form.

For official Use only. Do not fill in

ID Number

Application Reference Number

Date Received

PART 1: YOUR APPLICATION

- A. Which application round are you applying for? Tick the box that shows which round you would want your application to be considered for.

Medium Grants (Over TZS 5m)

☐ February 2005

☒ June 2005

☐ October 2005

Rolling Small Grant

☐ April 2005

☐ July 2005

☐ September 2005

☐ November 2005

- B. How did you receive this application pack? Tick the box that tells us where you got this application pack from.

☐ By mail

☐ Information session (specify region) _____

☒ By hand at the Foundation

☐ Other (specify) _____

- C. Are you applying as: Tick the box that applies to you.

☒ An organization

☐ A group of organizations (a consortium)

If you are applying as an organization, please proceed to Part 2.

If you are applying as a group of organizations (a consortium or network), please read the following instructions carefully before proceeding to Part 2:

- D. Is your group of organizations (consortium) registered?

☐ Yes

☐ No

If Yes, please fill out the form on behalf of your registered consortium, and complete Part 17 in addition.

If you are not a registered consortium, please make sure that all the information you fill out for Parts 2-16 are for the lead organization in your group. Once you have completed all the parts up to Part 16, please make sure you also fill out Part 17, which applies to groups of organizations (consortia).

PART 2: GENERAL INFORMATION

- A. Full name of organization - As it appears on your legal registration document.

MBINGA WOMEN DEVELOPMENT GROUP

- B. Name you regularly use - if different from the above name provided, or abbreviation.

KIUNGU

- C. Physical location - The location at which your organization can be found. This should not be a P.O. Box number.

Street

SINZA NO 566 B

City

DAR-ES-SALAAM

District

KINONDONI

Region

DAR-ES-SALAAM

- D. Postal Address - A postal address, and where possible, an e-mail address, where mail can be sent to you.

P. O. Box

76700

District

KINONDONI

Region

DAR-ES-SALAAM

E-mail address

- E. Full name of your project - The name you have given to the project for which you are requesting funds.

ADDRESSING VULNERABILITY ISSUES FOR HIV/AIDS PREVENTION FOR WOMEN

- F. Name of main contact person in the organization - The name of a person in your organization who will be able to respond to any questions about your application. Please indicate the position they hold in your organization.

Name

RENATHA . R. KAPINGA

Position

CHAIRPERSON

- G. Contact details - Phone, fax numbers and e-mail address of the main contact person named in Part 2F. Please include the regional code.

Telephone

0744 389346

Fax

022-2400131

E-mail address

renathakap@yahoo.co.uk

- H. Best time to contact - What time of day is best to try and reach the person named above in Part 2F.

☒ Morning

☒ Afternoon

☒ Evening

- A. Is your organization legally registered in Tanzania? Tick Yes if your organization possesses a legal certificate of registration. Tick No if you do not. If you are not sure of your organization's legal status, please call the Foundation for guidance before you submit your application.

☒ Yes

☐ No

- B. Under which Act has your organization been registered? You must provide the registration number in the boxes that apply to you.

ACT	REGISTRATION NUMBER	DATE	CERTIFICATE ENCLOSED	LEGAL DOCUMENT ENCLOSED
1. Societies Ordinance	509933	24/6/1999	<input checked="" type="checkbox"/>	Constitution & Bylaws <input type="checkbox"/>
2. Trustees Incorp			<input type="checkbox"/>	Constitution & Established Deed <input type="checkbox"/>
3. National Sports Council			<input type="checkbox"/>	Constitution & Bylaws <input type="checkbox"/>
4. Trade Unions			<input type="checkbox"/>	Constitutions & Rules <input type="checkbox"/>
5. Cooperative Societies Act			<input type="checkbox"/>	Bylaws <input type="checkbox"/>
6. Building Societies Act			<input type="checkbox"/>	Constitution Bylaws <input type="checkbox"/>
7. Village Council Registry			<input type="checkbox"/>	
8. Societies Act Zanzibar			<input type="checkbox"/>	Constitution & Bylaws <input type="checkbox"/>
9. Companies Ordinance			<input type="checkbox"/>	Memorandum of Association & Articles Association OR Constitution & Bylaws <input type="checkbox"/>
10. Business Names Registration			<input type="checkbox"/>	Constitution & Bylaws <input type="checkbox"/>

You must submit 2 copies of all relevant legal certificates as indicated, depending on your registration.

- C. When did your organization begin working? Indicate the month and year below.

Month

Year

January

1998

FOUNDATION

Grant Application Form

D. Is your organization registered with a political party in Tanzania? If Yes, you must indicate which one.

☒ No

☐ Yes

Which one

E. Are your leaders aware of this application that you are submitting to the Foundation for Civil Society

☐ No

☒ Yes

☒ Statement Enclosed

You must submit 2 copies of a written statement from your organization's Board/Trustees stating that they are aware of and approve of the application you are submitting.

F. Is your organization a branch of another organization (national or international)?

☒ No

☐ Yes

If your organization is **NOT** a branch of another national or international organization, please proceed directly to Part 4 after reading the Required Documents section at the end of Part 3.

If your organization **IS** a branch of another national or international organization, please answer the following questions before proceeding to Part 4.

Note: International NGOs will be considered branches of their international headquarters, and must comply with all requirements for branches as below.

G. If you are a branch of another organization (national or international), what is the name of the organization of which you are a branch?

Name of your Headquarters

Statement enclosed

☐

You must provide 2 copies of a written statement from your headquarters stating that they are aware of and approve of the application you are submitting to the Foundation.

H. If you are a branch of another organization, does your organization have the following:

A separate management committee ☐ Yes ☐ No

A separate bank account ☐ Yes ☐ No

Its own annual accounts ☐ Yes ☐ No

Control over its income ☐ Yes ☐ No

Required Documents for Part 3:

You must provide 2 copies of the following documents to allow us to verify the information you have provided:

- 2 copies of Legal registration documents as per Part 3B

- 2 copies of a Statement from your leadership (Board/Trustees) stating that they are aware of and approve of the application that is being submitted on behalf of the organization as per Part 3E

If you are a branch of another organization (national or international):

- 2 copies of a statement from your Headquarters stating that they are aware of and approve of the application that is being submitted as per Part 3G



PART 4: PREVIOUS APPLICATIONS TO THE FOUNDATION OR THE CIVIL SOCIETY PROGRAMME

- A. Have you submitted an application to the Foundation or the Civil Society Programme in the past?

☒ Yes

☐ No

If you have NOT submitted an application in the past, please proceed directly to Part 5.

If you HAVE submitted an application, please respond to the following questions before you proceed to Part 5.

- B. What was the reference number of your previous application? You will find this reference number on all previous correspondence related to your previous application. Please indicate approximately when you submitted this application.

Reference Number

Date

FCS/RSG/3/04/10

November 2004

- C. Was your previous application for the same project as this application?

☐ Yes

☐ No

- D. Was your previous application approved?

☒ Yes

☐ No

If your previous application was NOT APPROVED, please proceed to Part 5.

If your previous application was APPROVED, please answer the following questions before proceeding to Part 5.

- E. How much funding did you receive from the Foundation / Civil Society Programme? Please indicate the amount of funding that was previously approved.

Amount of Funding

4,967,310

- F. When did your previous grant close? Please indicate the duration of your previous grant.

Start date

1/1/2005

Finish date

31/3/2005

- G. What are the key lessons you have learnt from your previous grant?

• Most women had no knowledge and skills on how to manage organizations.
• most of organisations are on family based relationship
• women have no say on sex and sexuality such that they become vulnerable to HIV/AIDS infections, and they get a burden on caring for unmanageable size of a family

PART 5: YOUR ORGANIZATION

A. What kind of organization are you?

- | | |
|---|--|
| <input checked="" type="checkbox"/> NGO | <input type="checkbox"/> Trade Union |
| <input checked="" type="checkbox"/> CBO | <input type="checkbox"/> Media Organization |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Other (specify) _____ |

B. What is the main aim of your organization? Describe why you formed your organization, and what its vision is.

KIUNGU strives to ensure that Mbinga Women and Tanzanian women in general are empowered to undertake and benefit from their own development programmes relating to a broad range of social rights including education support, environment conservation, primary health care, social development, small enterprises and participation in decision making bodies. Kiungu mission is to promote the advancement of women through education, seminars, workshops, training etc while its overall objective is to promote women empowerment through capacity building programmes as well as promoting gender equity.

C. What is the focus of your work? Tick the boxes that describe the main themes you work in. These should relate to the aim of your organization as stated in Part 5B.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Environment | <input checked="" type="checkbox"/> Water |
| <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Micro-finance | <input checked="" type="checkbox"/> Gender |
| <input type="checkbox"/> Roads | <input checked="" type="checkbox"/> Human Rights | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Other (specify) <u>CULTURE</u> | | |

D. What projects does your organization currently do? Describe your organization's activities and experiences. These should relate to the themes as you have stated in Part 5C.

Revolving fund scheme: This project was initiated in 1999, initially with contribution from its members through a scheme known as "upatu" where members supported each other through monthly contributions.

FOUNDATION

Grant Application Form

E. Where are your activities focused? Tick the boxes that describe the level at which your activities are directed.

☒ Sub-village

☒ Town

☐ Regional

☒ Village

☒ District

☐ National

F. Is your work mainly urban or rural? Tick Urban if your work is mainly in cities, and Rural if it is outside of cities.

☐ Urban

☐ Rural

☒ Both

G. Name the geographical areas in which your organization works currently. Specify the names of the villages, districts and regions.

Regions	Districts	Villages
RUVUMA	MBINGA	Kundumato Ngima Kipoloto manzeeye Ukata mbambabau Mbinga nyuru Kgonsera Unango Mvumbi Wukiro Wtoho Wiparamba
DAR-ES-SALAAM	KINONDONI	SINZA

H. Is your organization currently a member of an umbrella organization? Tick Yes if your organization is a member of umbrella organization, and indicate which one.

☐ No

☒ Yes

Which one

TACOSODE

I. What key lessons have you learnt from your past experiences? Describe how your organization has grown in relation to the work you have done so far, and how this relates to the project for which you are applying for funds. Include your own assessment of your organization's strengths and weaknesses.

Women are more affected by HIV/AIDS than men due to social, economic, cultural, political and biological factors

- There is great need to empower women economically and socially so that they are able to control their sexual decisions.
- much attention has been given in providing awareness on HIV/AIDS but forgetting to address factors that hinder/delays positive behaviour change
- Kiunga has been trained in addressing factors that hinders positive behaviour change and how to address them.

Mbinga Women Development group
ORGANIZATION STRUCTURE

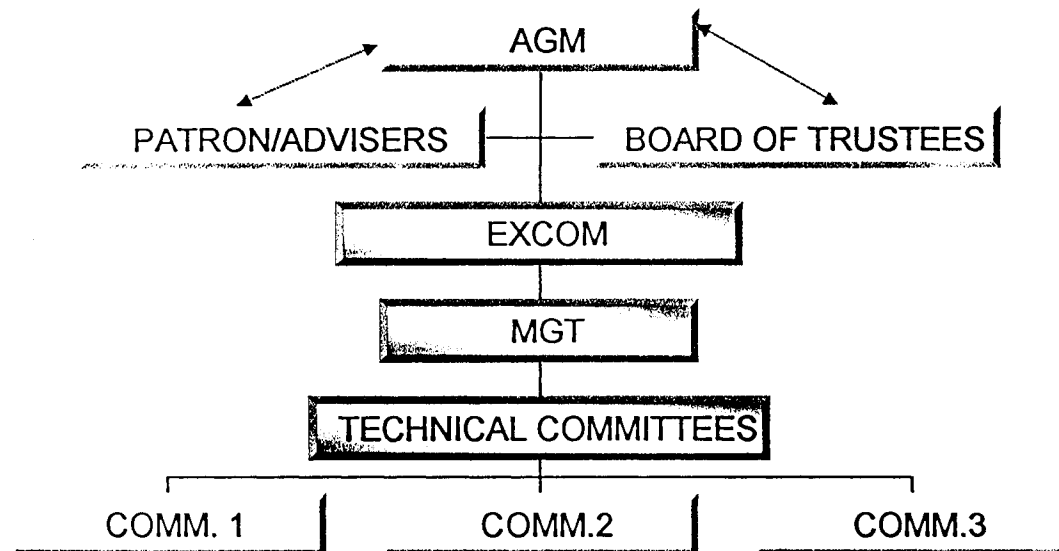


Figure 2: The Revised Organizational Chart of KIUNGI



PART 6: LEADERS OF YOUR ORGANIZATION

- A. What are the names of the leaders of your organization? Provide the names of the leaders within your organization, and the position which they hold. Leaders can be a Board of Trustees, Steering Committee, or a Board of Directors.

Name	Position
RENATHA KAPINGA	CHAIRPERSON
ANASIA NKOLELA	VICE CHAIRPERSON
EMY NDUNGURU	SECRETARY
VERONICA CHILIMBO	DEPUTY SECRETARY
VALERIANA MBEPERA	TREASURER
ANITA PATRICK	CHAIRPERSON-MBINGA BRANCH

- B. What is the gender breakdown of your organization's leadership? Please indicate how many of your leaders are men, and how many women.

Men Women

- C. Are any of your leaders related to each other? If so, please indicate the relationship.

☒ No ☐ Yes Specify Relationship

- D. How are your leaders chosen? 'Elections' means that your organization's members voted for your leaders. 'Appointments' means that your leadership is selected by committee. 'Self-Appointment' means that your leadership selected themselves.

☒ Elections ☐ Self-Appointments
☐ Appointments ☐ Other (specify)

- E. How long do your leaders stay leaders? Indicate how long your leaders hold their positions.

☐ Up to 1 year ☒ 1 - 3 years ☐ Indefinitely
☐ 3 - 5 years ☐ Other (specify)

- F. When was the last time your leadership changed? Indicate the month and year when more than one of your leaders changed.

Month Year Which Leader RENATHA KAPINGA
 Month Year Which Leader ANASIA NKOLELA
 Month Year Which Leader EMY NDUNGURU
 Month Year Which Leader VERONICA CHILIMBO

Grant Application Form

G.

- ☒ Once a Month or more ☐ Once a quarter ☐ Twice a year
☐ Once a year ☐ Other (specify) EXTRAORDINARY WHEN NEEDED

H.

Chairperson	Staff position	Name
CHAIRPERSON	Executive Director	RENATHA KAPINGA

1.



PART 7: YOUR STAFF

Does your organization have paid staff? Tick Yes if your organization employs paid staff.

☐ Yes

☒ No

B. How many staff do you have? Indicate the number of staff that are employed by your organization, and whether they are full time or part time.

Number of staff

Full time

Part time

C. What is the gender breakdown of your staff? Indicate the number of men and women employed by your organization.

Men

Women

D. How are your staff hired? 'Recruitment' means that jobs are advertised and people are chosen based on a transparent process. 'Selection' means that people are hired without competition.

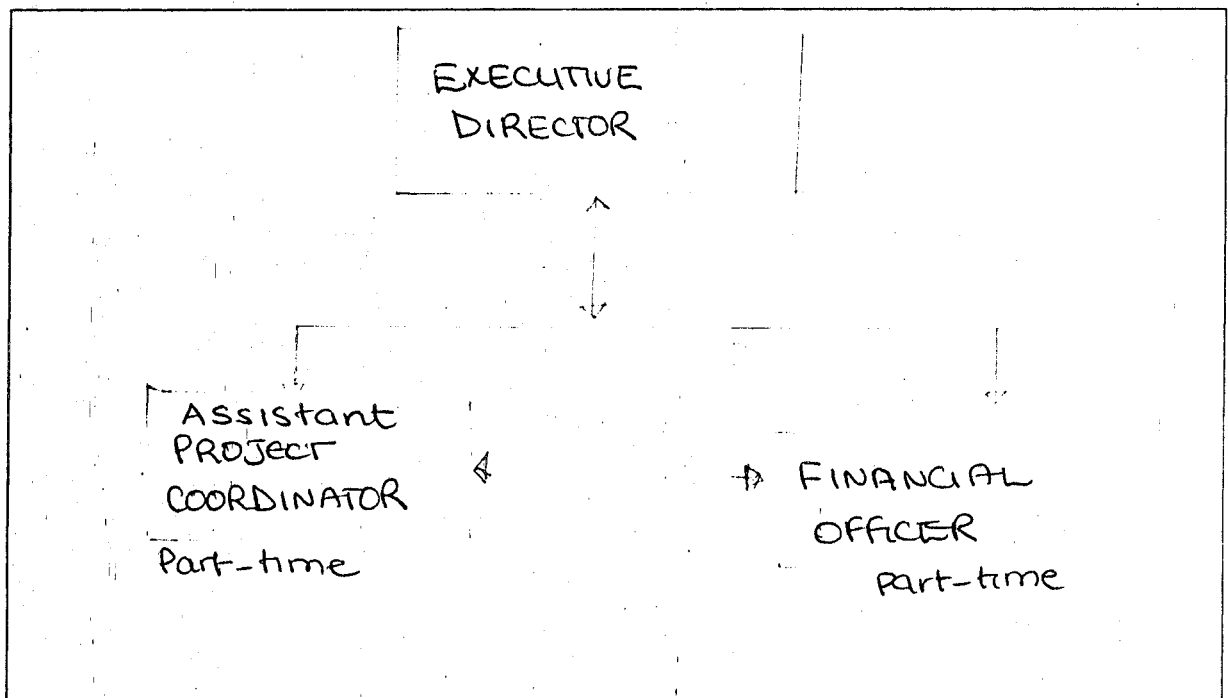


Recruitment



Selection

E. What is the staffing structure of your organization? Draw a clear diagram showing the titles of each staff position, and the reporting lines.



F. Does your organization have volunteers? Tell us the number of people who help with the organization's work without receiving a salary.

Number of Volunteers

PART 8: YOUR MEMBERS

- A. Does your organization have members? Members are those people or organizations who are attached to your organization, but are not staff members. Your leadership is usually chosen from and by your members.

☒ Yes

☐ No

- B. How many members does your organization have? Indicate the number of members you have at present, and how many you had when you started.

Members at Present

Members when you started

- C. What is the gender breakdown of your membership? Indicate the number of men and women in your members.

Men

Women

- D. How often do your members meet? Tell us how many times members come together for official meetings.

☒ Once a Month or more

☐ Once a quarter

☐ Twice a year

☐ Once a year

☐ Other (specify) EXTRAORDINARY WHEN NEEDED

- E. How do members join your organization? 'Open' means that anyone can join your organization. 'By invitation' means that you select them.

☒ Open

☐ By Invitation



PART 9: FUND RAISING, FINANCES AND BANK INFORMATION

- A. Does your organization have a membership or subscription fee? Tick Yes if members pay a fee to join the organization.

☒ Yes

☐ No

- B. If so, how much does each member pay? Indicate the amount of funds in Tanzanian shillings.

Monthly amount

1,000/=

Yearly amount

-

One-off payment

-

- C. In what ways does your organization raise funds? Tick the boxes that best describe the way in which you raise funds. 'Development Partners' means foreign missions, embassies and other formal organizations (e.g. NGOs); 'Private individuals' means funds from individuals; 'Fee for Service' means that your organization charges fees for services provided (e.g. consultancy).

