

APPRAISAL OF APPLICATION FOR FUNDING BY
ECD CENTRE 2011/2012

District:.....

Name of ECD Center:

Town:

Funded in 2010/2011: Yes/No

NPO Certificate attached: Yes/No

Constitution attached: Yes/No

Service Plan Completed: Yes/No

Registration Certificate attached Yes/No

Number of children registered for:

Number of Means Test received:

Number of Means Test qualifying:

Recommended/Not recommended

Motivation:

.....

	Team Members	Signature	Date
1			
2			
3			
4			

Captured by PPP: Date: