



REPUBLIC OF CYPRUS  
 DEPUTY MINISTRY OF  
 WELFARE



DEPARTMENT FOR SOCIAL  
 INCLUSION OF PERSONS WITH  
 DISABILITIES  
 1430 NICOSIA

**SCHEME FOR THE PROVISION OF SOCIAL ASSISTANTS FOR  
 ADULTS WITH SEVERE DISABILITIES**

**APPLICATION FOR THE PROVISION OF GRANTS TO ORGANISATIONS**

- 1) Organisation's Name:  
 .....
- 2) Year of Foundation<sup>i</sup>:  
 .....
- 3) Address.....Tel:.....Fax:.....
- 4) Email.....
- 5) President's Name and Address:  
 .....  
 .....
- 6) Main Purposes / Activities of the Organisation:  
 .....  
 .....  
 .....  
 .....  
 .....
- 7) Number and Posts of the paid personnel of the Organisation:  
 .....  
 .....  
 .....  
 .....
- 8) Purpose / Necessity for hiring a social assistant  
 .....  
 .....  
 .....

9) Number of persons to whom the Social Assistant will provide services<sup>ii</sup>  
.....

10) Work hours of the Social Assistant<sup>iii</sup>  
.....

11) Fee of the Social Assistant  
.....  
.....

12) Contribution of the organization to the financial cost:

-Analysis of the cost:	
-Social Assistant's salary	€ ..... (30% of the salary cost)
-Transportation	€.....
-Technical Means	€.....
Other	€.....
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Total	=====

13) Will the persons with disabilities contribute to the transportation cost of the Social Assistant?

YES / NO (Give details)  
.....

14) Other Information:  
.....  
.....  
.....

15) Expected amount of income and operating and other expenses for the current year<sup>iv</sup>.  
.....  
.....  
.....

16) Actual revenue and expenses for the previous year<sup>v</sup>  
.....  
.....

17) Amount and purpose of grants from other government agencies for the previous year.  
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.....

We have examined the “Scheme for the provision of Social Assistants for Adults with severe disabilities” and we will abide to its terms and conditions. We declare that the details that were given or attached with this application are true. It is within our knowledge that the details given will be examined and that a false declaration which aims to obtain the grant of this Scheme, illegally, is considered a criminal offence. All the details of this application are to the disposal of the Department for Social Inclusion of Persons with Disabilities for examination and confirmation.

.....  
Signature

.....  
Signature

.....  
Full Name  
President of the Organisation

.....  
Full Name  
Secretary of the Organisation

Date.....

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Attached Documents

- <sup>i</sup> A copy of the Memorandum and the Statutes of the Organisation
- <sup>ii</sup> Catalogue of the persons with disabilities that will be serviced and description of their disabilities
- <sup>iii</sup> Contract of Employment that is or will be signed
- <sup>iv</sup> Budget of the current year
- <sup>v</sup> Revenue – Expenses for the previous year Statutes of the organisation