☒ Development Partners

☐ Government

☐ Fee for Service

☒ Private Individuals

☐ Other (specify) Membership fees

- D. How much funding do you receive from each of these sources? Tell us approximately how much you receive from each source in your last financial year in Tanzanian shillings.

Sources	Amounts
Donors	6,967,310
Private Individuals	-
Government	-
Fee for Service	-
Other (specify) <u>Bank membership fee interest</u>	888,737

- E. Who has provided you with funds during the past 3 years? Provide the information requested below for all donors to your organization in the last 3 years. You must provide the full contact information requested.

Please note that the Foundation will use these contacts as your donor references when required. We trust that you will provide us with accurate information. Failure to do so will result in delays, and possible disqualification.

Name of Donor	Contact Person	Contact details (phone, address, e-mail)	Amount of funds	Project name	Start and end dates
1. TACOSUDE	Rajab Kondo	P.O Box 63196 DSM Tel: 0744 303906	960,000/-	HIV/AIDS prevention among communities	Jan-Dec 2002
2. CARE Tanzania	Mr Fute	P.O Box 10242 DSM Tel 2667390	1,334,000/-	Capacity Building Training for KIUNGA members and leaders	July - Sept 2002
3. Mfuko wa utamaduni	Mr Deo	P.O Box 35024 DSM Tel: 0748 301640	5,750,000/-	Capacity Building Training for women involvement in handcraft	May - Sept 2003
4. Foundation for civil society	Mr January Basela	P.O Box 7192 DSM Tel: 2138530	4,967,000	Awareness raising on Land Rights to women	July 2003 - Dec 03
5. FCS	Mr January Basela	P.O Box 7192 DSM Tel: 2138530	4,967,310	Capacity Building for NGO leaders in mbinga District	Jan - March 2005

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F. What were the start and end dates of your last financial year?

	Month	Year
Start Date	January	2004
End Date	December	2004

G. During your last financial year, what was your income, your expenditure and savings? Indicate these figures in Tanzanian shillings.

Total Income	7,856,047
Total Expenditure	7,544,807
Balance/Savings	311,240

If your application is for a MEDIUM GRANT (more than TZS 5m), you must provide 2 copies of your most recent end-of-year financial report. The figures in this report should match the figures you have stated in Part 9G.

End of year financial report enclosed ☒

If your application is for a MULTI-YEAR PROJECT, you must provide 2 copies of your most recent end-of-year certified audited accounts. This report should be certified by notarized public accountants.

End of Year certified audited accounts enclosed ☐

H. Does your organization have a bank account in Tanzanian shillings in Tanzania?

☒ Yes ☐ No

I. Please give us details of this account. The account should be in the name of the organization applying for funds. Bank accounts of individuals are unacceptable.

Name of Bank	CRDB BANK LTD
Branch	AZIKIWE
Address	P.O BOX 268 DAR-ES-SALAAM
Phone Number	022-2117441
Location	AZIKIWE STREET
Name of Account	[REDACTED]
Account Number	[REDACTED]
Statement attached	YES

You must provide 2 copies of a bank statement of this account, covering the last six months.

J. When was this account opened? Tell us the month and the year in which this account was opened

Month	Dec	Year	2000
-------	-----	------	------

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Grant Application Form

- K. Who are signatories on this account? Tell us the name and position of each person who is able to sign cheques on this account.

Name	Position
RENATHA KAPINGA	CHAIR PERSON
ANASIA NKOLELA	VICE CHAIR PERSON
VALERIANA MBEPERA	TREASURER

- L. Are any of the signatories related to each other? If so, please indicate the relationship.

☒ No ☐ Yes Relationship _____

- M. How many of these people are required to sign each cheque? Indicate the number of signatures required before cheques can be cashed. Please note that this information will be verified by the Foundation.

Number of signatories

Required Documents for Part 9:

You must provide 2 copies of the following documents to allow us to verify the information you have provided:

- Your organization's bank statement covering the last 6-month period as per Part 9I.

If your application is for a medium grant (more than TZS 5m):

- Your most recent end-of-year financial report as per Part 9G.

If your application is for a multi-year project:

- Your most recent end-of-year certified audited accounts as per Part 9G.



PART 10: AIMS OF YOUR PROJECT

- A. Which thematic area of the Foundation are you applying to? Refer to the Guidelines for a full description of each theme. You must tick the box that best describes the theme that your project fits into.

☐

Policy

☒

Safety Nets

☐

Governance

☐

Advocacy Strengthening

- B. Briefly describe what your project will do. How it will address the thematic area you have chosen in Part 10A.

The project intends to assist women and young girls to identify factors that hinders or delays positive behavior change among women with regard to HIV/AIDS/STIs prevention as well as creating necessary capacity among the target group (women and young girls) to facilitate them overcome such factors. The project will adapt a peer education approach to scale up the knowledge to enable women/Girls to be free to air/raise their concerns and feelings about the problem, moreover the project will work with the Health Centre in project location to facilitate early diagnosis and Treatment of STIs among women and their sexual partners. Since untreated sexually transmitted infections enhances HIV transmission. To facilitate networking and experience sharing among the peer educators there will be an exchange programme between the Trained Peer Educators from Sinza and those from Mbunga.

- C. How do you know there is a need for your project? Tell us why you have decided to do this project, and who else you might have consulted to decide to do this project.

According to a survey conducted by KIUNGI with facilitation of a Participant of community Economic Development (CED) program run by the open university of Tanzania in the collaboration with the Southern New Hampshire university in 2004 in Sinza B to determine factors that hinders positive behaviour change towards HIV/AIDS prevention it was revealed that the level of knowledge on HIV/AIDS in the study area (the project area) was low in women than it was in men. The study further observed a high level of STIs cases among women (75.2%) as compared to men (24.8%). The study further revealed that there are ^{certain} factors that render women more vulnerable to HIV/AIDS transmission and that there is a need to address these factors to help women/young girls become AIDS competent. The study further revealed that despite many seminars/workshops organized on HIV/AIDS many women have limited opportunities to attend such workshops as most of them are organized in a formal arrangements such as in workplaces while majority of the unemployed are women. The study further revealed high need continued provision of preventive education as supported by 84.4% of female and 86.7% of male responded. The need for Training Peer Educators to spearhead the process of imparting appropriate preventive education was also raised in the study.

Grant Application Form

D.

117,750

Total

59,750

Women

58,000

Men

2,775

Disabled

5,500

Widows

Homeless

Refugees

25, 250

- o Elderly

50,100

Children

56,850

Youth

8,725

HIV/AIDS victims

24,900

Orphans

E.

9

No

☒

Yes

How?

They have been involved in the survey conducted. Their recommendations form the basis of this project. The survey findings for example on factors that render women vulnerable to HIV infection provide a good starting point to strategize on how to help women overcome their vulnerability to the problem.

F.

Village	District	Region
SINZA	KINONDONI MUNICIPALITY	DAR-ES-SALAAM



PART 11: LINKAGES & NETWORKING

A. Are you aware of other organizations in Tanzania doing projects that are similar/related to your project?

☒ Yes

☐ No

B. If Yes, please tell us which organizations these are. Briefly tell us about the projects they are doing.

Which	What they do
TACOSODE	Training community Based Behavior change Agents selected among CBOs/NGOs to enable them address vulnerability issues that put some groups of people in more risky situations than others for the purpose of empowering them to become AIDS competent
CHILD CONCERN CONSORTIUM (CC3)	- Assist in-school youth to determine factors that render them vulnerable to HIV/STIs infection. They further work with school management to design appropriate measures to address such factors.

C. Does your organization plan to work with them? Are you currently in contact with them, and how do you plan to learn and share lessons with them?

☐ No

☒ Yes

How?

KIUPWA will use both organisations' experience especially during training. we will invite them to facilitate some of our training sessions. Moreover we will use their experience in monitoring and evaluating our programme as both have experience in this area as well.

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D. Have you informed your local government about this project? If not, please tell us why not.

☒ Yes

☐ No

Why Not?

E. Do you plan to link up with government during this project? If so, tell us who in the government will be involved, and how.

☒ Yes

☐ No

How?

The project will work closely with municipal medical officer of Kinondoru as well as the local Government in sinza ward. The Local Government will be our entry point. They will assist us in mobilizing the communities to participate in the project. The DMO will assist in policy issues with regard to the project as in the area of early diagnosis and treatment of STIs.

F. Is your organization aware of a local network of development agents in your area? If Yes, please provide us with the name of the network.

☐ No

☒ Yes

Which One

TACOSODE

G. Is your organization a member of this network? If Yes, tell us when you joined. If No, tell us why not.

☒ Yes

When joined

2001

☐ No

Why not?

- A.**

Activity	Month	Year

- B.**

☒

11

If you have answered NO, please proceed to Part 12C.

PART 12 A: PROJECT ACTIVITIES

ACTIVITY	MONTH	YEAR
1. Project initiation Initial contact with the Municipal/ local Government - Organize a one day meeting for 20pp to jointly plan the project implementation and clarify roles of different actors.	September	2005
2. Identify and select of 20pp 140 Community based Peer Educators to be trained	September	2005
3. Organize 10 days Training for 40 CB- Peer Educators	October	2005
4. Establish a women – Friendly counseling centre in Sinza that will operate in full time basis	February	2006
5. Conduct counseling services to women and girls at the Sinza Center	March to September	2006 2006
6. Community Peer Educators to conduct quarterly session to at least 20ppts each to assist women identify factors that render them vulnerable to HIV/AIDS and strategies on how to overcome them	November to March	2005 2006
7. CB- Peer Educators conduct house to house family counseling sessions	June to September	2006 2006
8. Design appropriate IEC messages to be printed on T-shirts (400)	November	2005
9. To document lessons learnt for replication	April	2006
10. Conduct one- day mid year review	July	2006
11. To conduct an End of project Impact Assessment	September	2006

If you have answered YES, you must provide the following information before proceeding to 12C. you may attach additional pages for your training plan if necessary.

