

## Eligibility

Any Seychellois individual certified as disabled by a credible medical practitioner and/or any Seychellois-based entity associated with persons with disabilities can submit an application for assistance under the Disabled Trust Fund, provided they can prove, without a doubt, that they cannot raise funding elsewhere.

## The Fund's Inner Workings

The Fund will be made known to the public at the beginning of each calendar year and after confirmation of funds from the Ministry of Finance, through the media and on the Ministry's website. The Elderly & Disabled Division on behalf of the EDTFSC, will also circulate same to its major stakeholders including but not limited to the following:

1. The Ministry of Local Government & Community Affairs;
2. The Ministry of Health (through the Occupational Therapy Section);
3. The Ministry of Lands & Housing;
4. The School for the Exceptional Child;
5. The Vocational Training Centre;
6. The National Association for the Disabled;
7. The Institute of Early Childhood Development;
8. The Social services Department, and;
9. The Agency for Social Protection.
10. Account Officer from the Ministry of Finance.

\*See Appendixes/Annex for Application Forms and others.

## Funding Category

In view of the limited funding, only one request amounting to SR100K will be considered per calendar year. However, the ceiling for other requests will not be more than SR50K.

## Application Process

### 1 Stage 1: Application for Funding

- 1.1 The application process will start effective February of each financial year until the fund is exhausted.
- 1.2 The application forms will be made available either online or can be collected at the Office for the Elderly & Disabled Division, the DAs' offices, the Elderly Homes, the office of Agency for Social Protection, office for Social Services, VTC and the School for the Exceptional Child.
- 1.3 All applications must be completed and submitted either at the Office for Elderly & Disabled personally or submitted via email at [complianceelderly2@gov.sc](mailto:complianceelderly2@gov.sc)
- 1.4 Purchase of equipment can be from either local or a foreign source. (*Refer to the Ministry's **Internal Procurement Policy** for further information*).

- 1.5 Acquisition of equipment from an overseas supplier would include funding of the cost of equipment, freight charges and all other associated costs.

## **2 Stage 2: Assessment of Application**

- 2.1 All applications will be placed before the Elderly & Disabled Trust Fund Steering Committee (EDTFSC) for assessment purposes. Approval for same will be through a majority vote at Committee level.
- 2.2 During this stage, the EDTFSC will decide whether to accept, reject, or request for additional information from the applicants.
- 2.3 In some cases and depending on the amount being requested, the EDTFSC can request home visits to confirm eligibility and practicability of the assistive equipment.
- 2.4 Applicants will then be informed, in writing, of the final outcome of their applications.
- 2.5 Applicants can appeal against the Committee's decision in a period of three months once issued their letters.

## **3 Stage 3: Disbursement**

- 3.1 Following approval of the EDTFSC, the Elderly & Disabled Division will do the necessary and submit a request for disbursement to the Ministry of Finance through the Office of the Comptroller General.
- 3.2 Applicants will need to produce proof of the equipment once received and send it to the EDTFSC. (*Applicants should be informed of this in their approval letter*).

## **4 Disbursement Methods**

### **4.1 Local Supplier**

The Ministry of Finance will make payment directly into the account of the supplier. The following documents will be required:

- a. Cover letter by the Elderly & Disabled Division on behalf of the EDTFSC to Comptroller General to process payment;
- b. State applicant name;
- c. Name of Supplier/Service provider that payment is to be made to and ID or Business registration form and bank details (need proof of documents such as copies of ID card, of bank cards, blank cheques);

- d. Seven (7) Member's signature on the application form;
- e. Purpose of payment and code and amount to be paid, and;
- f. In case of renovation the contractor implement the works shall submit the invoice to the applicant upon completion who will then endorse and forward the invoice to the Department of Family Affairs.
- g. If the Department of Family Affairs is satisfied that the works has been done as per the scope , the Chairperson person of the committee will approve the invoice and forward it to the Department of Finance ( along with banking details of the contractor) , who will make the payment to the contractor.
- h. The Finance team will share copy of remittance to the Division once the payment has been paid.

#### 4.2 Overseas Supplier

The approved fund will be transferred to the applicant's local account and he/she will make the payment to the supplier. The following documents will be required:

- a. Cover letter by the Elderly & Disabled Division on behalf of the EDTFSC to Comptroller General to process payment;
- b. Applicant's name and ID and bank details (need proof of those documents such copies ID card, of bank cards, blank cheques);
- c. Purpose of payment and code and amount to be paid;
- d. seven (7) Members' signature on the application form, and;
- e. The application form will be forwarded to the Ministry of Finance for vetting then forwarded back to the Division if there is a need for any amendments in regards to the application.
- f. The applicant need to provide the Division with proof of transfer when payment is made to the supplier. *(Applicants should be informed of this in their approval letter)*

### 5. Monitoring

For monitoring purpose, the applicants will need to send picture(s)/photo(s) to the Division either of the equipment or of whatever was funded for when it is either received or completed. Failure to do so, may require reimbursement of the fund back to government. *(Applicants should be informed of this in their approval letter)*

#### Submission of Mandatory Supporting Documents

All persons applying for funding under the Disabled Trust Fund must attach **ALL** mandatory supporting documents, listed below with their application form:

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1. Copy of Identification of the applicant. If a person is applying on behalf of the disabled, they should provide copy of both IDs
2. Copy of Proforma Invoice of the equipment/contractors ( <i>minimum 3</i> )
3. Photo of equipment
4. Planning approval where applicable
5. Certified Copy of Audited Financial Statements for 2020
6. Confirmation of Bank Account: Applicant's ID and bank details if purchasing overseas or ID or Business registration form and bank details of local supplier if purchasing locally

## **RECOMMENDATION**

The Ministry of Youth, Sports and Family (the Family Department) invites the Cabinet of Ministers to approve:

The Policy for administering the Disabled Trust Fund as proposed above.

**APPENDIX 1**

REF:
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**APPLICATION FORM 1 - INDIVIDUAL**

**SECTION 1:**

**1. Applicant Details (Tick appropriate boxes where appropriate)**

**Applicant:**  Parent  Guardian  
 Person with Disability  Others

**Surname:** ..... **Names:** .....

**NIN:** ..... **Telephone:** ..... **Email:** .....

**Address:** ..... **District:** .....

2. If parent and/ or guardian is applying on behalf of a person with disability, please provide details of that beneficiary:

**Surname:** ..... **Names:** .....

**NIN:** ..... **Telephone:** ..... **Email:** .....

**Address:** ..... **District:** .....

3. If applicant is not related to the person with disability, state the following:

**Name:** ..... **Surname:** .....

Reason for making the application on behalf of the person with disability:

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

**Details of monthly income of the Person with Disability:**

Personal: .....

Monthly personal and household expenditure (Approx.).....

**Employment Status: (Please tick as appropriate)**

Full time Employment  Casual Worker  Part-time Work  Unemployed

Self-employed  Student

Employing Organisation: (If applicable) .....

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**SECTION 2:**

**Particulars of request: (tick as appropriate)**

Education  Health  Social  Mobility Aids

Adaptive Aids  Other

**Please provide explanation for the request:**

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**Indicate if you have sought assistance from other Ministries/Agencies** Yes  No

If Yes, provide name of Ministries/Agencies

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If No, Explain

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.....

**Mandatory documents: Applicants must attach ALL mandatory supporting documents where applicable and as listed below:**

	CHECK
1. Document supporting the disability	
2. Copy of Identification of the applicant. If a person is applying on behalf of the disabled, they should provide copy of both IDs	
3. Copy of Pro-Forma Invoice/quotation of the equipment	

4. Photo of equipment	
5. Copy of Planning approval where applicable	
6. Confirmation of Bank Account (1): Applicant's ID and bank details if purchasing overseas or	
7. Confirmation of Bank Account (2): ID or Business registration form and bank details of local supplier if purchasing locally	

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**SECTION 3: Disclosure and Endorsement**

I certify that this is a frank and truthful disclosure of the requested information in support of the request for assistance from the Disabled Trust Fund.

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

**ADVISORY:** *(In the event that the Elderly Disabled Trust Fund Steering Committee (EDTFSC) has knowledge of or receives information, that applicant has not made frank and truthful disclosure, the Committee reserves the right not to approve the application for assistance under the Disabled Trust Fund)*

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Please return completed form to:   **THE ELDERLY & DISABLED DIVISION**  
   **ROOM 204, 2<sup>nd</sup> FLOOR**  
   **OLIAJI BUILDING, VICTORIA**

**APPENDIX 2**

REF:
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**APPLICATION FORM – OTHER ENTITY**

**SECTION 1: Details of Applying Entity:**

**1. Please tick as appropriate:** Organisation  Association

**2. Details of applicant**

**Name of Organisation/Association:**

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**Address:** .....

**Telephone: Office:** ..... **Mobile:** ..... **Email:** .....

**Represented by First Name**..... **Surname:** .....

**NIN:** ..... **Registration/License Details:** .....

**Website/Social Media Page:** (If any) .....

**Aim/Mission of Organisation/Association:**

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**3. Bank Details:**

**Name of Bank:**.....**Account No:**

**SECTION 2: Particulars of Request:**

**Category:** (Please tick as appropriate) Education  Health  Social

Sports  Community Mobility Aids  Adaptive Aids

Other (Please specify) .....

**Target group:** ..... How many person and/or people with disabilities will benefit from this request/project: .....

Please indicate if request/project is:

New

Ongoing

**Section 3: Details of Request/Project**

**Please provide explanation for the request. How will improve the life of the person (or people) with disabilities:**

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**SECTION 4: Request/Project Budget Cost (for both new and on-going)**

**(1) Material Cost:** .....

**(2) Equipment Cost:** .....

**(3) Labour Cost:** .....

**(4) Other Cost:** .....

**(5) Total Cost:** .....

**Indicate if you have sought assistance from other Ministries/Agencies** Yes  No

If Yes, provide name of Ministries/Agencies

.....

If No, Explain

.....  
.....

**Mandatory documents: Applicants must attach ALL mandatory supporting documents where applicable and as listed below:**

	CHECK
8. Document supporting the disability	

9. Copy of Registration Details of the Organisation/Association	
10. Copy of Pro-Forma Invoice/quotation of the equipment	
11. Photo of equipment	
12. Copy of Planning approval where applicable	
13. Confirmation of Bank Account details or Organisation/Association if purchasing overseas or	
14. Confirmation of Bank Account (2): ID or Business registration form and bank details of local supplier if purchasing locally	

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**SECTION 5: Disclosure and Endorsement**

I certify, on behalf of (name of *Organisation/Association*) ..... that this is a frank and truthful disclosure of the requested information in support of the request for assistance from the Disabled Trust Fund.

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

**ADVISORY:** *(In the event that the Elderly Disabled Trust Fund Steering Committee (EDTFSC) has knowledge of or receives information, that applicant has not made frank and truthful disclosure, the Committee reserves the right not to approve the application for assistance under the Disabled Trust Fund)*

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