Objective of Training	Target Group	Profile of trainers	Outline of topics to be covered	Selection Criteria for participants
To impart participant with knowledge and skills to address vulnerability issues in HIV/AIDS prevention and management as well as to prepare them to be trainers and counselors	40 Selected Community Based Peer Educators from Sinza area in Kinondoni municipality	<p>The principal facilitator is a holder of MSc in community Economic Development with vast experience in HIV/AIDS/STIs education, TOT training, Gender issues, women and HIV/AIDS/STIs.</p> <p>Experience in working with communities in Development issues (participatory methodologies) Co-opted experts</p> <ul style="list-style-type: none"> • Trained medical officer with knowledge in Reproductive Health issues • Monitoring and Evaluation Expertism 	<ul style="list-style-type: none"> • Basic facts and knowledge on HIV/AIDS • HIV/AIDS situation • Reproductive Health • HIV/AIDS and women • communication barriers of HIV/AIDS facts and messages • Care and support of people living with HIV/AIDS • Voluntary counseling and Testing • The role of the community Based Behaviour change Agent (CBBCAr) • Monitoring and follow up 	<ul style="list-style-type: none"> • Ability to learn new ideas and pass the knowledge to others • Demonstrate knowledge in HIV/AIDS/STIs fact information • willingness to attend the training for the entire ten days without demanding any payment • Commitment to work with the organisation at least for two years after the training • Ability to speak in front of a group of varying size • willingness to promote all available HIV prevention approaches.

- C. What results do you expect to see, and when? Tell us what changes you expect to see as a result of your project activities. When do you expect these changes will be seen?

- By month 6 of the project at least $\frac{1}{3}$ of women and men in the project area will be able to mention factors that render women vulnerable to HIV/AIDS infection.
- By month 8 of the project $\frac{1}{2}$ of the houses in the project area will have been counselled as a result there will be reduced reported cases of domestic violence.
- By month 10 of the project strategies to reduce women vulnerability to HIV/AIDS/STIs will be in place at all the 4 streets of Sinza ward.
- By the End of the project all the population in the project area will have been reached by women friendly IECs messages hence becoming gender responsive in addressing the problem of HIV/AIDS/STIs
- By End of the project the Health centre in project area will report fewer cases of STIs as a results of increased women empowerment following the project implementation.

- D. How will you monitor and evaluate the expected results? Tell us how you will keep track of your activities and measure your progress against the results listed in Part 12C. What kinds of records will you keep, and how often will you review your progress?

- A baseline survey has already been done by KIUNGU in collaboration with the CED participant.
- During and After the project implementation the following will be done to monitor and evaluate the results (changes)
- Visit to the Health centre to keep track of the STIs infection rates
 - collect monthly reports from the CB-Peer Educators using a designed Process Indicator form to measure the project implementation.
 - The mid year Review meeting will assess the progress and impact of the project.
 - The End of the project impact Assessment will compare the results with the Baseline survey results

- E. How will these changes be sustained after your project is finished? Tell us your plan to ensure that the results given in Part 12C will continue even after funding from the Foundation has finished.

Results will be sustained through continued interaction of the community-based Peer Educators and the communities. This is because once trained the CB-Peer Educators will continue to work in the project areas as long as they continue to stay in the project area.

Furthermore the counseling centre once equipped will continue to provide counseling services throughout the time hence sustainability of the project.

Moreover KIUNGU will continue to maintain a pool of the trained Peer Educators who in turn can be used to re-train others in case of death or transfer of a trained Peer Educators.

- F. What are the risks in this project? Tell us what things might go wrong that could affect the results you expect to see.

Empowering women requires the cooperation of men in the respective community. Thus the unwillingness of the men to cooperate and participate can pose a big risk to the success of this project. Some men may deny women permission to participate in trainings organized for them, or some men may just not want to change.

- Inadequate willingness by the CB-Peer educators to work without payment may also pose risk to the success of the project.

- Poverty among families may perpetuate the delay towards positive behaviour change.

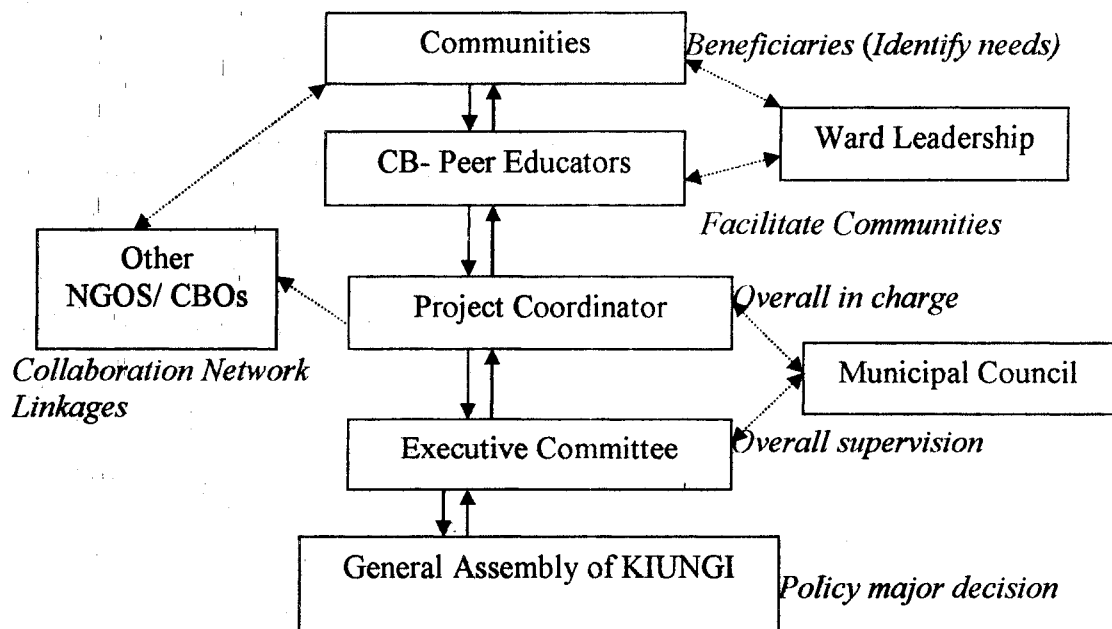
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- G. Who will be the key people implementing this project? Provide a list of the people from your organization who will be doing the work on the project. Briefly describe the relevant skills and experience they bring to the project.

Mrs Renatha Kapinga - The chairperson of KIUNGI will be the Project coordinator, she will be assisted by:
 Anasia NKolela - The vice chairperson and Valenanga mbepera the treasurer.
 Also the project will be Supervised by the Executive Committee. All the three have been trained by TACOSODE as Trainers in HIV/AIDS activities. Moreover the project coordinator has adequate experience in managing projects. The coordinator too is a Trained Accountant thus she will also help

STRUCTURE OF THE PROJECT (KIUNGI)



- I. Are the people listed in Part 12G also involved in other projects of your organization? If so, please tell us which projects, and how they are involved.

☐ Yes

☐ No

How?

For the time being KIUNGI has no other on going project

FOUNDATION

- | | Year | Year | Year | Total |
|-------|------|------|------|-------|
| TOTAL | | | | |

Budget attached

Part 13 Project Funding

SN	ACTIVITY	YEAR 1
1	Project initiation	
	One day planning meeting 20pp	
	DSA 12,000 x 20pp	240,000
	DSA facilitators 12,000 x 3pp	36,000
	Venue 50,000/	50,000
	Stationeries	
	Papers ream 1@ 5000/	5,000
	Writing pads 23 @ 1000/	23,000
	Flip chart 1 @ 6000/	6,000
	Masking tapes 3 @500/	1,500
	Marker pens 1 box @ 6000/	6,000
	Ball pen 23 @ 100/	2,300
	Transport 23pp x 10,000/	230,000
	Sub Total	599,800
2	Identification and selection of 40 CB- Peer Educator	
	Transport to all 4 sinza streets (Mtaa)	
	By hired car 4 days @ 20,000	80,000
	DSA 12,000 x 3 pp x 4 days	144,000
	Communication 10,000/= per day	40,000
	Sub Total	264,000
3	Organize 10 days Training for 40 CB Peer Educators Non residential	
	DSA 12,000 x 40pp x 10 days	4,800,000
	DSA Facilitators 12,000 x 5 pp x 10 days	600,000
	Venue 50,000 x 10 days	500,000
	Stationeries	
	Writing pads 45x1000	45,000
	Ball pens 1box x 6000	6,000
	Flip charts 10 reams x 6000	60,000
	Masking Tapes 20pcs x 500	10,000
	Marker pens 20 boxes x 6000	120,000
	Paper wallets 43pcs x 1000	43,000
	Honorarium to 5 Facilitators	
	100,000/= x 5pp x 10 days	5,000,000
	Production of training materials	
	20 papers @ 8pgs x 40 x 45 copies	288,000
	Sub Total	11,472,000
4	Establish women friendly counseling Centre in Sinza	
	Equipment	
	Exam bed coach	450,000
	Screen	150,000
	Procedure Trolley 2	100,000
	Shelves for cards 1	60,000

	Kidney dishes 2	46,000
	Forceps 2 straight/ curved	48,000
	Gallpots large & Medium	53,000
	Speculum 2 Large & smalls	87,000
	Sponge holding forceps	42,000
	Cheatle jar	36,000
	Cheatle forceps	24,000
	Exam Lamp/Torch	150,000
	Thermometer automatic	24,000
	BP machine & stethoscope	100,000
	Weighing machine	30,000
	Autoclave	1,500,000
	instrumental tray	100,000
	Sub Total	3,000,000
5	Provision of Counseling Services	
	subsistence 12,000 x 2pp x 7dys/wk x 7m	4,704,000
6	40 CB peer educators conduct 4 Quarterly session	
	subsistence 12,000 x 40,000 x 4	1,920,000
7	40 CB peer educators conduct house to house Family counselling	
	12,000 x 40 x 10 days	4,800,000
8	One day mid year review 50pp x 12,000	600,000
	Venue 50,000	50,000
	stationeries	100,000
	Sub Total	750,000
9	Printing of T shirts 400pcs x 3000	1,200,000
10	Documenting lesseus leant and disseminating	
	Writing of the material 12,000 x 5days x 2pp	120,000
	Production and binding 50 copies @ 5000	250,000
	Sub Total	370,000
11	End project impact Assessment development & production of Assessment	
	Tool 12,000 x 3pp x 2 days	72,000
	Photocopy 5pgs x 300 copies x 40	60,000
	Conduct survey 3pp x 12,000 x 30 days	1,080,000
	Data Analysis	
	Consultancy fee 100,000 x 5 days	500,000
	Report production papers 10 reams @ 5000	50,000
	Tower	75,000
	Sub Total	1,837,000
	TOTAL ACTIVITY 1-11	30,916,800
12	Admin cost 12%	3,710,016
	GRAND TOTAL	34,626,816

Part 13 Project Funding

SN	ACTIVITY	YEAR 1	Q1	Q2	Q3	Q4
1	Project Initiation					
	One day planning meeting 20pp					
	DSA 12,000 x 20pp	240,000	240,000			
	DSA facilitators 12,000 x 3pp	36,000	36,000			
	Venue 50,000/	50,000	50,000			
	Stationeries					
	Papers ream 1 @ 5000/	5,000	5,000			
	Writing pads 23 @ 1000/	23,000	23,000			
	Flip chart 1 @ 6000/	6,000	6,000			
	Masking tapes 3 @ 500/	1,500	1,500			
	Marker pens 1 box @ 6000/	6,000	6,000			
	Ball pen 23 @ 100/	2,300	2,300			
	Transport 23pp x 10,000/	230,000	230,000			
	Sub Total	599,800	599,800			
2	Identification and selection of 40 CB-					
	Peer Educator					
	Transport to all 4 sinza streets (Mtaa)					
	By hired car 4 days @ 20,000	80,000	80,000			
	DSA 12,000 x 3 pp x 4 days	144,000	144,000			
	Communication 10,000/= per day	40,000	40,000			
	Sub Total	264,000	264,000			
3	Organize 10 days Training for 40 CB					
	Peer Educators Non residential					
	DSA 12,000 x 40pp x 10 days	4,800,000	4,800,000			
	DSA Facilitators 12,000 x 5 pp x 10 days	600,000	600,000			
	Venue 50,000 x 10 days	500,000	500,000			
	Stationeries					
	Writing pads 45x1000	45,000	45,000			
	Ball pens 1box x 6000	6,000	6,000			
	Flip charts 10 reams x 6000	60,000	60,000			
	Masking Tapes 20pcs x 500	10,000	10,000			
	Marker pens 20 boxes x 6000	120,000	120,000			
	Paper wallets 43pcs x 1000	43,000	43,000			
	Honorarium to 5 Facilitators					
	100,000/= x 5pp x 10 days	5,000,000	5,000,000			
	Production of training materials					
	20 papers @ 8pgs x 40 x 45 copies	288,000	288,000			
	Sub Total	11,472,000	11,472,000			
4	Establish women friendly counseling					
	Centre in Sinza					
	Equipment					
	Exam bed coach	450,000		450,000		
	Screen	150,000		150,000		
	Procedure Trolley 2	100,000		100,000		
	Shelves for cards 1	60,000		60,000		

	Kidney dishes 2	46,000		46,000		
	Forceps 2 straight/ curved	48,000		48,000		
	Gallpots large & Medium	53,000		53,000		
	Speculum 2 Large & smalls	87,000		87,000		
	Sponge holding forceps	42,000		42,000		
	Cheatle jar	36,000		36,000		
	Cheatle forceps	24,000		24,000		
	Exam Lamp/Torch	150,000		150,000		
	Thermometer automatic	24,000		24,000		
	BP machine & stethoscope	100,000		100,000		
	Weighing machine	30,000		30,000		
	Autoclave	1,500,000		1,500,000		
	Instrumental tray	100,000		100,000		
	Sub Total	3,000,000		3,000,000		
5	Provision of Counseling Services					
	subsistence 12,000 x 2pp x 7dys/wk x 7m	4,704,000		4,704,000		
6	40 CB peer educators conduct 4 Quarterly					
	session subsistence 12,000 x 40 x 4	1,920,000	480,000	480,000	480,000	480,000
7	40 CB peer educators conduct house to					
	house Family counselling					
	12,000 x 40 x 10 days	4,800,000	1,200,000	1,200,000	1,200,000	1,200,000
8	Printing of T shirts 400pcs x 3000	1,200,000	1,200,000			
9	One day mid year review 50pp x 12,000	600,000			600,000	
	Venue 50,000	50,000			50,000	
	stationeries	100,000			100,000	
	Sub Total	750,000			750,000	
10	Documenting lesseus leant and					
	diseminating					
	Writing of the material 12,000 x 5days x 2pp	120,000				120,000
	Production and binding 50 copies @ 5000	250,000				250,000
	Sub Total	370,000				370,000
11	End project impact Assessment					
	development & production of Assessment					
	Tool 12,000 x 3pp x 2 days	72,000				72,000
	Photocopy 5pgs x 300 copies x 40	60,000				60,000
	Conduct survey 3pp x 12,000 x 30 days	1,080,000				1,080,000
	Data Analysis					
	Consultancy fee 100,000 x 5 days	500,000				500,000
	Report production papers 10 reams @ 5000	50,000				50,000
	Printer Toner	75,000				75,000
	Sub Total	1,837,000				1,837,000
	TOTAL ACTIVITY 1-11	30,916,800				
12	Admin cost 12%	3,715,416	928,854	928,854	928,854	928,854
	GRAND TOTAL	34,632,216	16,144,654	10,312,854	3,358,854	4,815,854

What is the total amount you are requesting from the Foundation? This should tally with the total figures indicated in Part 13A.

34,961,800/= Total from the Foundation

- C. How many months are you requesting funding for? Tell us how long you expect your project to be funded by the Foundation.

12 Number of Months

- D. Are you requesting the Foundation for the total funding required for your project? In other words, is the Foundation the only donor you have approached for funding?

☒ Yes

☐ No

If you answered YES to Part 13D, please proceed to Part 14.

If you answered NO to Part 13D, please respond to the following questions before proceeding to Part 14.

- E. Who else have you approached for funding this project? Please provide information regarding which donors have been approached, for how much funding, whether they have agreed to fund or not, and which activities listed in Part 13A they have agreed to fund.

Donor	Amount of funds	Activities funded	Letter Enclosed

Please remember that the Foundation will only consider partial funding if you have received confirmation from other donors for funding. Your budget (Part 13A) must clearly indicate which activities you expect to be funded by which donors.

You must provide 2 copies of all letters of confirmation from other donors who will be funding your project. This letter should clearly state the amount of funds to be contributed, the period of time over which the funds will be available to you, and the activities for which those funds are to be used.

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F. What resources will your organization contribute to this project? This can be seen as funds, resources, time, etc.

- working equipments like computers and printers
- office rent
- project personnel

Required Documents for this section:

You must provide 2 copies of the following documents to allow us to verify the information you have provided:

If your application is for partial funding

provide letters of confirmation from all other donors who will be funding this project.



PART 14: ENVIRONMENTAL ASSESSMENT

- A. Do you expect your project to have any impact on the environment? Tick yes if you think your project may affect the environment.

☐ Yes

☒ No

- B. If yes, describe what this impact might be. Provide details on what you think may happen to the environment as a result of your project.

- C. How will you ensure that your project does not result in any negative environmental impacts? Tell us how you will make sure that your project does not harm the environment.

PART 15: REFERENCES

Please provide the names and full contact details of 2 independent references. References should be honest individuals whom you consider to be reputable and in good standing, and whose judgment can be relied on. They should know your organization for more than 1 year, and be able to discuss its experiences and capabilities. They should have a good understanding of your organization's activities, management and finances.

References should NOT be:

- your family members, relatives or friends;
- staff or leaders of your organization;
- currently contracted business associates;
- people who you may involve in the activities for which you are requesting funds.

Please inform your references that they have been included as references in your application, and let them know about the project you propose in your application.

You should state your relationship with the references clearly below. We expect you to follow good practice in choosing your references. If the reference is deemed inappropriate by the Foundation, your application may be disqualified.

A. Reference 1:

Name	SELEMAN H
Employer	COMMUNITY DEVELOPMENT TRUST FUND
Position	PROJECT COORDINATOR
Postal Address	P.O BOX 9421 DAR-ES-SALAAM
Physical Location	SAMORA / OHIO
Telephone	0744 515248
Fax	—
E-mail	cdtf.coastal@qfsat.co

B. Have you informed the person named in Part 15A that they are a reference for your application? Will they be available to respond to questions?

☒ Yes ☐ No

C. Is the person named in Part 15A related to any one in your organization? Tick Yes if they are related, and specify the relationship.

☐ Yes ☒ No Specify Relationship _____

D. Reference 2:

Name	EDWIN MWELEKA
Employer	CHILD CONCERN CONSORTIUM
Position	PROJECT COORDINATOR
Postal Address	P.O BOX 78677 DAR-ES-SALAAM
Physical Location	MIKOCHEMI B, MSONGE STREET
Telephone	0744 594977
Fax	-
E-mail	chuldcc@yahoo.com

E. Have you informed the person named in Part 15D that they are a reference for your application? Will they be available to respond to questions?

☒ Yes

☐ No

F. Is the person named in Part 15D related to any one in your organization? Tick Yes if they are related, and specify the relationship.

☐ Yes

☒ No

Specify Relationship _____



PART 16: AGREEMENT CLAUSE AND DECLARATION OF INTENT

- A. **Agreement Clause:** This must be read and signed by the person named in Part 2F.

I understand that part or all of the information contained in this form will be held by the Foundation for Civil Society on a database. This information will be used for the administration of applications and grants, and for statistical analysis. Copies of this information may be given to individuals and organizations contracted by the Foundation and/or its donors when assessing applications and monitoring grants.

Name **RENATHA KAPINGA**

Position **CHAIRPERSON**

Signature

Renatha Kapinga

Date **28/4/2005**

- B. **Declaration of Intent:** This must be read and signed by one of the leaders of your organization named in Part 6A. This person MUST be different than the one who has signed Part 16A.

I confirm that on behalf of _____ (insert name of your organization) I am authorized by its governing body to sign this declaration. To the best of my knowledge, all the information we have provided in this form are accurate. If this application is successful, my organization will use the funds only for the purposes specified in the application, and will comply with other terms and conditions attached to the grant. I confirm that this organization has the power to accept the grant subject to conditions, and to repay the grant if these conditions are not met.

Name **ANASIA NKOLELA**

Position **VICE CHAIRPERSON**

Postal Address **BOX 76700 DAR-ES-SALAAM**

Physical Location **MIKOCHENI B NO 188**

Telephone **0744 057019**

Fax

—

E-mail

—

Signature

Anasia Nkolela

Date **28/4/2005**

Official Stamp

UMOJA WA MAENDELEO YA WANAWAKE
WILAYA YA MBINGA
P.O. Box 76700
DAR ES SALAAM



PART 17: CONSORTIA (GROUPS OF ORGANIZATIONS) ONLY

A. Who is the leader of your consortium?

B. Why have you formed a consortium (group of organizations)? Tell us why you decided to form a group. What can you do better as a group of organizations than as single organizations?

- E. Tell us what role the members of your consortium will play in your project. Be specific about what each organization will contribute.**

Roles of Members

- F. Have any of your members submitted separate applications to the Foundation? If yes, complete Part 4 for each member who has submitted previous applications.

☐ Yes☐ No

- G. **Agreement Clause:** Leaders of each of the members of the consortium (as listed in Part 17C) must read, sign and stamp this page.

I confirm that on behalf of the organizations named below that I am authorized by its governing body to sign this declaration. I confirm that my organization as named below is a member of this consortium and is committed to the successful implementation of the project as described within this form. I confirm that we have nominated _____ (insert name of lead organization) to act as the Lead organization on our behalf.

Name of Organization	Name of Leader	Position of leader	Signature & Stamp	Date

APPLICATION CHECKLIST

Please confirm that you have done the following:

- ☒ Answered all the questions in the application form
- ☒ Put my organization's name and address on all attached documents listed below
- ☒ Included the names of 2 independent references in Part 15
- ☒ Signed the application form as per Part 16A
- ☒ Signed and stamped the application form as per Part 16B
- ☒ Included 2 donor references in Part 9E if my application is for a medium grant (more than TZS 5m)
- ☐ Answered all the questions in Part 17 if applying as a consortium (group of organizations)

Please confirm that you have enclosed copies of the following documents:

- ☒ 2 copies of the completed application form
- ☒ 2 copies of legal registration documents as per Part 3B
- ☒ 2 copies of any other legal documents appropriate to the organization
- ☐ 2 copies of a certificate of compliance with relevant Ministry if applying as an INTERNATIONAL NGO as per Part 3B
- ☒ 2 copies of a written statement from your organization's Board/Trustees as per part 3E
- ☐ 2 copies of a written statement from head office (national or international) if you are applying as a BRANCH OF ANOTHER ORGANIZATION as per Part 3G
- ☒ 2 copies of bank statements covering the last 6 months as per Part 9I
- ☒ 2 copies of most recent end-of-year financial report if applying for a MEDIUM GRANT (more than TZS 5m) as per Part 9G
- ☐ 2 copies of most recent audited certified accounts if applying for a MULTI-YEAR PROJECT as per Part 9G
- ☐ 2 copies of letters of confirmation from other donors if applying for PARTIAL FUNDING as per Part 13E

THE UNITED REPUBLIC OF TANZANIA

The Societies (Application for Registration) Rules, 1954

(Rule 5)

CERTIFICATE OF REGISTRATION SO NO 9933

I HEREBY CERTIFY that.....UMOJA WA MAENDELEO YA WANAWAKE
.....WA WILAYA YA MBINGA.....

has this day been registered under the Societies Ordinance, 1954.

Dated this.....24th.....day of.....JUNE.....1999


B. S. MCHOMVU

G P Dsm—Tanzania

Registrar of Societies
MINISTRY OF HOME AFFAIRS

**CONSTITUTION OF THE MBINGA DISTRICT WOMEN
DEVELOPMENT GROUP
KIUNGI**

1.0 NAME OF THE GROUP

The name of The Group shall be known as The Mbinga District Women Development Group - KIUNGI. In this constitution the word group shall refer to KIUNGI, The Mbinga District Women Development Group.

2.0 HEAD OFFICE OF THE GROUP:

- 2.1 The Head office shall be in Sinza, Kinondoni District, Dar es Salaam in Tanzania.

2.2 The Address of Contact:

KIUNGI shall operate its activities in Mbinga District under the umbrella of its headquarter which is in Kinondoni District Dar es Salaam Region. There will be a branch office in Mbinga District. The address of contact of the GROUP shall be:

P.O. Box 76700
DAR ES LAAM

2.3 The Official Stamp:

The Group shall have its official stamp engraved the name KIUNGI, The Mbinga District Women Development Group.

2.4 Languages of Communication:

For official communication, the Group is allowed to use Kiswahili and English.

3.0 ETHICS OF THE GROUP:

- 3.1 This is a voluntary group. It is neither partisan nor secular. Its a group founded by Mbinga District Women who stay in Dar es Salaam in collaboration with those living in Mbinga.

- 3.2 Any one else is eligible to join the GROUP provided that she adheres to conditions and guidelines of this constitutions.

4.0 OBJECTIVES OF THE GROUP:

- 4.1 The cooperate in the establishment and running of development projects in business, agriculture, livestock, education technology, health etc.
- 4.2 To develop KIUNGI women staying in Dar es Salaam and those living in Mbinga for the advancement of economic sector such as business, education, technology, health etc.
- 4.3 To create job opportunities for women which will enable her to be self reliant and sustainable in various projects.
- 4.4 To empower women to fully participate in decision making for resolving social and development problems.
- 4.5 To participate in all geographical and natural disasters such as floods, storm (hurricane), epidemic diseases, famine, starvation etc.
- 4.6 To participate in raising the standard of life of women and children in Mbinga District especially in those villages and rural areas which have been hit by malnutrition or malnourished.
- 4.7 To participate in resolving social problems faced by children and mothers.
- 4.8 To participate fully in promoting environmental awareness and keep the environment in good condition to be environmental friendly.

4.9 To campaign for development on food, clothing, well being, shelter, to eliminate beggars, poverty, to help children, elders, disabled and unprivileged groups.

4.10 To offer small scale low interest loans to women groups for starting small scale business.

5.0 MEMBERSHIP

5.1.0 Eligibility

5.1.1 Any woman regardless of tribe, religion, citizenship or political ideology is eligible for membership

5.1.2 Mentally fit

5.1.3 Who is 18 years and above

5.1.4 With good reputation, acceptable by people.

5.2.0 Conditions of membership:

5.2.1 An applicant shall fill in a membership application forms.

5.2.2 The application shall be considered and approved by Central Committee of the Group.

5.2.3 Upon approval, the applicant shall pay entrance fee plus one month membership fee.

5.2.4 The rates of entrance and membership fees shall be decided upon by General Meeting of The Group.

5.3.0 Obligations of a member

5.3.1 To pay her monthly membership dues promptly.

5.3.2 To pay all lawful contributions decided by KIUNGI

5.4.0 Ordinary Rights Of A Member

5.4.1 To attend and participate fully in discussions of all meetings which she is eligible.

5.4.2 to cast vote in all eligible meetings

5.4.3 To cast vote in electing KIUNGI leadership

5.4.4 To stand as a candidate in any election and to be voted for any KIUNGI leadership position.

5.4.5 To participate fully in the operation and implementation of KIUNGI projects.

5.4.6 To participate in proposing various KIUNGI projects.

5.5.0 Social Rights of A Member

5.5.1 Either member's husband, child, father, mother, mother in law or father in law dies, KIUNGI will contribute to such a member an amount of money decided by General Meeting as condolence.

5.5.2 If member's brother or sister dies, the Group shall contribute to such member an amount of money equivalent to fifty percent (50%) of the amount prescribed in 5.5.1 above.

5.5.3 If a member is sick or has a patient and has been admitted to hospital for more than two weeks, members have the right to help her as agreed upon by all members.

5.5.4 For long term illness, members will decide how best to help their fellow member. The decision so made shall be implemented promptly.

5.5.5 If a member has been hit by any disaster or misfortune and inform the

Group, an extra ordinary General Meeting shall be convened to discuss how to help such a member.

5.5.6 If a member dies, the Group shall send condolence to his family members in an amount of cash which has been decided by General Meeting equivalent to the amount stipulated in Section 5.5.1.

5.5.7 If a member faces any problem which needs help, such a member is supposed to submit an application for loan. The central committee of the Group will discuss and decide.

5.6.0 Ceasing Membership

5.6.1 Any member is free to quit The Group without necessarily giving reasons for such action.

5.6.2 Any member who does not pay his monthly dues for three (3) consecutive months without giving genuine reasons for such failure, shall be interrogated by Central Committee of the Group and if it is not convinced of his explanation, shall forward the issue to the General Meeting so that such member be sacked. The decision of General Meeting shall be final.

5.6.3 If a member fails to attend three (3) consecutive meetings without genuine reasons, shall be interrogated by Central Committee of the Group if it is not convinced of his explanation, shall forward the issue to the General Meeting so that such member be sacked. The decision of General Meeting shall be final.

5.6.4 Any member who contravenes Group activities, or acts contrary to group ethics and objectives in accordance with this constitution, the Central Committee shall issue a written warning. If, upon three such warnings

in six month period, The Central Committee will propose to the General Meeting such a member to be sacked. Such decision shall be final.

5.6.5 Any member who will decide to quit or withdraw her membership from KIUNGI or dismissed in accordance with the above four sections (5.6.1 to 5.6.4) shall not be eligible to claim from KIUNGI any fees, due or benefits.

5.6.6 If the member dies.

6.0.0 KIUNGI LEADERSHIP

The KIUNGI leadership shall comprise the following.

6.1.1 Chairperson

6.1.2 Secretary

6.1.3 Treasurer

6.2.0 The Patrons And Chief Advisers Of The Group

6.2.1 The Group shall have a Patron and Chief Adviser whose positions are honorary and not paid, could either be a lady or a gentleman.

6.3.0 Trustees Of The Group

6.3.1 The Group shall have Trustees who will together form a Board of Trustees. Such Trustees should not necessarily

be indigenous to Mbinga District nor be a lady or member of the group.

6.4.0 Central Committee Of The Group

The following will comprise The Central Committee of the Group:-

6.4.1 Chairperson

6.4.2 Secretary

6.4.3 Treasurer

6.4.4 Four (4) members elected by The General Meeting of all group members.

6.4.5 Patrons and Chief Advisers of the Group who will be ex-officio

6.5.0.0 Duties Of Leaders

6.5.1.0 Chairperson

6.5.1.1 The Chairperson shall preside at all Group Meetings

6.5.1.2 Shall be incharge of all group activities and chief spokeswoman on all group operations

6.5.1.3 Shall be amongst signatories of financial documents of the Group for bank transactions

6.5.2.0 Secretary

6.5.2.1 Shall be the Chief Executive of the Group

6.5.2.2 Shall be the Secretary to all Group meetings

6.5.2.3 In consultation with the Chairperson the Secretary shall convene all Group Meetings

6.5.2.4 In the absence of the Chairperson, the Secretary shall preside at all meetings

6.5.2.5 Shall be amongst signatories of financial documents of the Group for bank transactions

6.5.3.0 The Treasurer

6.5.3.1 Shall maintain all records of income and expenditure of The Group

6.5.3.2 Shall receive funds of The Group and issue receipts

6.5.3.3 Shall prepare financial statement for The Group Meeting of all members

6.5.3.4 Shall prepare annual budget of income and expenditure for The Group

6.5.3.5 In the absence of the Secretary at any meeting of when The Secretary presides at a meeting, The Treasurer shall record the proceedings of such meeting.

6.5.3.6 Shall be amongst signatories of financial documents of the Group for bank transactions

6.5.4.0 Patrons And Chief Advisers Of The Group

6.5.4.1 They will be Chief Advisers on all matters pertaining to development of the Group

6.5.4.2 They will be members of Central Committee of the Group

6.5.4.3 They will be signatories (amongst them) of financial documents of The Group for bank transactions

6.5.5.0 Board Of Trustees:

6.5.5.1 The Group shall invite prominent people who will be prepared to be its Trustees in development activities

6.5.5.2 The Central Committee shall nominate at least two (2) prominent people and not exceeding four (4) to be members of The Board of Trustees

6.5.5.3 Single Trustee or all of them shall advise The Group in its development activities in accordance with Group objectives

6.5.5.4 Board of Trustees shall be given by The Central Committee of The Group a budget report of income and expenditure of The Group and audited financial account in order to enable such members to advise The Group accordingly

6.5.5.5 Responsibility Of A Leader

Any leader who abuses her office, the Central Committee shall meet to discuss the matter, and if necessary the meeting of all members of the Group shall be convened to decide her fate.

7.0 ELECTION OF GROUP LEADERSHIP

7.1 all Group Leadership as stipulated under section 6.0.0, shall be elected by The General Meeting of all members.

7.2 The election shall be conducted by secret ballot.

7.3 All leaders, except Patrons and Chief Advisers of the Group shall hold office for three years.

7.4 Any leader who has terminated her term is eligible for re-election. The same position or any other post for another term.

8.0 GROUP MEETINGS:

8.1.0 The Central Committee

8.1.1 The Central Committee shall meet in its regular session after every three months.

8.1.2 However the Central Committee may hold an extra ordinary session if necessary.

8.1.3 The quorum of The Central Committee shall be five of its members.

8.1.4 The Chairperson shall preside at meetings of The Central Committee and upon her absence, The Secretary shall do the same.

8.1.5 If both The Chairperson and the Secretary are absent, Patrons and Chief Advisers shall nominate chairperson for the meeting amongst members of The Central Committee.

8.2.0 Meeting Of All Branch Members

8.2.1 Shall be convened once a month and shall be presided by The Chairperson; and upon her absence the Secretary or Treasurer shall preside the meeting respectively.

8.2.2 Shall deliberate various reports of The Central Committee and approves or give final decision on measures proposed by Central Committee on various matters of interest to the Group.

8.2.3 Extra ordinary meeting of all members may be convened whenever necessary.

8.2.4 The meeting of all members shall be valid if there are two thirds (2/3) of the members.

8.3.0 General Meeting Of All Members

8.3.1 Shall be convened annually.

8.3.2 Shall deliberate annual report of Group activities.

8.3.3 Shall receive, deliberate and approve budget of income and expenditure of the Group for the next fiscal year.

8.3.4 For the election year, The General Meeting of all members shall elect Group Leadership.

8.3.5 Two third majority is the quorum for such meeting.

9.0.0 GROUP FUNDS

KIUNGU shall have the following sources of income:

9.1.0 Admission Fee

9.1.1 Every one who is eligible to join the Group is obliged to pay admission fee whose rate shall be determined by The General Meeting of all members accordingly

9.2.0 Monthly Dues

9.2.1 Every member is obliged to pay monthly dues whose rate shall be determined by The General Meeting of all members accordingly

9.3.0 Other Sources

9.3.1 The Central Committee may determine other sources of income for the Group which shall be implemented after the approval by The General Meeting of all members. Such sources include loans, grants from donors and government, charity, voluntary contributions, various projects etc

9.4.0 Money Custody

9.4.1 Money of the Group shall be kept in a bank account at a bank branch to be decided by The Central Committee

9.4.2 The Group Account shall be operated by five leaders including The Chairperson, Secretary, Treasurer and one of the Patrons and Chief Advisers of the Group

9.4.3 For such money to be withdrawn from a bank account two signatories must sign in the following manner:

The Chairperson or Treasurer,
The second signature of either the Secretary or amongst The Patrons and Chief Advisers

9.4.4 Financial Books of the Group shall be audited annually by a registered or chartered audit corporation recommended by The Central Committee

10.0 AMENDMENT OF THE CONSTITUTION

10.1 This constitution may be amended by General Meeting of all members

10.2 In order for such amendment to be effective in this Constitution and be acceptable by General Meeting of all members, should be given a three month notice to members showing the intention to make such changes

10.3 The amendment shall be voted for and endorsed if supported by two third majority or more of all members

11.0 CLOSURE OF GROUP ACTIVITIES AND OPERATIONS

11.1 The KUNGI activities and operations shall cease if the Group fails to manage and implement its objectives or if it is ordered by the Registrar of Associations upon contravention of objectives and ethics set

11.2 The decision to windup Group business shall be made by an extra ordinary meeting all members prior to a thirty (30) days notice

11.3 Financial report and of all Group assets should have been submitted to Board of Trustees twenty one days (21) prior to such meeting

11.4 Finance and all assets of The Group available at such time, shall be distributed in accordance with the decision made by all members prior to payment of all valid Group debts

= T H E E N D =

KUNGI
P.O BOX 76700
DARESSALAAM
Telephone 255 051 462138

CRDB BANK LTD-BASE SYSTEM 7100

DETAIL ACCOUNT INQUIRY

RUN DATE:29/04/2005 SYSTEM 29/04/2005 08:43 PAGE 6

FROM ACCOUNT 01J2027381000
TO ACCOUNT 01J2027381000

ALL TRANSACTIONS

ACCOUNT NUMBER : 01J2027381000 TSH TAX

UMOJA WA MAENDELEO YA WANAWAKE P O BOX 76700,DAR ES SALAAM
A/C YA UMOJA WA WANAWAKE NBING

BOOK BALANCE: 20,761.34CR
CLEARED BALANCE: 20,761.34CR
UNCLEARED AMT : 0.00
LIMIT : 5,000CR
INTEREST RATE %: 0.0 CR 0.0 DR
ACCR. INT GROSS: 0.00
NETT : 0.00
Y-T-D INTEREST : 0.00
SERVICE CHARGE : 700.00DR

MATCHING A/C:

MATURITY :

SIGNATURE CD: 0

1 2 3 4 5

INDICATORS : 41 00 00 00 00

MEMO 1:

MEMO 2:

MEMO 3:

DATE	VALUE DATE	TYPE	REFERENCE	AMOUNT	BALANCE	INTEREST	NARRATIVE
27/12/2004	27/12/2004	B/F		2,799,361.34CR	2,799,361.34CR	746.19CR	BROUGHT FORWARD BALANCE
06/01/2005	06/01/2005	CSW	B502721501	1,000,000.00DR	1,799,361.34CR	746.19CR	CASH WITHDRAWAL
10/01/2005	10/01/2005	CSW	B502764401	1,600,000.00DR	199,361.34CR	746.19CR	CASH WITHDRAWAL
10/01/2005	10/01/2005	CSW	B502764501	10,000.00DR	189,361.34CR	746.19CR	PENALTY W,W NOTICE
15/01/2005	15/01/2005	CSW	B302607501	100,000.00DR	89,361.34CR	746.19CR	CASH WITHDRAWAL
24/01/2005	24/01/2005	SAP		1,400.00DR	87,961.34CR	746.19CR	SERVICE FEES
23/02/2005	28/02/2005	SAP		400.00DR	87,561.34CR	746.19CR	SERVICE FEES
29/03/2005	29/03/2005	SAP		400.00DR	87,161.34CR	746.19CR	SERVICE FEES
25/04/2005	25/04/2005	SAP		400.00DR	86,761.34CR	746.19CR	SERVICE FEES
28/04/2005	28/04/2005	CSW	B560550301	60,000.00DR	26,761.34CR	746.19CR	CASH WITHDRAWAL
28/04/2005	28/04/2005	CSW	B560550401	6,000.00DR	20,761.34CR	746.19CR	PEN.W.BEL.MIN

END OF REPORT

**MBINGA WOMEN DEVELOPMENT GROUP
(KIUNGI)**

**AUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST DECEMBER, 2004**

**SHEBRILA & CO
CERTIFIED PUBLIC ACCOUNTANTS
IN PUBLIC PRACTICE
P.O. BOX 22131
MOB: 0748-221248/305865
TELFAX 255-22-2400131
E-MAIL: shebrila@nyenzi.com
DAR ES SALAAM**

**AUDITORS REPORT TO THE MEMBERS OF
MBINGA WOMEN DEVELOPMENT GROUP
(KIUNGI)**

We have examined the attached Balance Sheet of **MBINGA WOMEN DEVELOPMENT GROUP** as at 31st December, 2004 the related Income and Expenditure Account and the Cash Flow Statement for the year ended on that date.

Our examination was made in accordance with generally accepted auditing standards and included such tests of the accounting records and such other auditing procedures as we considered necessary.

In our opinion, the attached Balance Sheet, Income and Expenditure Account and the Cash Flow Statement present fairly the financial position of **MBINGA WOMEN DEVELOPMENT GROUP** as at 31st December, 2004, its surplus and cash flow for the year then ended

SHEBRILA & CO.
CERTIFIED PUBLIC ACCOUNTANTS
IN PUBLIC PRACTICE
P.O.BOX 22131
TEL: 255 22 2443492
DAR ES SALAAM


B.M. HAKILI
PARTNER

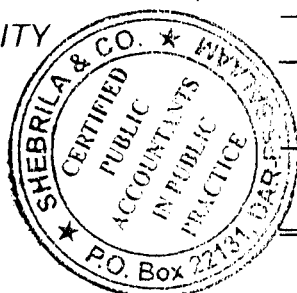


APRIL, 2005

**MBINGA WOMEN DEVELOPMENT GROUP
(KIUNGI)**

BALANCE SHEET AS AT 31ST DECEMBER, 2004

	NOTE	31.12 2004 TSHS.	31.12. 2003 TSHS.
ASSETS EMPLOYED			
NET ASSETS	2	910,000	50,000
CURRENT ASSETS:			
Stocks	3	15,502	55,000
Debtors	4	2,422,833	1,383,000
Cash in hand and Bank		4,999,361	120,640
TOTAL CURRENT ASSETS		7,437,696	1,558,640
CURRENT LIABILITIES:			
Receipts in Advance	6	4,967,310	-
Short Term Loan (CDTF)	7	1,700,000	600,000
TOTAL CURRENT LIABILITY		6,667,310	600,000
NET CURRENT ASSETS		770,386	958,640
TOTAL ASSETS		1,680,386	1,008,640
REPRESENTED BY:			
MEMBERS DEPOSITS		505,000	144,500
ACCUMULATED FUND	8	1,175,386	864,140
TOTAL		1,680,386	1,008,640



NOTE 1 TO 8 FORM PART OF THE ACCOUNTS

[Signature]
CHAIRPERSON

28/04/2005
DATE

[Signature]
MEMBER

**MBINGA WOMEN DEVELOPMENT GROUP
(KIUNGI)**

**INCOME AND EXPENDITURE ACCOUNTS FOR THE YEAR
ENDED 31ST DECEMBER, 2004**

	2004 TSHS.	2003 TSHS.
INCOME:		
<i>Members Annual Contribution</i>	168,000	260,000
<i>Interest on Loans to Members</i>	42,690	95,000
<i>Income from Mosquito Net</i>	-	25,000
<i>Bank Interest</i>	1,547	-
<i>Other Income</i>	7,643,810	377,600
TOTAL INCOME	<u>7,856,047</u>	<u>757,600</u>
EXPENDITURE:		
<i>Transport and Travelling</i>	350,000	5,800
<i>Meeting Expenses</i>	150,000	15,000
<i>Stationary and Printing</i>	544,600	27,560
<i>Annual Subscription fees</i>	200,000	40,000
<i>Bank charges</i>	4,750	17,350
<i>Bank Penalty</i>	16,000	-
<i>Office Maintenance</i>	1,200,000	-
<i>Office Rent</i>	300,000	-
<i>Interest on Loan</i>	166,667	-
<i>Postage and Telephone</i>	7,530	5,600
<i>Professional fees</i>	500,000	250,000
<i>Depreciation</i>	130,000	-
<i>Miscellaneous</i>	3,975,260	-
TOTAL EXPENDITURE	<u>7,544,807</u>	<u>361,310</u>
EXCESS OF INCOME OVER EXPENDITURE	<u>311,240</u>	<u>396,290</u>
HANDMADE PRODUCT PROJECT	-	(34,000)
WOMEN ON LAND LAWS/ACTS OF 1999	-	(1,740)
SURPLUS/(DEFICIT) FOR THE YEAR	<u><u>311,240</u></u>	<u><u>360,550</u></u>



NOTE 1 TO 8 FORM PART OF THE ACCOUNTS

.....
CHAIRPERSON

28/04/2005
DATE

.....
MEMBER

**MBINGA WOMEN DEVELOPMENT GROUP
(KIUNGI)**

CASH FLOW STATEMENT FOR THE YEAR ENDED 31ST DECEMBER, 2004

	2004 T.SHS	2003 T.SHS
CASH FLOW FROM OPERATING ACTIVITIES		
<i>Surplus for the year</i>	311,240	360,550
<i>Adjustment of items not involving cash flow</i>	130,000	-
<i>Surplus before change in working Capital</i>	<u>441,240</u>	<u>360,550</u>
CHANGE IN WORKING CAPITAL		
<i>(Increase)/decrease in Stock</i>	39,498	293,450
<i>(Increase)/Decrease in debtors</i>	(1,039,833)	1,226,146
<i>Increase/(decrease) in Creditors</i>	6,067,310	(1,436,000)
NET CASH FLOW FROM OPERATING ACTIVITIES	<u>5,508,215</u>	<u>444,146</u>
CASH FLOW FROM INVESTING ACTIVITIES		
<i>Purchase of Equipments</i>	(990,000)	-
NET CASH FLOW FROM INVESTING ACTIVITIES	<u>(990,000)</u>	<u>-</u>
CASH FLOW FROM FINANCING ACTIVITIES		
<i>Increase/(decrease) in members deposit</i>	360,500	(379,500)
NET CASH FLOW FROM FINANCING ACTIVITIES	<u>360,500</u>	<u>(379,500)</u>
NET INCREASE IN CASH & CASH EQUIVALENT	4,878,715	64,646
<i>Cash at beginning</i>	120,646	56,000
CASH & CASH EQUIVALENT AT YEAR END	<u><u>4,999,361</u></u>	<u><u>120,646</u></u>

NOTE 1 TO 8 FORM PART OF THE ACCOUNTS


CHAIRPERSON

28/04/2005
DATE


MEMBER

MBINGA WOMEN DEVELOPMENT GROUP
UMOJA WA MAENDELEO YA WANAWAKE WA WILAYA YA MBINGA
(KIUNGI)

P.O. Box 76700
DAR ES SALAAM

Tel: 0744 389346

Date: April 28, 2005

Our Ref: **KIUNGI/GEN/05**
Your Ref:

The Grant Manger
The Foundation for Civil Society Ltd.
P.O.Box 7192
DAR ES SALAAM.

Dear Sir,

RE: LETTER OF CONFIRMATION

We the Board Members of the Mbinga Women Development Group are aware of the proposed HIV/AIDS project that is aimed at addressing vulnerability issues in HIV /AIDS prevention and management among women.

The proposed project is intended to be implemented in Sinza Ward, Kinondoni District and will be benefit the entire community in the project area. We are therefore recommending it to be given due consideration.

Thanking you for the continued support for KIUNGI projects.

Yours faithfully,


BOARD CHAIRPERSON

UMOJA WA MAENDELEO YA WANAWAKE
WILAYA YA MBINGA
P.O. Box 76700
DAR ES SALAAM


BOARD MEMBER